

**MINUTE of INTEGRATION JOINT BOARD (IJB) held in the COUNCIL CHAMBER,
KILMORY, LOCHGILPHEAD on WEDNESDAY 29 MAY 2019 at 1.30PM**

Present: Councillor Kieron Green, Argyll & Bute Council (Chair)
Sarah Compton-Bishop, NHS Highland Non Executive Board Member (Vice Chair)
Joanna Macdonald, Chief Officer, Argyll & Bute HSCP
Prof. Boyd Robertson, Interim Chair, NHS Highland (VC)
Councillor Aileen Morton, Argyll & Bute Council
Councillor Gary Mulvaney, Argyll & Bute Council
Councillor Sandy Taylor, Argyll & Bute Council
Denis McGlennon, Independent Sector Representative
Dr Angus MacTaggart, GP Representative, Argyll & Bute HSCP
Elizabeth Rhodick, Public Representative
Gaener Rodger NHS Highland Non Executive Board Member
Heather Grier, Unpaid Carer Representative
Kirsteen Murray, CEO, Third Sector Interface
Kirsty Flanagan, Interim Chief Financial Officer, Argyll & Bute HSCP

In attendance: David Forshaw, Principal Accountant, Argyll & Bute Council
Elizabeth Higgins Lead Nurse, Argyll & Bute HSCP
Fiona Broderick, Staffside, Lead for Argyll & Bute HSCP (Health)
Fiona Thomson, Lead Pharmacist, Argyll & Bute HSCP
George Morrison, Head of Finance, Health
Judy Orr, Head of Customer and Support Services, Argyll and Bute Council
Kevin McIntosh, Staffside Lead for Argyll & Bute HSCP (Council)
Linda Currie Lead, AHP, Argyll & Bute HSCP
Lorraine Paterson, Head of Adult Services – West, Argyll & Bute HSCP
Mark Lines, Locality Manager
Phil Cummins, Interim Head of Adult Services - East, Argyll & Bute HSCP
Sandra Cairney, Associate Director for Public Health, Argyll & Bute HSCP
Sandy Wilkie, Head of People & Change, Argyll & Bute HSCP
Stephen Whiston, Head of Strategic Planning & Performance, Argyll & Bute HSCP
Charlotte Craig Business Improvement Manager, Argyll & Bute HSCP
Hazel MacInnes, Committee Services Officer, Argyll & Bute Council

Apologies: Catriona Spink, Public Representative
Alex Taylor, Chief Social Worker, Head of Children and Families
Rebecca Helliwell, Associate Medical Director

1. WELCOME AND APOLOGIES

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

Apologies for absence were received from Catriona Spink, Unpaid Carer Representative.

2. DECLARATIONS OF INTEREST

There were none intimated.

3. APPROVAL OF DRAFT MINUTE OF INTEGRATION JOINT BOARD ON 27 MARCH 2019

The Minutes of the meeting of the Integration Joint Board held on 27 March 2019 were approved as a correct record.

4. NHS HIGHLAND RESPONSE TO THE REPORT TO THE CABINET SECRETARY FOR HEALTH AND SPORT INTO CULTURAL ISSUES RELATED TO ALLEGATIONS OF BULLYING AND HARRASSMENT IN NHS HIGHLAND (JOHN STURROCK QC)

The Board gave consideration to the report to the Cabinet Secretary for Health and Sport into Cultural Issues related to allegations of Bullying and Harassment in NHS Highland by QC John Sturrock.

The Interim Chair of NHS Highland made the following statement on behalf of the NHS Highland Board.

“We welcome publication of the Sturrock report commissioned by the Scottish Government into allegations of bullying within the health board and fully accept the recommendations.

As a Board we would like to express our gratitude to John Sturrock and to all of those who contributed to the report. The report finds that bullying or inappropriate behaviour have occurred within NHS Highland and we apologise unreservedly to those members of staff who have not been treated according to the high standards we expect. The board acknowledges that there were short comings in the way it dealt with the issues raised and will reflect upon how it must improve.

The report is comprehensive and contains a number of important conclusions and proposals which are currently being carefully considered and an initial draft action plan prepared. The Board will consult with a wide range of staff groups and external stakeholders to ensure that, in taking action, it represents as broad a spectrum of views as possible.

We realise that there are varying views about the content of the Sturrock report and that people have reacted to it in different ways. The report recognises the concerns raised by the whistleblowers but also acknowledges that others feel hurt by some of the allegations. It is important as a board that we consider the needs of all our people.

The Board will provide assurance and take full responsibility for ensuring that the issues raised in the report are addressed and that we will lead by the same constructive, respectful and compassionate approach we expect others to follow.

In the coming months the Health Board will focus on healing, reconciliation and building a positive culture based upon care and compassion, dignity and respect for everyone. Values such as openness, honesty and responsibility will underpin an approach which will deliver quality care and teamworking.”

Decision

The Integration Joint Board -

1. Noted the Sturrock Report and the three main requests made in the letter to NHS

Highland from the Cabinet Secretary Jean Freeman.

2. Welcomed the Sturrock Report and the serious issues that the report highlighted.
3. Noted the statement by the NHS Highland Board.
4. Requested that updates on progress, with actions, are brought back to the Board on a regular basis.
5. Requested that the Board are given informal briefings on any decisions as and when they are made.

(Reference: Report by Dr Boyd Peters, Interim Medical Director, and report to the Cabinet Secretary for Health and Sport into Cultural Issues related to allegations of Bullying and Harassment in NHS Highland by QC John Sturrock, submitted)

5. BUSINESS

5.1 Visible Changes Improvement Plan

Consideration was given to a report that provided an update on the progress of the implementation of the Visible Changes Improvement Plan which had been approved on 1 August 2018. The report also sought approval from the Board for a proposed review of the Plan in August 2019.

The Plan had been put in place in response to a range of feedback and issues received from staff, the community and political feedback in relation to service change and transformation across health and social care services within Argyll & Bute Health and Social Care Partnership.

Decision

The Integration Joint Board –

1. Noted the progress of the Visible Changes Improvement Plan.
2. Approved the proposed review of the Plan in August 2019.

(Reference: Report by Chief Officer, Health and Social Care Partnership, submitted)

Kevin McIntosh, Staffside Lead for Argyll & Bute HSCP (Council), joined the meeting at this point.

5.2 Finance

i. Budget Monitoring for the Year Ended 31 March 2019

The Board gave consideration to a report that provided information on the financial position of the Health and Social Care Partnership as at the end of the financial year 2018/19.

Decision

The Integration Joint Board –

1. Noted the financial position of the Health and Social Care Partnership as at the end of financial year 2018-19.
2. Noted the repayments arrangements for the overspend.
3. Approved the earmarked reserve for Technology Enabled Services amounting to £117,100 and the earmarked reserve in relation to the Primary Care Investment Fund of £207,684.
4. Noted the significant financial risk to the Health and Social Care Partnership associated with the NHS Greater Glasgow & Clyde SLA.
5. Confirmed NHS Greater Glasgow & Clyde SLA funding levels as set out in Quality and Finance Plans have been on the basis of shifting the balance of care to community settings.
6. Instructed the Chief Officer to bring back further information on the negotiations with NHS Greater Glasgow and Clyde for approval.

(Reference: Report by Interim Chief Financial Officer, submitted)

ii. **Budget Outlook**

The Board gave consideration to a report that summarised the budget outlook covering the period 2020-21 to 2022-23 taking into account the budget decisions taken at the Integration Joint Board meeting held on 27 March 2019.

Decision

The Integration Joint Board noted the current estimated budget outlook for the period 2020-21 to 2022-23.

(Reference: Report by Interim Chief Financial Officer, submitted)

5.3 **Staff Governance Report**

Consideration was given to a report that set out current key issues and supporting performance data for staff governance in the Health and Social Care Partnership.

Decision

The Integration Joint Board –

1. Noted the content of the quarterly report on the staff governance performance in the Health and Social Care Partnership.
2. Noted that a paper would be brought to the Integration Joint Board in August 2019 regarding absence and return to work data.

(Reference: Report by Head of People and Change (HSCP) and Head of Improvement and HR (A&BC), submitted)

Elizabeth Rhodick, Public Representative, left the meeting at this point.

5.4 Health and Social Care Partnership Management Structure

The Board gave consideration to a report that outlined the changing requirements to meet the needs of delivery plans following the review of the current Health and Social Care Partnership management structure.

Decision

The Integration Joint Board –

1. Noted that the management structure would go through the appropriate staff consultation and that due process would be followed through the Staff Liaison and Organisational Change Groups.
2. Noted the follow up work to confirm lower levels of the structure with a target date for full implementation of August 2019.
3. Requested that updates on the progress of the recruitment process be given to the Board as and when they become available.

(Reference: Report by Chief Officer, Health and Social Care Partnership, submitted)

5.5 Health and Social Care Partnership Performance Report

Consideration was given to the Health and Social Care Partnership Performance Report for financial quarter 3.

Decision

The Integration Joint Board –

1. Noted the overall scorecard performance for the financial quarter 3 reporting period.
2. Noted the Health and Social Care Partnership performance against National Health and Wellbeing Outcome Indicator: 9 and the Ministerial Steering Group measures of integration for the Health and Social Care Partnership.
3. Noted the commentary from the Head of Service with regard to local actions to address exceptions against indicator 9.

(Reference: Report by Head of Strategic Planning and Performance, submitted)

5.6 Ministerial Strategic Group (MSG) Integration Performance Targets 2019/20

Consideration was given to a report that established new targets for Ministerial Strategic Group performance across the 6 focus areas.

Partnerships had been asked by the Ministerial Strategic Group to prepare performance targets with regard to their individual performance against the six identified outcome measures with a view to understanding and developing a picture of how partnerships are developing under integration.

Decision

The Integration Joint Board –

1. Recognised the importance of the Ministerial Strategic Group outcome measures with regards to tracking performance under integration and its alignment with the Health and Social Care Partnership's 6 areas of focus.
2. Acknowledged the focus of this year's performance targets on the 65+ population.
3. Approved locality specific targets and acknowledge the inclusion of NHS Greater Glasgow and Clyde performance.
4. Noted the inclusion of the Ministerial Strategic Group targets in the Integration Joint Boards performance reports for 2019/20.

(Reference: Report by Head of Strategic Planning and Performance, submitted)

5.7 Engagement Framework Update

Consideration was given to a report that provided an update on actions undertaken in respect of the Health and Social Care Partnership Engagement Framework that had been agreed at the Board meeting in May 2019.

Decision

The Integration Joint Board –

1. Noted the progress achieved as outlined in the updated Engagement Framework.
2. Thanked former members of locality Health and Care Forums for working constructively with the Health and Social Care Partnership to improve services across Argyll and Bute.
3. Agreed to encourage members of the public to become involved in new community engagement structures.
4. Requested that a report detailing the effectiveness of new structures be brought back to the Integration Joint Board in due course.

(Reference: Report by Associate Director of Public Health, submitted)

6. HEALTH AND SOCIAL CARE (STAFFING) (SCOTLAND) BILL

Consideration was given to a report that outlined the legal duty upon Health Boards and other care providers in Scotland under The Health and Care (Staffing) (Scotland)

Bill (Stage 3), which had been approved by Parliament on 2 May 2019.

Decision

The Integration Joint Board noted the content of the report.

(Reference: Report by Board Nurse Director, submitted)

7. GOVERNANCE UPDATE

The Board gave consideration to a report presenting a summary of high level governance activity supporting the Integration Joint Board business.

Decision

The Integration Joint Board –

1. Noted the wider scope of the review of Governance.
2. Noted that a further paper would be presented to the Integration Joint Board on 7 August 2019 on the output of current review activity.
3. Agreed to appoint Sarah Compton-Bishop, NHS Highland Non Executive Board Member as Chair of the Clinical Care and Governance Committee.
4. Agreed that in terms of the Audit Committee, to delegate to the Health Board to select one representative and that the remaining non-voting representatives be appointed in due course.
5. Approved the request to commence recruitment to the vacant Integration Joint Board roles.
6. Agreed to set up a group and convene a meeting, open to all Integration Joint Board members, to have a discussion on the current governance arrangements and how they can be improved on, before the next meeting of the Board on 7 August 2019.

(Reference: Report by Business Improvement Manager, submitted)

8. REVIEW OF THE PROGRESS OF INTEGRATION SELF EVALUATION

Consideration was given to a report that presented the final draft of the Review of the Progress of Integration Self Evaluation document which was submitted to the Scottish Government on 15 May 2019.

Decision

The Integration Joint Board noted the submission to the Scottish Government.

(Reference: Report by Business Improvement Manager, submitted)

9. CHIEF OFFICER'S REPORT

Consideration was given to the Chief Officer Report outlining various points of interest under the headings people using the HSCPs Services, Senior Management Moving

On, Staff Deaf Awareness Sessions, Chief Health Professions Officer Visit, NHS Highland Interim Chair Meets Staff In Argyll And Bute, Lorn And Islands Hospital Celebrates 2 Years Of Obstetric Scanning Success, Technology Enabled Care Helping Mums To Be In Argyll, Foster Carer Day At Furnace Primary School, Further Success For Jean's Bothy Mental Health And Wellbeing Centre, Argyll And Bute Attend Anywhere Orthopaedic Service Launched In Kintyre, Tender Issued For Bute Dialysis Unit and Getting It Right For Every Child Leadership Programme.

Decision

The Integration Joint Board noted the content of the report.

(Reference: Report by Chief Officer, submitted)

10. CLINICAL CARE AND GOVERNANCE COMMITTEE – 5 MARCH 2019 – MINUTES

The Minutes of the Clinical Care and Governance Committee held on 5 March 2019 were before the Board for consideration.

Decision

The Integration Joint Board noted the Minutes of the Clinical Care and Governance Committee held on 5 March 2019.

(Reference: Minutes of the Clinical Care and Governance Committee held on 5 March 2019, submitted)

The Chair, on behalf of the Board, expressed thanks to Sandra Cairney, Associate Director of Public Health; Lorraine Paterson, Head of Adult Services (West); Phil Cummings, Interim Head of Adult Services (East); Kirsty Flanagan, Interim Chief Financial Officer; and Sandy Wilkie, Head of People and Change; for their contribution to the Board and wished them well for the future.

Date of Meeting: 7 August 2019

Item : 4.1

Title of Report: Culture Fit for the Future Action Plan

Presented by: Professor Boyd Robertson

The Integration Joint Board is asked to:

- Note the update on the Culture Fit for the Future Action Plan presented to NHS Highland Board.

1. EXECUTIVE SUMMARY

The Deputy Director of HR, NHS Highland, presented a progress update to the NHS Highland Board on 23 July 2019 on the Culture Fit for the Future Action Plan.

This draft framework is the response to the John Sturrock's report which was published on the 9 May 2019. It has an identified timeline for supporting and engaging with staff addressing issues raised by the Sturrock report.

2. INTRODUCTION

The Culture Fit for the Future document sets out to address the issues raised in the Sturrock report and to create a culture where everyone feels they are respected, valued and listened to.

The draft document is seen as a helpful starter to evolve in consultation with staff and stakeholders.

3. DETAIL OF REPORT

The attached paper highlights the background and presents the five themed areas in the framework which will deliver the activity and the update given to the NHS Board:

- Theme 1 – Communications
- Theme 2 - Human Resources processes
- Theme 3 - Organisational Development
- Theme 4 - Support for Staff
- Theme 5 – Governance

Membership of the Delivery Group was established with the inaugural meeting taking place on the 21st June. The Chief Officer/Depute Chief Officer are part of the nominated membership of this group.

An update was provided on the activities so far and the structure of the Governance of the delivery group.

4. RELEVANT DATA AND INDICATORS

The delivery Group will establish the governance around the delivery of the plan, no data or indicators identified at present.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Consistent with the vision and values underpinning the strategic priorities as highlighted in the Strategic Plan.

6. GOVERNANCE IMPLICATIONS

No direct Governance implications for the IJB. The Chief Officer/Depute Chief Officer are appointed to represent on the Delivery Group.

6.1 Financial Impact

None identified at present.

6.2 Staff Governance

The report identifies an ongoing review of governance implications throughout all stages of the delivery of the plan.

6.3 Clinical Governance

No direct impact at present

7. EQUALITY & DIVERSITY IMPLICATIONS

The plan identifies actions taken to develop process and improve effectiveness.

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Activity is undertaken within general data protection principles.

9. RISK ASSESSMENT

Assessments will be undertaken as the delivery of the plan progresses.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The Governance theme outlines the representation involved for delivery of the plan.

11. CONCLUSIONS

This paper provides the update to the IJB of NHS Highland progress with the draft Culture Fit for the Future including some context to the document and proposed delivery.

The IJB is asked to note.

12. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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Culture Fit for the Future

Report by Gaye Boyd, Deputy Director of HR

The Board is asked to note the progress made against the Culture Fit for the Future action plan.

1. Summary

This report sets out the actions and progress NHS Highland has made since the Culture Fit for the Future framework was developed.

2. Background

John Sturrock's report was published on 9th May 2019 with the Cabinet Secretary requesting a response from NHS Highland by 31st May 2019. This response would detail the immediate actions the Board has taken/plan to take on the back of the recommendations made in the report, what support the Board has put in place/will put in place for any member of staff who has been affected by bullying and harassment and details of the Board's plan for staff engagement and a timeline of when this will be carried out. The 'Culture Fit for the Future' document, an initial draft plan, was submitted by this date as a framework for progressing the recommendations Sturrock made.

3. Assessment/options/issues for consideration

The Culture Fit for the Future document sets out to address the issues raised in the Sturrock Report and to create a culture where everyone feels they are respected, valued and listened to. It is a helpful starter which will evolve in consultation with our staff and other stakeholders. Once finalised it will provide the framework against which NHS Highland will rebuild the trust and empowerment of its people and achieve its ultimate aspiration of becoming an employer of choice.

In the coming months, the intention of the Health Board is to focus on healing, reconciliation and building a positive culture based upon care and compassion, dignity and respect for everyone. Values such as openness, honesty and responsibility will underpin an approach which will deliver quality of care and teamwork

The following has been progressed:

Theme 1 – Communications

Leadership Roadshow - Employee Engagement Briefing sessions

The organisation will be consulting widely on the plan to ensure that everyone working within NHS Highland will have the opportunity to hear from the Board and the senior leadership team about what is being proposed to address the Sturrock Review into the allegations of bullying within NHS Highland. The roadshow of employee briefings will provide all staff with the opportunity to attend an event and to offer their suggestions and/or comments which will help to shape the plan going forward. To aid this, an employee survey questionnaire will also be designed around the identified themes to obtain staff feedback and to capture ideas/suggestions or indeed any areas which may have been overlooked.

It is anticipated that the roadshows will run from mid August and will be held in locations across the expanse of the health board's territory. The timings of the briefings will take shift

patterns into account. The logistics are currently being worked through and a plan will be finalised in the next few weeks. Staff will be invited to register in advance for an event and select a date/time which best suits their individual circumstances.

Theme 2 – Human Resources Processes

Appointment of a Director of HR & OD

This appointment has been made and the postholder will commence on 15th July. This is a permanent full time post.

Resolving concerns using informal processes

The HR teams are working with managers and Trade Union representatives to ensure that informal processes are considered to increase the use of informal processes to bring about resolution at an early stage and reduce the requirement for formal processes. The Once for Scotland policies are due to be implemented in August 2019 which will support this approach.

Review partnership working within the organisation and improve effectiveness and create a positive supportive culture

Staffside have identified the need for a half-day workshop to look at this aspect of the findings of the report, and consider what needs to change as a result. This will be externally facilitated. The Highland Partnership Forum has also agreed the need for a similar exercise. Both of these will link in with discussions at a national level.

Theme 3 – Organisational Development

Training in Courageous Conversations

This training has commenced for managers with the first 5 dates being set over July and August. This will increase confidence and competence of managers in preparing for and having difficult conversations with staff.

Theme 4 – Support for Staff

Health and Wellbeing Strategy and Framework

The Staff Health and Wellbeing Group with representation from Occupational Health, Health and Safety, Public Health, Chaplaincy, Clinical Governance, Staffside and HR have been meeting to scope / explore a way forward in terms of a vision, strategy, high level of objectives and a meaningful action plan using the NHS Employers Workforce Health and Wellbeing Framework as the basis of its strategy, objectives and plans. The framework is evidenced based and designed to facilitating Boards to shape and drive their strategy and plan in a measured, focused and targeted manner.

Theme 5 – Governance

Delivery Group

The inaugural meeting of the Sturrock Delivery Group took place on 21st June to formally establish the membership and structure, ensuring that everyone has a voice and importantly that those directly affected by bullying are represented. The group had three initial tasks to consider:

- Membership of the Delivery Group
- Process for the appointment of Senior Responsible Officer (SRO)
- Process for the appointment of a 'lived experience' representative

Membership of the Delivery Group – the group will consist of the following proposed representatives [subject to change]: SRO [Chair of the Delivery Group], Chief Executive, Chief Officers (x2), Representatives from the Nursing Directorate, Medical Directorate, HR

directorate, communications team, Employee Director, Staff side representative, Chair of the Area Clinical Forum, Whistleblowing Champion, Whistleblowers representative and Lived Experiences representative(s).

Process for the appointment of Senior Responsible Officer (SRO)

Expressions of interest were previously invited from those interested in the SRO post by the Chief Executive via his weekly bulletin. The closing date for this has now passed and short listing will begin soon. The appointment panel will consist of the Chief Executive, Medical or Nursing Director, the Chair and a Human Resources representative. An update will be provided upon appointment.

Process for the appointment of a 'lived experience' representative

The selection process for the recruitment of a 'lived experience' representative will be less formal and will take the shape of an informal discussion. This will be conducted by the Chair, Employee Director and an Area Clinical Forum representative.

Board Training

The Induction process has been refined and training is to be delivered to new and existing Board members on 19 July to rebuild confidence and provide more support in Board members' roles and better connection to organisational purpose and cultural ethos.

Effective Board leadership and Accountability

Development Sessions are now planned for the Board as follows:

- Financial Workshop – 24 July
- Strategic Risk Management workshop – 14 August
- Board member development on 27 August to focus on a range of areas including effective Board leadership and skilful conversations in vision and strategy

Further sessions will be sought from Internal and External Audit colleagues.

Review of Governance Structure and Committee Network

A workshop on Committee structures – streamlining to use Lean Techniques is planned for 24 September. This will minimise duplication and clarify the roles of and relationships between the Board and its committees.

4. Contribution to Board Objectives

NHS Highland must not accept bullying, and must be a place where all colleagues behave appropriately towards one other and where bullying is not tolerated.

5. Governance Implications

Assessment of all governance implications will be required throughout all stages of the Board's planning and implementation of actions linked to the Sturrock report.

6. Risk Assessment

Assessments will be undertaken as we progress

7. General Data Protection Principles Compliance

There are no known risks to compliance with Data Protection Legislation.

8. Planning for Fairness

Where specific cases of bullying are identified, appropriate processes will be applied to support the individuals concerned.

Report Author: Gaye Boyd, Deputy Director of HR

Date: 5th July 2019

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 4.2

Date of Meeting : 7 August 2019

Title of Report: Year 2 (2018/19) Annual Review of the Children and Young People's Services Plan 2017 – 2020

Presented by: Alex Taylor, Head of Children & Families

The Integration Joint Board is asked to :

- Note that both NHS Highland and Argyll and Bute Council are jointly and equally responsible for children's services planning
- Approve Argyll and Bute's Children and Young People's Services Plan 2017-2020 Year 2 review for the period 2018/19
- Approve the Children and Young People's Services Plan Year 2 review for submission to Scottish Government as per the legislative requirement

1. EXECUTIVE SUMMARY

- 1.1 The Children and Young People's Service Plan 2017-2020 was approved at the Integrated Joint Board and Community Services Committee in September 2017 <https://www.argyll-bute.gov.uk/sites/default/files/cyspsm.pdf>.
- 1.2 There is a requirement in Part 3 of the Children and Young People (Scotland) Act 2014 to review the report annually and report on the performance and progress to date in delivering the outcomes set out in the plan.
- 1.3 This review considers updates on 2018/19 progress and areas for improvement, provides information on key developments that have taken place since the plan was published and sets out key plans for the year ahead.

2. INTRODUCTION

This is the second annual review of the Children and Young People's Service Plan 2017-2020

<https://www.argyll-bute.gov.uk/sites/default/files/cyspsm.pdf>. In this review we will report on our performance and progress to date in delivering the outcomes we set out to achieve

The review will consider:

- Updates on 2018/19 progress and areas for improvement
- Provide information on developments that have taken place since the plan was published
- Set out key plans in the year ahead

3. DETAIL OF REPORT

The Children and Young People's Service Plan (CYPSP) approved in November 2017 by Council and the Integrated Joint Board is set within the context of seven strategic priorities for early intervention and support, mental health and well-being, child protection, corporate parenting, children and young people's voice, substance misuse and leadership and communication. The priorities are aligned to the eight well-being indicators of Safe, Healthy Achieving, Nurtured, Active, Respected Responsible and Included (commonly referred to as SHANARRI).

- 3.1 Overall we have made good progress in achieving a number of outcomes which have supported the delivery of the plan. The following successes are highlighted.

Early Intervention and Support

Implementation of the 3-18 Numeracy and Mathematics strategy and Stages of Early Arithmetical Learning (SEAL) approach are progressing well. Schools trained in SEAL have recorded a notable increase in attainment in National Improvement Framework (NIF) data compared with last year.

Implementation of the 3-18 Literacy strategy and P1 guidance and training has developed confidence and increased understanding in practitioner's ability to approach early literacy in a way that has a positive impact of pupils' achievement and wellbeing.

Breastfeeding rates at 6-8 weeks are continuing to improve with the percentage of children exclusively breastfed at 6-8 weeks sitting at 36.9%, this shows a 5% increase from year 1 and exceeds the expected target of 32%.

Argyll and Bute were also successful in obtaining the UNICEF Gold baby friendly award - Achieving Sustainability. This award recognises

and celebrates excellent and sustained practice in the support of infant feeding and parent-infant relationships.

Mental health and well-being

We continue to see an increase in the percentage of new mothers breastfeeding at birth. This has been achieved by embedding the 'conversation' tools which support mothers with skin to skin contact immediately following the birth of the baby, this promotes a better understanding of the importance of early attachment.

Children and Young People's Voice

Rights Respecting School Award (RRSA) is an initiative run by [UNICEF UK](#), which encourages schools to place the [UN Convention on the Rights of the Child \(CRC\)](#) at the heart of its ethos and [curriculum](#). A Rights Respecting School not only teaches about [children's rights](#); it also models rights and respect in all its relationships, whether between children or between children and adults.

Argyll and Bute Education Service have eight schools at Bronze and two at Silver in the RRSA programme. A further seven schools have registered to take part in the RRSA journey and all are supported by an established network group of school leads

Child Protection

Work to reduce maternal stress and resulting harm to unborn children through early intervention and targeted support for parents is progressing well following the pre-birth pathway and GIRFEC principles, both of which are fully embedded in practice. The Named Midwife co ordinates a care plan throughout pregnancy with families and involvement of wider team if necessary. The pathway supports the timely completion of assessments and early convening of Antenatal Planning meetings or Child Protection Case Conferences and since its introduction between 20% and 30% of children on the Child Protection Register have been identified pre-birth.

Corporate Parenting

There have been a number of positive initiatives with partners to enhance the schools vocational programmes. These include Scottish Fire and Rescue and Youth Services Fire Skills (Fire Reach) courses and Foundation Apprenticeships in Childcare and Engineering.

A successful recruitment drive by the Fostering Team has resulted in a proposed increase in foster families in Argyll and Bute.

Substance Misuse

Argyll and Bute Integrated Joint Board signed up to Scotland's Charter for *A Tobacco Free Generation* by recognising the harmful effect smoking has on the health of our population and being personal advocates for a smoke-free generation.

Leadership and Communication

The well-being survey has been carried out in conjunction with the SALSUS survey in Year 2 (Spring 2019); more detail on this is provided in 2.3. The survey results will help inform the priorities for the new CYPSP 2020-23

The Year 2 review highlighted some areas where performance results were not as anticipated and consequently areas where further testing and improvements are required.

Early Intervention and Support

The percentage of staff trained on the 'good to go' healthy eating programme. Budget cuts have resulted in a lack of dedicated time available to support training education staff to consistently deliver 'good to go'. This has also had an impact on the number of schools delivering the 'good to go' programme.

Plans are currently in place to progress school staff training in academic year 2019/20. In addition the resources housed on the Food Standard Agency website have been reviewed and will replace the paper copies currently recommended in the current 'good to go' programme. It is anticipated this work will support an improvement in the Year 3 report.

Mental Health and Wellbeing

The percentage of young carers with a Child's Plan identifying the need for support. It has proved difficult to obtain information on this measure as further exploration has recognised that Young Carers do not routinely meet the criteria for opening a Child's Plan. This measure will be reviewed for the 2020-23 CYPSP.

The percentage of eligible families accessing Healthy Start. A test of change is in progress to support an increase in uptake of Healthy Start. The Best Start voucher scheme replaces the Healthy Start scheme from Summer 2019. Best Start involves a single administrative process and it is anticipated combining these schemes and will help increase uptake and reduce duplication.

Children and Young People's Voice

The percentage of children and young people's views expressed in the GIRFEC child's planning process. Tools have been developed involving tests of change to support an improvement across the different age ranges of children and young people. Improvement activity will be reported in Year 3

The percentage of children and young people involved in Children's Hearings process that are supported to express their views. Children and Young People do not complete and return the notification about hearings 'All about me forms'. This measure will be reviewed for the 2020-23 CYPSP.

Child Protection

The percentage of Initial Tripartite Investigations (IRTDs) evaluated as good or above. Due to the Joint Inspection of Children's Services in was necessary to suspend the IRTD audit group. Inspection feedback highlighted that responding to initial concerns about the safety of children as a strength in Argyll and Bute. The audit group has resumed and data will be available in the Year 3 report.

Leadership and Communication

The percentage of children and young people with access to the CYP executive summary. It has been anticipated the executive summary would include the findings from the well-being survey, however analyses of this are not expected until early 2020

- 3.2 The full report and update of performance indicators and reporting templates is recorded in PYRAMID and appended to this report at appendix 1.
- 3.3 To help us to understand the strengths, needs and possible concerns in the local secondary population, pupils aged 13 and 15 years across Argyll and Bute have been asked to take part in a survey on health and wellbeing. The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) is conducted on a biennial basis and is part of an important and long established series of national surveys on smoking, drinking and drug use in this cohort of young people.

To help improve survey completion rates and expand the range and richness of data, the health and wellbeing and SALSUS surveys in Argyll and Bute were combined.

The well-being and SALSUS survey was carried out in the spring of year 2 (2018-19) of the CYPSP. The results of the survey will be used to inform the priorities for the new Plan (2020 – 23), ensuring children and young people are consistently able to express their views regarding services across Argyll and Bute.

- 3.4 A Scotland-wide programme of engagement by Scottish Government, Children and Families Directorate on Children's Service Plans took place over 2018/19. The rationale for the visits was to hear what has worked well, where further support may be needed, and whether there are consistent themes and priorities emerging at national level.

Argyll and Bute Scottish Government CYPSP engagement visit took place on the 3rd May 2019. The delegation included the Director of Children and Families, the Chief Social Worker Adviser and the Children's Services Strategic Engagement Lead. The visit also involved a review of the Argyll and Bute CYPSP 2017-20 using criteria based around Children's Services Policy and Statutory Guidance.

- 3.5 The CYPSP is firmly rooted in the Getting It Right for Every Child framework using well-being Indicators to ensure linkage in outcomes with the Argyll and Bute Improvement Plan and the relevant National Performance Framework

4. WHAT HAS CHANGED SINCE WE DEVELOPED THE CYPSP?

- 4.1 When we developed the plan we identified information about the needs of children and young people in Argyll and Bute. The plan contained key actions for all agencies across the community planning partnership. Progress on the completion of these actions is detailed in Appendix 2.

- 4.2 Argyll and Bute's Children Strategic group self evaluation and mapping exercise planned for Year 2 has taken place. This work also formed the basis of the Leadership section of the self-evaluation for the Joint Inspection of Children's Services. The exercise provided clarity on Children's Services groups and plans and will feed in to the development of the 2020- 23 CYPSP.

- 4.3 The Joint Inspection of Services for Children and Young People in Need of Care and Protection took place between August and November 2018. The Care Inspectorate and its scrutiny partners Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland, looked at the differences the Community Planning Partnership is making to the lives of children and young people in need of care and protection and the lives of the children and young people for whom the Community Planning Partnership has corporate parenting responsibilities.

The inspectors evaluated the quality and effectiveness of services in Argyll and Bute provided by the partnership to the quality indicators in their newly published quality framework for children and young people in need of care and protection.

Preparation for the inspection commenced in June 2018 and covered a 26 week foot print. Consequently timescales for other activities and actions required to be reviewed until the inspection period was complete, this resulted in a delay in progress with some performance and actions detailed in the CYPSP 2017-20

The Joint Inspection of Children's Services Improvement Action Plan aligns improvement activity with the CYPSP and the Getting it Right for Every Child framework.

- 4.4 Children's Service Locality Executive Groups are multi-agency planning groups that ensure consistency in delivery of the CYPSP across the localities. Executive Groups also support locality Practitioner Forums in sharing learning and best practice across Argyll and Bute.

The Executive Groups and Practitioner Forums meet in each locality and the Chairs of the Executive Groups are members of the of the PQA group which meets quarterly and is a subsidiary of Argyll and Bute's

Children Strategic Group. Staff have been informed an updated of the structures and work is on-going to promote attendance at Practitioner Forums

- 4.5 Children's Rights are a specific focus of the Strategic Priority – 'Children and Young People's Voices' within the Plan and work is in progress to ensure Children and young people understand their rights as laid out in the United Nations Convention on the Rights of the Child (UNCRC).
- 4.6 Argyll and Bute have been successful in being selected for the GIRFEC Collective Leadership Programme. The Collective Leadership framework will build confidence for practitioners and managers to deliver a shared understanding to the leadership and delivery of services for children and families.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

There are no additional resource implications with the delivery of the plan.

5.2 Staff Governance

None at this time.

5.3 Clinical Governance

The Council and NHS Highland are required to report on the progress of the Children and Young People's Services plan as directed within the Children and Young People (Scotland) Act 2014, set out within the supporting Statutory Guidance published in December 2016.

6. EQUALITY & DIVERSITY IMPLICATIONS

The Children and Young People's Services Plan identifies how health and social care services contribute to reducing inequalities, including health and education inequality.

7. RISK ASSESSMENT

There are potential reputational implications for the Health and Social Care Partnership should they fail to deliver the full legislative requirements set out within the Children and Young People (Scotland) Act 2014, Statutory Guidance of December 2016.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The Children and Young People's Services Plan informs our young people, parents, carers, volunteers and practitioners of the outcomes and actions that all partner agencies have committed to deliver in order to ensure that children and young people living in Argyll and Bute get the possible start in life.

9. CONCLUSIONS

- 9.1 The year 2 review of the CYPSP has highlighted some good practice and areas where improvement is still required. Multi agency working is well embedded in Argyll and Bute and work is underway to progress the quality improvement methodology to ensure long term sustainable changes are central to practice.

Developing the Strategic Joint Needs assessment will strengthen and build on the existing good work in conjunction with the Children and Young People survey, this work is currently being developed.

- 9.2 Appendices 1 and 2 detail performance against the indicators and actions identified in the plan and work is already underway to ensure we meet the targets in year 3

NEXT STEPS

Preparation and planning for the 2020- 2023 Children and Young People's Service Plan is currently under development.

Appendices

Appendix 1: Children and Young Peoples Services Plan Year 2 Performance Report

Appendix 2: Children and Young Peoples Services Plan Year 2 Actions Progress Report

Patricia Renfrew

Consultant Nurse Children and Families

1st July 2019

Children and Young People's Services' Plan

Performance element	Status	Target	Actual	Comments
1. Strategic Priority - Early Intervention and Support				
1.1 Percentage of women with continuity of planned antenatal care in place	●	50.00	74.00	Yr1 This has been achieved by identifying a named midwife for each woman and putting in place a "buddy" midwife system. Yr2 Further testing is required before scaling up to other areas.
1.2 Percentage of pregnant women whose Carbon Monoxide levels have reduced by 10 days post-natal		6.00	8.00	Yr1 Midwives are adopting the quality improvement methodology. This will be tested in one area in Argyll and Bute and then scaled up. Yr 2 Further testing is required before scaling up to other areas.
1.3 Percentage of smoke free homes by 10 days post-natal		75.00	70.00	Yr 1 Midwives are adopting the quality improvement methodology. This will be tested in one area in Argyll and Bute and then scaled up. Yr 2 Further testing is required before scaling up to other areas.
1.4 Percentage of children exclusively breastfed at 6-8 weeks	●	32.00	36.90	A range of interventions have been put in place to support and increase breastfeeding rates such as introducing infant feeding problem solving clinics in Cowal, introduction of infant feeding support workers in 2 areas Cowal and Oban. Yr 1 a range of interventions have been put in place to support and increase breast feeding rates such as introducing infant feeding problem solving clinics in Cowal, introduction of infant feeding support workers in 2 areas Cowal and Oban. Yr 2 Further testing is required before scaling up to other areas.
1.5 Percentage of children registered with a dentist at by 2 years	●	53.00	53	Yr 1 Health Visitors and Oral Health staff promote dental registration at every contact Yr 2 Health visitors and oral health staff promote dental registration at every contact
1.6 Percentage of education staff trained on 'good to go' healthy eating programme	●	60.00	20.00	Yr 2 Due to funding cuts resulting in a lack of dedicated time available to support training education staff to consistently deliver 'good to go'. Plans are in place to review in year 3. Yr 1 15 schools have delivered the programme in yr1. Plans to scale up in yr 2 and feedback is provided on the programme to the paediatric dietitian.
1.7 Percentage of schools delivering the 'good to go' programme		60.00	Awaiting data early indications low numbers	Yr 1 15 schools have delivered the programme in yr1. Plans to scale up in yr 2 and feedback is provided on the programme to the paediatric dietitian. Yr 2 Further testing is required before scaling up to other areas.
1.8 Percentage of children receiving an ASQ developmental assessment by 13 – 15 months	●	85.00	88.00	The ASQ tool is used to screen and assess the developmental performance for the children in the areas of communication, gross motor skills, fine motor skills, problem solving and personal social skills Yr 1 80% reflects the uptake of reviews. Health visitors are routinely carrying out reviews using the ASQ developmental assessment tool in line with the Universal Health Visiting Pathway. Yr 2 Further testing is required before scaling up to other areas.
1.9 Percentage of children receiving an ASQ developmental assessment by 27 - 30 months	●	85.00	90.00	The ASQ tool is used to screen and assess the developmental performance for the children in the areas of communication, gross motor skills, fine motor skills, problem solving and personal social skills Yr 1 85% reflects the uptake of reviews. Health visitors are routinely carrying out reviews using the ASQ developmental assessment tool in line with the Universal Health Visiting Pathway. Yr 2 Further testing is required before scaling up to other areas.
1.10 Percentage of children reaching their developmental milestones on P1 entry		85.00	Mid-point Data 75.00	Yr 1 Midpoint developmental milestone data is available at this point. Updated/full year figures are currently being collated and will be analysed by the end of September 2019. Yr 2 Further testing is required before scaling up to other areas.
2. Strategic Priority - Mental Health and Wellbeing				

2.1 Percentage of 'Connected Baby' modules on attachment accessed by staff through CPD	●	80.00	80.00	Yr.2 New staff members working in childrens services are encouraged to access the module to increase awareness of attachment.
2.2 Percentage of new mothers breastfeeding at birth	●	55.00	70.90	Yr.2 All women have a conversation with their midwives about the benefits of skin to skin contact. This facilitates an increase in initiating breastfeeding at birth. Yr.1 All women have a conversation with their midwives about the benefits of skin to skin contact. This facilitates an increase in initiating breastfeeding at birth.
2.3 Percentage of parents attending Psychology or Parenting Programmes (POPP)	●	24.00	24.00	Yr.2 Incredible Years and Triple P parenting sessions are run across all in localities either in groups or 1:1 sessions. Yr.1 Staff continue to promote Incredible Years and Triple P parenting sessions in localities
2.4 Percentage of children and young people waiting less than 18 weeks to access a Primary Mental Health Worker	●	90.00	90.00	Yr.2 Additional PMHW resource as supported an increase in capacity Yr.1 The capacity Primary Mental Health Worker team has been increased by 2 FTE across all of Argyll and Bute in 2018
2.5 Percentage of children and young people waiting less than 18 weeks to access Child and Adolescent Mental Health Services (CAMHS)	●	90.00	80.00	Yr.2 The redesign of CAMHS and involvement in the Mental Health Improvement Collaborative will support progress in this area. Yr.1 The capacity of the team will increase in 2018 with the introduction of two new posts
2.6 Percentage of young carers with a Child's Plan identifying the need for support		60.00	0	Yr.2 Young Carers do not routinely meet the criteria for opening a Childs Plan. Yr.1 Not many young carers meet the criteria for opening a child's plan and this measure will be reviewed for year 2
2.7 Percentage of eligible families accessing Healthy Start	●	70.00	63.00	Yr.2 Test of change are underway to support an increase in uptake of healthy start. Best start vouchers will replace the Healthy Start scheme from Summer 2019. Yr.1 Work is progressing across the partnership to promote the scheme and increase uptake of Healthy Start

3. Strategic Priority - Children and Young People's Voices				
3.1 Percentage of Children and Young people who complete the Health and Well-being survey		50.00	Data not available until early 2020	Yr 2 The Health and Well-being survey and SALSUS surveys were combined and have been out for completion in Spring 2019. Yr 1 Survey will be introduced in year 2 2018/19
3.2 Percentage of children and young people's views expressed in the GIRFEC child's planning process		60.00	Data not currently available	Yr 2 Work is progressing to test tools and methods of gathering the views of children and Young People
3.3 Percentage of families views expressed in the GIRFEC child's planning process	●	75.00	75.00	Yr 2 A test of change using the 'What Matters to Me' form. Plans have been successful. Plans are in place to scale up in year 3. Yr 1 A test of change has commenced with the development of "What Matters To Me" form and this will support increasing performance.
3.4 Percentage of children and young people involved in the child protection process that are supported to express their views	●	65.00	65.00	Yr 2 Viewpoint has collected data with regard to the 8 well-being indicators of safe, health, achieving, nurtured, active, respected, responsible and included. The sample covers YP aged 8-17. Due to the low number of completed questionnaires (18) the percentage may be unrepresentative, a larger number of responses would provide more accurate figures.
3.5 Percentage of children and young people involved in LAAC processes that are supported to express their views	●	65.00	65.00	Yr 2 Work is progressing to test tools and methods of gathering the views of children and Young People
3.6 Percentage of children and young people involved in Children's Hearings processes that are supported to express their views		15.00	No data available	Yr 2 Due to small number of forms routinely returned this measure requires to be reviewed in the 2020-23 CYPSP. All children above the age of six years are sent a copy of the "All about me form" with the notification for any hearing. The few forms returned were blank with no information in them.

4. Strategic Priority - Child Protection				
4.1 Percentage of pre-birth antenatal planning meetings for vulnerable women arranged by 28 weeks gestation	●	85.00	85.00	Yr 2 The inspection highlighted pre-birth processes were robust and conducive to early identification of vulnerable mothers in pregnancy and there were clear pathways for escalation to child protection processes if necessary. Midwives and social workers are following the pre-birth pathway to ensure antenatal planning meetings are in place for vulnerable women by 28 weeks gestation. Yr 1 Midwives and social workers are following the pre-birth pathway to ensure antenatal planning meetings are in place for vulnerable women by 28 weeks gestation.
4.2 Percentage of Initial Tripartite Investigations (IRTIs) evaluated as good or above		70.00		IRT audit Suspended due to the Joint Inspection of Children's Services Yr 1 In FQ1 22 CP1s were audited, 8 were graded good or above
4.3 Percentage of multi-agency chronologies initiated at the start of child protection investigations		60.00		57% in the area testing Multi-agency Chronologies Yr 1 During 2017/18 there were 105 multi agency chronologies initiated at the start of child protection investigations
5. Strategic Priority - Corporate Parenting				
5.1 Percentage of LAC Children and Young People attaining accredited qualifications	●	68.00	90.00	Yr 2 In 2017/18 90% of LAC one or more qualifications at SCQF level 3 or better Yr 1 In 2016/17 80% of LAC one or more qualifications at SCQF level 3 or better
5.2 Percentage of Child's Plans evaluated as good or above	●	65.00	65.00	Yr 2 Evidence of good progress identified in the Joint Inspection of Children's Services
5.3 Percentage of young people leaving care with appropriate housing	●	85.00	100.00	Yr 2 In the year 18/19 100% of young people leaving care were offered appropriate housing. Percentage of young people leaving care with appropriate housing In the year 17/18 100% of young people leaving care were offered appropriate housing
5.4 Percentage of LAC children and young people waiting less than 18 weeks to access a Primary Mental Health Worker	●	65.00	65.00	Yr 2 Primary Mental Health Workers where possible prioritise looked after children. Yr 1 Primary Mental Health workers where possible prioritise looked after children
5.5 Percentage of LAC children and young people waiting less than 18 weeks to access Child and Adolescent Mental Health Services (CAMHS)	●	75.00	70.00	Yr 2 Primary Mental Health Workers where possible prioritise looked after children. Yr 1 Primary Mental Health workers where possible prioritise looked after children
5.6 Percentage of LAC children and young people waiting less than 6 months after admission to care with a plan for permanence in place	●	70.00	75.00	Yr 2 Significant improvement noted as part of CELCIS Pace programme Yr 1 Measures are in place through CELCIS PACE programme to improve the timescales to secure permanence for LAC children

6. Strategic Priority - Substance Misuse				
6.1 Percentage of secondary schools delivering drugs awareness programmes in partnership with the Alcohol and Drugs Partnership ADP	●	60.00	60.00	Yr 2 6 of our secondary schools are delivering drug awareness programmes with the support of the ADP. Yr 1 6 of our secondary schools are delivering drugs awareness programmes with the support of the ADP.
6.2 Percentage of 15 year olds who report they usually drink at least once a week	●	16.00	16.00	Yr 2 Information obtained from SALSUS survey Yr 1 Information obtained from SALSUS survey
6.3 Percentage of 15 year olds who report they are regular smokers at least once a week	●	13.00	13.00	Yr 2 Information obtained from SALSUS survey. Yr 1 Information obtained from SALSUS survey
6.4 Percentage of 15 year olds who report they usually take drugs at least once a week	●	3.00	3.00	Yr 2 Information obtained from SALSUS survey Yr 1 Information obtained from SALSUS survey

7. Strategic Priority - Leadership and Communication		●	FQ4 18/19	FQ4 18/19 Green	
7.1 Percentage of professionals that understand the mechanism and structures that allow them to influence strategic planning	●	65.00	67.00	Yr 2 Data obtained from the Joint Inspection of Children's Services Staff Survey whereby 67% of staff reported that they understood Arqyll and Bute children's services planning structures. Yr 1 This indicator is linked to the re-establishment of our practitioner forums. The inaugural meetings of the newly established forums were unfortunately delayed due to the winter weather which made travel impossible.	
7.2 Percentage of children and young people who have had the opportunity to express their view of the services they use	●	75.00	75.00	Yr 2 The Joint Inspection of Children's and Young Peoples Survey. Youth services also carry out a variety of exercises that allow young people to express their view. Yr 1 This will be captured in the well-being survey which is programmed for yr 2 2018/19	
7.3 Percentage of children and young people [CYP] with access to the CYP executive summary		75.00	No data available	Yr 2 The executive summary will include the findings from the well-being survey not due out until early 2020. Yr 1 The executive summary for C&YP will include the high level findings of the well-being survey scheduled for 2018/19	
7.4 Percentage of the leadership and communication Quality Indicators which are evaluated as very good or better	●	0.00	75.00	Yr 2 Evaluation from the Joint Inspection of Children's Services 9.1 Leadership and direction 75% Yr1 This will follow the inspection of Children's Services	

Year 2 2018/19 Progress Report – Master

What we aim to improve
Strategic Priority - Early Intervention and Support
WBIs – Safe, Healthy, Nurtured and Respected
<ol style="list-style-type: none"> 1. Women are supported during pregnancy and the post-natal period 2. Women who are vulnerable to risk are supported throughout their pregnancy and during the postnatal period 3. Children and young people are supported to be healthy and their well-being needs are met 4. Children achieve their appropriate developmental milestones by 13-15 months, 27-30 months review and on starting P1 5. Children and Young People reach their potential for their age and ability 6. Children and Young People have opportunities for play and development and are ready to learn 7. Children and Young People experience positive parenting and good attachment

How we plan to do it						
Outcome	Action	Evaluation	Action Lead and Person Reporting	Where are we now in terms of progressing each action?	What evidence do we have of this progress?	Delivered across Multi-agency or Single agency
Women are supported during pregnancy and postnatal period	Promote use of continuity of planned antenatal care packages with Midwifery teams	% of continuity in the AN, intrapartum and PN period	Consultant Lead Midwife J Lambert	All teams have developed driver diagrams and action plans and identified named Midwife and Buddy Midwife.	<ul style="list-style-type: none"> • Data is collated on a monthly basis • Runs charts are visible in all maternity units in Argyll and Bute (ex Helensburgh) 	Single agency Health
	Monitor Carbon Monoxide levels at each core contact Includes smoke free homes	Carbon Monoxide levels reduced	Consultant Lead Midwife J Lambert	One team has embedded this work and will buddy another team to upscale. This will be an on-going test of change.	<ul style="list-style-type: none"> • Evidence of continuity and regular testing if Carbon Monoxide is greater than 4 parts per million • Data is collated monthly 	Single agency Health

	Promote GIRFEC process of early intervention antenatally	Audit of antenatal plans	Consultant Lead Midwife J Lambert	Pre-birth pathway working well across all areas of Argyll and Bute (ex Helensburgh which receives services from NHS GGC)	Data collated on core and additional families and number of active Antenatal plans	Multi-agency
Children and young people are supported to be healthy and their well-being needs are met	Promote the benefits of breastfeeding across all agencies (Creating breastfeeding communities Achieving and maintaining UNICEF accreditation)	Number of training sessions delivered	Consultant Nurse Children and Families P Renfrew	All early years establishments have received breastfeeding awareness training and the resource pack to deliver the sessions. Early year's staff are being asked for feedback on use of the resources.	Feedback forms from early years establishments will be used to audit delivery of the breastfeeding sessions to help promote a change in the culture towards positive breast feeding Early year's staff have been asked to report back on use after one year.	Multi-agency
	Promote and teach breastfeeding in nurseries, schools and with antenatal women (Creating Breastfeeding Communities)	Training programme	Consultant Nurse Children and Families P Renfrew	Test of change delivering breastfeeding awareness sessions for P1 to P7 have begun in Mid Argyll. All maternity units provide 1 to 1 parent craft education classes. Pilot complete now need to take to rest of A&B	<ul style="list-style-type: none"> ● PDSA's for the Mid Argyll Pilot ● Parent craft flyers and attendance sheets ● Maternity diaries 	Multi-agency
	Train education staff to deliver 'good to go' programme in all schools across Argyll and Bute	Number of training session delivered in schools	Paediatric Dietitian Jan Chapple	Funding cuts have resulted in a lack of dedicate time available to support training education staff to consistently deliver 'good to go'.	The resources housed on the Food Standard Agency website have been reviewed and can be used to replace paper copies recommended in the current 'good to go' programme	Multi-agency

	Support schools to deliver 'good to go' healthy eating programmes	Number of training session delivered in schools	Lead Paediatric Dietitian Jan Chapple	We plan to progress, update and re-launch with the 2019/20 Child Healthy Weight funds		Multi-agency
	At child's 6-8 week review Health Visitors to encourage parents to register their child with a dentist by their first birthday	Number of dental registrations	Oral Health Improvement Manager Elizabeth Peat	<ul style="list-style-type: none"> Established HV to Childsmile referral pathway for families identified by Health Visitor(HV) as benefiting from Childsmile service and support into dental services The recommendation is for HVs to identify those children at greater risk for referral into Childsmile to address inequalities in our communities Recognised oral health resource material in the Universal HV pathway at key contacts by the early years team 	<ul style="list-style-type: none"> 91.7% 3-5yr olds registered with a Dentist April 2018 – March 2019 176 referrals SIMD 1-5 to Childsmile NHS Highland (not including data for A&B) 0-2yr olds registration figures for Sept 2018 42.7% 	Single agency Health
	Implement the Pregnancy and Parenthood in Young People (PPYP) Strategy	Action plan data	Argyll and Bute Children's Strategic Group J Lambert P Renfrew A Paterson	<ul style="list-style-type: none"> Actions updated for year 2 and reported to Scottish Government Maternity Care Assistant roles being tested in Bute, Cowal and Oban with 3 staff undertaking 	<ul style="list-style-type: none"> CYP Survey data from year 2 of CYPSP 2017 – 2020 Feedback from Team Leads and staff Initial feedback is positive but there is a need to focus on additional support for 	Multi-agency

				training at UWS. The role required a consolidation period following completion of training	YP and vulnerable families	
Children achieve their appropriate developmental milestones by Primary 1	Implementation of the Universal Health Visiting pathway for all children, with increased home visiting contacts	Number of Home Visits undertaken	Consultant Nurse Children and Families P Renfrew	The Universal HV pathway is being implemented incrementally since May 2015 and will be fully implemented by 2020	Data collection on HV contacts as per the pathway	Single agency Health
	Support, monitor and promote uptake of 13 – 15 month and 27 – 30 month reviews	Number of children with completed reviews	Consultant Nurse Children and Families P Renfrew	13 – 15 month and 27 – 30 month reviews are fully embedded in practice	Data collection on the child health surveillance pre-school reviews	Single agency Health
	Ensure Developmental Milestones are measured for all 3 and 4 year olds	Developmental milestones data	CYPIC/ EY Team T. Sartain	<ul style="list-style-type: none"> Milestone data routinely collected bi-annually Continue to ensure practitioners have a shared understanding of children achieving their developmental milestones and that the data they collect is robust 	Annual developmental milestone report with evidence of data analysis outlining: <ol style="list-style-type: none"> The overall percentage of milestones achieved The percentage achieved within each milestone The percentage achieved within each locality 	Single agency Early years education
Children and Young People reach their potential for their age and ability	Maintain and promote the Bookstart programme (including training for staff)	Education Reports	EMT L Burgar	In partnership with Live Argyll we continue to build capacity within communities and Early Learning and Childcare settings to deliver Bookbug sessions	Monitor number of participants trained and number of sessions delivered	Multi-agency
	Implement the 3-18 Numeracy and Mathematics strategy and the 3-18 Literacy strategy	Education Data	EMT P Inglis	Numeracy - Guidance for the early acquisition of numeracy has been created for all	Numeracy guidance	Single agency Education

			<p>schools and training will be provided to P1 practitioners in 2019.</p> <p>Stages of Early Arithmetical Learning (SEAL) SEAL training has continued with another 10 schools, 27 schools now involved. Feedback from parental questionnaires was positive regarding confidence with SEAL approach. Positive feedback from practitioners regarding P1 numeracy guidance. For schools who were trained last year, most schools recorded a notable increase in attainment in NIF data compared with last year.</p> <p>The Principal Teachers for Literacy and Numeracy have worked with the Early Years Team on extending the Learning and Development Framework to include progression in Literacy, numeracy and developmental milestones until the end of Primary One. This is in the early stages of development and is being rolled out with pilot provisions.</p> <p>Literacy – P1 guidance and training was provided for all</p>	Evaluations and feedback	
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			<p>schools on the inset day in August 2018. PT Literacy has been supporting schools across the Authority with early literacy. Feedback from practitioners and SLT have been positive. Some Early Years establishments and P1 teachers are beginning to trial the resources to support the tracking and monitoring of children's progress through the whole of early level, from age 3 to the end of P1. This is continuing to develop early pedagogical approaches to teaching literacy in P1.</p> <p>PT for Literacy has been working with James Cook from the Regional Collaborative on emerging literacy, now involving 24 schools. This is developing the planning for foundation skills across education establishments as well as tracking the skills developments from early years through P1. This is developing consistency of expectations relating to phonics: speed, encoding & decoding together, approaches rooted in music, movement & rhythm. It is</p>		
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				<p>also separating sound acquisition from handwriting, delaying formal handwriting until developmentally appropriate. Staff have been supported with creating contexts for writing within play and creating literacy rich environments.</p> <p>This has developed confidence that we are approaching early literacy in a way which has a positive impact of pupils' achievement AND wellbeing. It has increased confidence in practitioners in developing literacy and increased understanding of how to gather a range of evidence to evaluate against the early level Benchmarks. There has been increased collaboration with Early Years settings as well as building of stronger parental partnerships and understanding of the importance of these.</p>		
	Continue to support and challenge schools to raise attainment overall as measured by national examinations and the National Improvement Framework measures for	Benchmark Data	EMT L Connor Alison MacDonald	<ul style="list-style-type: none"> Continued work from Education Central Officers through quality improvement visits Input at Head Teacher meetings, and training delivered on Insight and 	Evidence of impact from quality assurance visits minutes. Quantitative SQA and National Improvement	Single agency Education

	Literacy and Numeracy			<p>the BGE Benchmarking tool</p> <ul style="list-style-type: none"> Professional dialogue discussions take place in August and September to analyse the performance data, and subsequent strategy 	Framework data available in August.	
	Continue to promote and train staff on adopting the Model for Improvement (Mfi) methodology	Number of staff trained on Mfi	CYPIC K Johnston P Renfrew	<p>Model for Improvement awareness raising training has continued throughout 2018/19 across the children's services partnership</p> <p>Plans are underway to slowly spread the Mfi methodology to all staff working in children's services. This will be achieved by training a group of staff (Mfi faculty) to cascade training in localities</p>	<ul style="list-style-type: none"> Attendance registers Data and run charts on the number of multiagency staff trained on the Model for Improvement methodology Number of staff trained as Scottish Improvement Leads and /or coaches CYP Improvement Collaborative faculty Number of staff participating in Scottish Government led practicum's 	Multi-agency
Children and Young People have opportunities for play and development and are ready to learn	Develop Play Strategy linking to National Play Strategy	Development of strategy	CYPIC CPP AP / KJ	Argyll and Bute work to the principles set out in the National Play Strategy	<ul style="list-style-type: none"> Health Visitors distribute Play@home books and support parents to promote play at home and by attending bookbug rhymetime and Paytalkread sessions Early years settings and school promote free play and learning through play 	Single Agency Education

					<ul style="list-style-type: none"> Curriculum for excellence promotes playful learner-led approaches 	
	Provide learning through play opportunities for children and identify next steps for learning	Developmental milestones data	Early Years Team K Johnston W Brownlie	Data is gathered twice per year for developmental milestone progress and analyse outcomes Each ELC setting receives at least two support visits per year – one focused on ‘Learning and Development’ and one on ‘Care and Welfare’	Awaiting developmental milestone data for June 2019 ELC Visit reports identifying useful next steps for each setting	Single Agency Education
Children experience positive parenting and good attachment	All parents of 3, 4 and 5 year olds have access to Incredible Years or Triple P Parenting programmes (Psychology of Parenting Programme (PoPP))	PoPP data	CYPIC R Quelch	Incredible Years and Triple P Parenting programmes are promoted and delivered through the Psychology of Parenting Programme (PoPP) across Argyll and Bute	PoPP data Number of programmes delivered Number of parents attending parenting sessions	Multi-agency
	Implement the recommendations of the Adverse Childhood Experience’s (ACEs) Report	Evaluation of ACEs action plan	A&B Health Improvement Team S Campbell	<ul style="list-style-type: none"> Dedicated steering group established In Touch with Distress and raising awareness conferences in Feb and March 2019. Director of Public Health Annual Report 2018 focused on ACEs, this report was presented to the CPP and IJB Use of social media to promote events and information on ACEs (Argyll ACEs hub) NES Opening Doors video 	<ul style="list-style-type: none"> ToR in place and group meet quarterly Licenses for ACEs film ‘Resilience’ purchased; the number of partners accessing the licence to show the film to staff teams Number of people accessing events and resources 	Multi-agency

				<p>resource available</p> <ul style="list-style-type: none"> • Guided Self Help Study in Secondary School. First school completing June 2019. Two further schools pilots planned • Stress and Resilience sessions delivered HSCP staff 	<ul style="list-style-type: none"> • Feedback from Pilots • Feedback and number of staff accessing the sessions 	
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What we aim to improve
Strategic Priority - Mental Health and Wellbeing
WBIs –Safe, Healthy, Active, Nurtured, Respected, Responsible and Included
<ol style="list-style-type: none"> 1. Pregnant and new parents are supported to recognise the importance of early attachment 2. Parents and carers are supported to deal with behaviour issues 3. Children and young people’s mental health and wellbeing outcomes improve 4. Our children and young people’s wellbeing and resilience is supported through physical activity and sport 5. Young carers needs are recognised and appropriately met 6. Children, young people and their families are supported to overcome inequalities and poverty

How we plan to do it						
Outcome	Action	Evaluation	Action Lead and Person Reporting	Where are we now in terms of progressing each action?	What evidence do we have of this progress?	Delivered across Multi-agency or Single agency
Pregnant and new parents are supported to recognise the importance of early attachment	Encourage attachment through breastfeeding and skin to skin contact	Breastfeeding data	CYPIC P Renfrew	All women have a conversation with their Midwife about the benefits of skin to skin contact	<ul style="list-style-type: none"> • 70.9 % of women are currently breastfeeding at birth • Antenatal Conversation sheets provide evidence of the breastfeeding discussion the Midwife has with women • UNICEF internal quarterly audit reported to NHS Highland Maternal Infant Newborn Framework group 	Single agency Health

	Midwives, health visitors and early years staff support parents at all contacts and parenting support groups to understand the importance of attachment	Qualitative Feedback from staff	CYPIC P Renfrew K Johnston	Conversation tools are fully embedded in practice. All staff are encouraging attachment and bonding whether the baby is breast or bottle fed. Staffs are also encouraging women and partners to use the slings given to them in their baby box.	<ul style="list-style-type: none"> • Staff questionnaire • Feedback from parents 	Multi-agency
Parents and carers are supported to deal with behaviour issues	Parents are offered 1:1 parenting support and encouraged to attend local parenting programmes	Parenting data	CYPIC PR/KJ/ A McKenzie	Parents are routinely offered 1:1 parenting support in the home, this is followed up by an opportunity to attend Psychology of Parenting Programmes (PoPP) either Incredible Years or Triple P parenting sessions delivered in localities	PoPP data on parenting groups Verbal feedback from Health Visitors, Nursery Nurses and Social Workers on 1:1 parenting interventions	Multi-agency
Children and young people's mental health and wellbeing outcomes improve	School nurses and Primary Mental Health Workers (PMHW) receive referrals for early mental health support	CAMHS waiting time targets	NHS Highland Argyll and Bute HSCP Brian Reid	<p>School nurses and PMHW are receiving referrals for early mental health support. PMHW 2018/19 data indicates young people are been seen timeously.</p> <p>Additional 2.0 wte PMHWs in post School nurses have received mental and emotional well-being training as part of the review of school nursing</p>	<p>CAMHS waiting time data</p> <p>Public Health Nursing Record entries</p> <ul style="list-style-type: none"> • Number of school nurses attending training • Training evaluations 	Single agency Health

	Children and young people with elevated mental health concerns are seen timeously by CAMHS	CAMHS waiting time targets	NHS Highland Argyll and Bute HSCP Brian Reid	Argyll and Bute CAMHS are transitioning and expanding to include the Bute and Cowal areas. Additional Band 7 and Band 6 CAMHS posts now recruited to CAMHS staff are working within Mental Health Access Improvement collaborative with SG to address barriers to access.	Reports	Single agency Health
Our children and young people's wellbeing and resilience is supported through physical activity and sport	Design and deliver specific target group developments to create inclusive programmes. Including: child healthy weight, disability, teenage girls, non participants of physical education, health inequalities	Sport and Leisure Service Plans	Active Schools	<ul style="list-style-type: none"> Working in partnership with the young cares in Oban and Lorn involved targeting groups of non-participants in extracurricular programmes to become active and work on health inequalities. Working in partnership with Youth services to deliver the Healthy Me project that targeted P7 girls to who are non-active or at risk of becoming non active through a series of activities to build self-esteem, 	The ASMO (Active Schools Monitoring system) reporting tool is used to analyse data collected on active children and young people in each school. The AS Coordinator use SEEMIs as management tool to identify those who are active and those who are not currently active. The analysis of this data allows Coordinators to create programmes of activity which promote generic participation across the cluster. This informed practice allows coordinators to	Multi-agency

				<p>social networks and increase physical activity.</p> <ul style="list-style-type: none"> • Working in partnership with Camanach association, Active Schools and local clubs to deliver a series of girl's only Shinty events in Dunoon Grammar school and associated primaries. • Working in partnership with SRU and Islay high school, Islay rugby club to continue to develop the girl's rugby programme in Islay high school, which sees the participation of Girls in physical activity increase significantly since its development in 2017 • The restructure of the Active Schools and sport team has seen the inclusion of a specific remit for disability and inclusion. This post holder will lead the Disability and 	<p>identify those who are not participating and put in place strategies and initiatives to target the inactive based on termly data collected for each schools. Coordinators work with key partners in Education and community groups to enhance the local offering that is appropriate way for each locality.</p>	
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				Inclusion work group which this year has continued to build on a development plan for the multi agency group. Contributors to this plan have included a wide variety of partners that include Education, social work and sportsotland. As this post develops into the next academic year we will further see developments in this area.		
	Deliver outdoor learning programmes for children and young people across A and B	Education data	EMT W Brownlie	39 staff have been trained in bespoke wild things training which has significantly increased the level and quality of outdoor play.	SEEMIS data Feedback from children and staff	
	Increase the number and diversity of participants in Active Schools	Education data	Active Schools	The Active Schools and sport Team continue to devise and deliver programmes to further increase this number each term by targeting non participants within each school and look to develop the offering locally to make these activities attractive to those targeted. This work	There were 5,400 distinct participant involved with active schools programmes across Argyll and Bute in the academic year 17/18. We have seen an increase in the last academic year with 4,000 more visits to physical activity and sport clubs taking place	Multi- agency

				<p>involves working in partnership with key local and national stakeholders and analysis of SEEMIS and ASMO data.</p> <p>The Active Schools Sports Leadership Academy and Young Leaders Programmes continue to recruit and upskill a variety of school aged pupils to develop them as young deliverers of sport and physical activity. These programmes support young people into leadership roles where they assist with the creating and running of programmes. These opportunities increase the number and diversity of young deliverers across the authority, and develop the young volunteering workforce in each locality. We believe that by increasing the number and diversity volunteers to lead physical activity and sporting clubs we will attract and inspire a more diverse client group into physical activity and sport as this diverse pool of leaders bring a greater</p>	<p>in the academic year 17/18. This on average equates to 25 visits to an extra-curricular clubs involving physical activity or sport per participant.</p> <p>Active schools data for academic year 20 18/19 will not be available until the end of the academic school year and will be reported in the 2019/20 update</p>	
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				<p>range of opportunities and interests for our young people. These Leadership opportunities continue to be offered for free or are highly subsidised to ensure inclusivity. Examples of diverse offerings are:</p> <ul style="list-style-type: none"> • Sub-aqua club, Canoeing and Surfing in South Kintyre • Running, Archery and Bowling clubs in Cowal • Indoor Rowing, Dodgeball and Yoga in Helensburgh and Lomond 		
	Improve the connections between schools and clubs	Sport and Leisure Service Plans	Active Schools	The Community Sport Hubs continue to work with Community clubs to raise awareness locally of opportunities available to both school age pupils and beyond. Each Hub has representatives from Locality High school represented at Hub meetings where appropriate. These partnerships continue to grow as each hub has its own development plan which meets the needs of its members and supports	In the academic year 16/17 128 sport and Physical activity clubs from across Argyll and Bute made links with schools. In the Academic year 17/18 4 more clubs were making connections with schools. These links were made through various activities or events including the signposting to opportunities or events, coaching hours	Multi- agency

				<p>the clubs to grow, profile and capacity. Currently there are:</p> <ol style="list-style-type: none"> 1. Islay and Jura Hub 2. Oban Hub 3. Rothesay Hub 4. Cowal Hub 5. Tiree Hub 	<p>given by club volunteers, and taster sessions delivered in partnership with Active Schools. This observed increase in school club links demonstrates the continuing trend in community engagement between schools and clubs and the diversity of clubs that are now engaged with schools.</p>	
	Engage looked after and accommodated children (LAAC) in activity	Corp Par Data	Corporate Parenting Board P Hoey	Corporate Parents routinely promote activities and with C&YP and LAAC reviews take cognisance of how active YP are at the LAC review	Updated to the Corporate Parenting Board	Multi-agency
<p>Young carers needs are recognised and appropriately met</p> <p><i>(The Young Carers Act will be implemented from 1st April 2018. The Act places a duty on local authorities and relevant health boards to jointly prepare a local carers strategy which must contain information relating to the particular needs and circumstances of young carers)</i></p>	Young carers are identified as being under 18 years old and still pupils at school	Children and Young People Survey	AB Children Strategic Group Brian Reid	This action will be reviewed for year 2 as not many young carers meet the criteria for opening a Child's Plan		Single-agency Social work
	Implement the Carers (Scotland) Act 2016.	Qualitative Feedback	H of S C and F Brian Reid	Carers' Centres and appointed 3 rd sector groups are using Young Carers Statement to support proving support	Young Carers Statements Report to Carers Implementation group	
	Young carers should have a Child's Plan to ensure all appropriate help and support is in place for them. After 31 st March 2018 Young Carers should be assessed and have a statement stating their	Child's Plan audit	GIRFEC Implementation Group Brian Reid P Renfrew	Young Carers are assessed and have a statement stating their identified personal outcomes and needs, this statement identifies the support	Young Carers Statements	

	identified personal outcomes, their personal needs, the support needed to be provided by the local authority to meet those needs.			required for the young carer		
Children, young people and their families are supported to overcome inequalities and poverty	Further develop the partnership approach to maximizing income through Citizens Advice Bureau Money Advice projects	Citizen's Advice Bureau Data	Citizen's Advice Bureau Gillian McInnes	Nurseries, midwives and health visitors contacted as a reminder of what CAB does and how to refer clients to us.	Emails and referral forms	

What we aim to improve

Strategic Priority – Children and Young People’s Voices

WBIs – Respected, Responsible and Included

1. Children and young people understand their rights as laid out in the United Nations Convention on the Rights of the Child (UNCRC)
2. Young people and their families are supported to express their views and are supported to participate in individual and service planning
3. The views of all children and young people are listened to and responded to when taking decisions
4. Children and young people with additional support needs feel included and are supported in the community

How we plan to do it

Outcome	Action	Evaluation	Action Lead and Person Reporting	Where are we now in terms of progressing each action?	What evidence do we have of this progress?	Delivered across Multi-agency or Single agency
Children and young people understand their rights as laid out in the United Nations Convention on the Rights of the Child (UNCRC)	Develop use of Rights Respecting Schools (RRS) programme	CYP Feedback	Argyll and Bute Children’s Strategic Group Lena Carter	<ul style="list-style-type: none"> • The Education Service now has a Service Level Agreement with UNICEF as part of collaborative work through the Northern Alliance. This entitles schools all of our schools to support and accreditation visits at no cost; the only cost for schools is initial registration. • The Authority Strategic Lead has attended training in the programme. • The Authority Strategic Lead and our UNICEF Lead did a programme launch with all Head Teachers on 27.3.19. • The Authority Strategic Lead has provided support to schools and established a 	<ul style="list-style-type: none"> • Increased engagement of schools in the programme total of 17 schools • Evidence of the language of Children’s Rights in school improvement plans and other planning documents • The RRSA journey involves stakeholder engagement questionnaires as part of the 	

				<p>network group of school leads.</p> <ul style="list-style-type: none"> We now have eight schools at Bronze and two at Silver, with an additional two Silver accreditation visits booked for the autumn of 2019. A further seven schools have registered to take part in the RRSA journey and all are supported by an established network group of school leads. 	<p>inbuilt impact assessment so progress in terms of awareness and engagement is measured as part of the process</p>	
	Promote understanding of the wellbeing indicators with children, young people and families	CYP Feedback	Argyll and Bute Children's Strategic Group PR	Infomercial developed for use in schools to promote understanding of the Named Person role and the Well-being Indicators	Infomercial now in use across the authority	
Young people and their families are supported to express their views and are supported to participate in individual and service planning	Provide communication tools for children and young people at Child's Plan meetings e.g. Measuring outcomes and an introduction to well-being tools	Child's Plan Audit	GIRFEC Implementation Group PR	Named Persons and Lead Professionals have measuring outcomes packs and an introduction to well-being tools They also have access to the well-being bingo game GIRFEC Advisors also provide support to Named Persons and Lead Professionals	Availability of resources, tools and training	Multi-agency
	Develop mechanisms to enable children and young people to fully participate in school planning e.g. through School Pupil Councils	CYP Feedback	Youth Services MT	<ul style="list-style-type: none"> Education management team routinely have three improvement visits each year, and education officers work with head teachers to analyse the impact of the participation from pupil 	Feedback during establishment reviews shows	

				<p>councils</p> <ul style="list-style-type: none"> • Young people are also included in the improvement planning process in schools, and participate in school reviews and inspections. Several schools are actively involving young people in planning process however still progress to be made • Plans are in place to undertake an audit of the role of pupil council in schools and this will be carried out in 2019/20 academic year as part of an ongoing review of youth voice provision • A wide range of Youth Voice activities took part over Year of Young People 2018 including a panel event (The Big Conversation) involving the Leader of Argyll and Bute Council and senior officers from relevant agencies working with young people. The event was planned, compared and chaired by young people. It was attended by pupils from across Argyll and Live Streamed to involve schools that could not attend. • Young people in each of the Council areas have attended and presented at Area 	<p>Pupil voice is part of schools improvement agenda.</p> <p>YoYP 2018 Reports</p> <p>Video Evidence/ Evaluations</p> <p>LAPG Minutes</p>	
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				<p>Community Planning Groups to discuss how they can be better represented at meetings.</p> <ul style="list-style-type: none"> • The Scottish Youth Parliament Elections were held in March 2019 and three new MSYPs for Argyll and Bute were appointed • Agreement had been reached with the Community Planning Partnership to involve young people on the CPP Management Committee and pupils from Dunoon Grammar School were heavily involved in facilitating and other roles at the Dunoon Grammar were heavily involved at the annual CPP Full Partnership Meeting. • Young people took part in a range of consultations including the Council's budget consultation 	<p>Election Records</p> <p>Consultation Results</p>	
	Develop a consistent approach for the involvement and engagement of children and young people in decision making across all services	CYP Feedback	Youth Services MT	<p>Visits by young people and youth workers to examples of good practice in other Local Authorities was due to take place between August 2018 and March 2019</p> <p>A Youth Voice conference had been planned in autumn 2018</p> <p>The above activities were delayed due to the Youth Work service</p>	Evidence generated from the audit, and this will be acted upon	

				<p>restructuring and staffing issues. This work is now currently underway and will be completed by December 2019 and reported in the 2019/20 CYPSP update.</p> <p>Young people are in the middle of a consultation looking at the current structures and how they can improve progress will be reported in the year 3 update</p>		
	Promote the use of 'Having Your say' forms or appropriate alternative forms of communication for children attending hearings	Audit	Argyll and Bute Children's Strategic Group Kenneth Ritchie	C&YP do not routinely complete and return the notification about hearings 'All about me forms'	No data available	
The views of all children and young people are listened to and responded to when taking decisions	Promote use of Viewpoint tool	Audit	Child Protection Committee Lead Officer CP	Care experienced Children and YP are encouraged and supported to complete the Viewpoint tool to express their views	People Viewpoint Data, % of Children and Young People reporting they feel: Safe - 93% Healthy - 79% Achieving - 90% Nurtured - 84% Active - 92% Responsible - 76% Respected - 85.5% Included - 78%	
	Through the Model for Improvement methodology develop PDSA tests to increase the number of recorded views in Children and young people's plans	Audit	GIRFEC Implementation Group PR	Further tools have been developed and tested to gather the views of children and young people. Further work is underway in this area.	PDSA run charts Verbal feedback	

	Through the Model for Improvement methodology develop PDSA tests to increase the number of recorded views of Parents in Child's Plans	Audit	GIRFEC Implementation Group PR	The ' <i>What matters to me</i> ' form developed and tested in Cowal Health Visiting team. The form has been rolled out to other areas. Other PDSA tests are being developed to ensure parents views are evident in the Child's Planning process	PDSA run charts Verbal feedback	
	Children's Panel members prioritise children and young people expressing their views of children at children's hearings and record this in the Record of Proceedings from Hearings	Audit	SCRA Kenneth Ritchie	<u>In The Children's Hearings (Scotland) Act 2011, Section 27</u> It is a fundamental requirement that the views of the child are considered. This section applies where a children's hearing is coming to a decision about a matter relating to a child. The children's hearing must, so far as practicable and taking account of the age and maturity of the child give the child an opportunity to indicate he wishes to express views and if so, give the child an opportunity to express them. The panel members are required to have regard to any views expressed by the child. Although generally a child who is aged 12 or over is presumed to be of sufficient age and maturity to form a view for this purpose panel members will regularly extend the opportunity for private discussion to younger children who indicate	This is not information which has, to date, been subject to internal audit by SCRA as it falls principally in the purview of CHS and is essential and fundamental to the conduct of children's hearings In respect of the options available for children to express a view, these are subject to continuous revision and innovation	

				<p>they would like to do so.</p> <p>Panel members are required to take account of a child's views however expressed. In terms of rule 8. of <u>The Children's Hearings (Scotland) Act 2011 (Rules of Procedure in Children's Hearings) Rules 2013</u> "Where any document is to be given to members of the children's hearing or pre-hearing panel under, or by virtue of, the Act, or these Rules, the document must contain any views expressed by the child which have been given to the person who has prepared that document."</p> <p>In terms of Rule 6, The chairing member of the children's hearing must take reasonable steps to ensure that any child is able to understand the proceedings; and participate in those proceedings and where, during the proceedings, the child wishes to express a view, make reasonable arrangements to enable the child to express those views in the manner preferred by the child.</p> <p>All panel members undertake chairmanship training even if</p>		
Children and young people with additional support needs (ASN) feel included and are supported in the community	Implement <i>Self Directed Support Action Plan</i>	Review take up of direct payments	Head of Service Children and Families B Fanshawe	A review of services for children and young people with disability to consider future models of provision including looking at closer integration with adult		

				disability services and to increase uptake of the full range of SDS options in planned by 2021		
	Evaluate community activities for children and young people with ASN	Service User feedback	TSOs Youth Services Katrina	A programme of engagement through members of the Third Sector Partnership is being developed to establish a shared definition of ASN.	Logic Model	

What we aim to improve
Strategic Priority – Child Protection
WBIs – Safe, Healthy, Nurtured and Respected
<ol style="list-style-type: none"> 1. Pre-birth women who are vulnerable to risk are supported during pregnancy and post-natally 2. Children and Young people are protected from harm at home, at school and in the community 3. Young people are safe and can access appropriate accommodation on leaving care 4. Children’s plans (Child Protection and GIRFEC) are SMART and outcome focused

How we plan to do it						
actionOutcome	Action	Evaluation	Action Lead and Person Reporting	Where are we now in terms of progressing each action?	What evidence do we have of this progress?	Delivered across Multi-agency or Single agency
Pre-birth - Women who are vulnerable to risk are supported during pregnancy and post-natally	Promote early antenatal booking to ensure women across the SIMD quintiles can access maternity care and support as early as possible for both maternal and infant outcomes	Audit	Consultant Lead Midwife J Lambert	Midwife as first point of contact now widely advertised. Pre booking appointments now around 8 weeks with booking apt before 12 weeks. Healthy Start Vitamins given at first point of contact	Monthly Data returns	

	<p>Work to reduce maternal stress and resulting harm to unborn child through:</p> <ul style="list-style-type: none"> ▪ Early intervention and targeted support for parents ▪ Working with fathers to improve secure attachment ▪ Signposting to money advice project ▪ Routine enquiry for risks of domestic abuse in pregnancy and postnatal period 	Audit	<p>Consultant Lead Midwife J Lambert P Renfrew</p> <p>G Davies</p>	<p>Best Start and GIRFEC principles are embedded in practice. The Named Midwife co ordinates the care plan throughout pregnancy with families and involvement of wider team if necessary. Antenatal planning meetings arranged to suit families at appropriate stage</p>	<p>Best Start resources assist with the development of Maternity " hubs" in each CMU to offer a more streamlined "one stop shop" approach</p>	
	<p>Plan to improve maternal nutrition by:</p> <ul style="list-style-type: none"> ▪ Promotion of breast feeding ▪ Promotion of Healthy Start 	Audit	<p>Consultant Lead Midwife J Lambert P Renfrew</p>	<p>Best Start Grant has been active since Dec 2018. Families given information and helped with application if necessary from 24 weeks</p> <p>Best Start food vouchers replacing Healthy Start scheme from Summer 2019</p>	<p>Infant feeding support workers are now in OLI, Mid Argyll and Cowal and Bute to provide additional input antenatally/postnatally. Keyworkers in all areas to provide support to peer supporters and staff and families</p>	
Children and Young people are protected from harm at home, at school and in the community	Implement Child Protection Improvement Plan	CPC self evaluation	<p>Child Protection Committee LS</p>	Plan implementation remains on target	Implementation is monitored by the CPC evidence in CPC minutes and reports	
	Develop and implement Road Safety Action Plan to ensure road safety continues to improve over next 3-5 years	Audit Report	<p>Community Safety Strategy (2016-20) Partnership</p>	Actions are targeted through engineering, enforcement and education, where casualty statistics identify a need for intervention	Interventions are evaluated to measure effectiveness and identify necessary improvements	
	Implement Local Fire and Rescue Plan for Argyll and Bute	Audit Report	<p>Scottish Fire and Rescue</p>	The plan was implemented and progressed against over	The service respond to their performance	

			Service S McLean	the year	to the Community Services Committee on a quarterly basis, against the plan	
Young people are safe and can access appropriate accommodation on leaving care	Increased availability of specialist housing provision for young people who are looked after	Audit Report	Through care Aftercare Forum P Kyle B Moore D Whyte	100% of care leavers offered accommodation, Draft Housing protocol presented to CPB	Reports to CPB, Draft Protocol	
Children's plans (Child Protection and GIRFEC) are SMART and outcome focused	Embed the work of the Quality Improvement Group so all child plans make a practical difference by being specific, measurable, achievable, realistic and time-based	Audit	Quality Improvement Group P Renfrew Mark Lines LO CP	Role function and membership of the GIRFEC Advisors/Quality Improvement has been reviewed and updated to ensure improved oversight of the delivery of CYPSP improvement priorities and to ensure co ordination and implementation of improvement actions across Corporate Parenting Board (CPB), Child Protection Committee (CPC), PQA and SLWGs	Action Logs	
	Use the improvement methodology of PDSA testing to ensure all children have a multi-agency chronology	Data	Quality Improvement Group P Renfrew Mark Lines LO CP	Improvement group completed review an initial evaluation of 2018/19 tests of change to identify priorities for wider implementation. Localities implementing new round of tests of change / PDSA cycles	Action Logs Run charts	

What we aim to improve
Strategic Priority – Corporate Parenting
WBIs – Achieving, Nurtured and Respected
<ol style="list-style-type: none"> 1. Improve the educational attainment of Looked After Children (LAC) and Young people 2. Children and young people who are looked after have better long-term outcomes 3. Care leavers accommodation needs are appropriately met 4. The emotional wellbeing of Looked After Children is improved 5. LAC and care experienced children are considered for diversion from prosecution/custody 6. LAC children will have a plan for permanence in place within 6 months of admission to care

How we plan to do it						
Outcome	Action	Evaluation	Action Lead and Person Reporting	Where are we now in terms of progressing each action?	What evidence do we have of this progress?	Delivered across Multi-agency or Single agency
Improve the educational attainment of Looked After Children (LAC) and Young people	Support schools to raise attainment overall as measured by national examinations	Education data	Education Management Team L Connor GG	Head Teachers have received Pupil Equity Fund (PEF) monies to target the poverty related attainment gap. The focus on spending has been on improving literacy and numeracy, health and well-being, partnership working and developing nurture groups and employing staff to drive forward these initiatives.	Evaluation of PEF funding on LAC	
	Work with partners to enhance schools vocational programmes	Education data	Education Management Team M Turnbull	<ul style="list-style-type: none"> • Work is ongoing to increase the availability and number of young people on Flexible Learning Plans incorporating placements 	All secondary establishments have a minimum of 3 Developing Young Workforce partnership	

				<p>and work experience</p> <ul style="list-style-type: none"> • Foundation Apprenticeships (FAs) in Childcare – 5 young people are nearing completion on Bute. A wide range of Skills for Work courses delivered in partnership with Argyll College in 9 secondary schools across Argyll and Bute – the Education service has continued to work well with partner providers to equip young people with skills for life and work. There are strong examples of young people accessing courses to meet specific local needs, for example Maritime Skills. A large number of Skills for Work qualifications are available across the authority in key skills e.g. early education and childcare, hospitality, engineering and rural skills. • Scottish Fire and Rescue and Youth Services Fire Skills (Fire Reach) courses run in Rothesay (2), Oban, Mull and Helensburgh(2) All successfully completed with additional courses in Lochgilphead and 	<p>(DYW) arrangements for school employer collaboration in supporting knowledge and understanding of world-of-work and applicable skill – this target has been achieved and will be ongoing</p> <p>Appointment if new staff who are working with Employers and the Education Service to progress the DYW Agenda</p> <p>DYW development plan in situ</p>	
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				<p>Helensburgh</p> <ul style="list-style-type: none"> • Foundation Apprenticeships in Engineering being delivered with pupils from Dunoon Grammar School and Rothesay Joint Campus. A further two secondary schools planning to deliver in academic year 2019/20. Ongoing with a working group set up to develop different and innovative delivery models that will enable rural and island school pupils to participate. 		
Children and young people who are looked after have better long-term outcomes	Deliver family interventions that work to strengthen families so that children can safely stay with them	LAAC Plans Audit	Social Work	A successful recruitment drive by the Fostering Team in the autumn (2018) resulted in additional Preparation Days for Foster Carers being required. We have recently approved two new foster families in the Oban area with 5 more assessments in progress	Family Placement Team Meeting Minutes	
	Work with education partners such as Argyll College to ensure Looked After Children have equitable advice and guidance re progression to post-school Further Education and Higher Education opportunities	Positive destinations data	Education Management Team M Turnbull	<ul style="list-style-type: none"> • Argyll College were asked to join the Corporate Parenting Board to ensure that our Looked After Children are given the best opportunity and support to enter further education • The Corporate Parenting Board have requested 	<p>Meetings with Argyll College</p> <p>Education staff represented on the Champions Board Support Forum. Evidence of interviews</p>	

				<p>Argyll College guarantees that Looked After Young People are interviewed if they apply</p> <ul style="list-style-type: none"> • Links are being established with the Care Experienced Participation Groups 	<p>having taken place</p> <p>Over the last 3 years positive destinations for Looked After Leavers has averaged at 80% across Argyll and Bute, 75% National, 74% Northern Alliance and 89% Virtual Comparator</p>	
	<p>Increased availability and range of LAAC provision for Children and Young People within the Local Authority</p>	<p>LAAC Plans Audit</p>	<p>Corporate Parenting Board Pamela Hoey</p>	<p>The Core and Cluster (C&C) Project has made significant progress throughout 2018/19 with the Helensburgh C&C property now is ready for first young person from East King Street Children's House to move in. A second new build Core and Cluster property has now been allocated in Oban. Discussion with ACHA is in progress to deliver the same resource in the Dunoon area and to convert a council building in the MAKI area. These developments will increase the capacity to deliver our commitment to continuing care for our young people while increasing capacity within the Children's Houses.</p>	<p>Children and Families Program Board Minutes</p>	

<p>Care leavers accommodation needs are appropriately met</p>	<p>Young people are supported to leave care with appropriate housing</p>	<p>Housing Data Corporate</p>	<p>Corporate Parenting Board Registered Social Landlords D white</p>	<p>100% of young people leaving care are offered appropriate housing.</p> <p>All care experienced young people are given the maximum 200 housing points, recognising their vulnerability as a group, and in line with our obligation as corporate parents. The 200 points puts them to the top of the housing list.</p> <p>Homeless - in order for a young person to obtain a Scottish Short Assured Tenancy they require to make a homeless application.</p> <p>The first step of a temporary tenancy allows the housing provider to insist they engage with supports and for them to do regular property tests.</p> <p>As Through and After Care providers this has been useful in helping us provide appropriate supports during this difficult transition.</p>	<p>The Through Care Team monthly data.</p> <p>Monthly data is recorded on the housing circumstances of the young people we support. This information is reported to housing through local and authority wide Through Care Central forums.</p>	
<p>LAC and care experienced children are considered for diversion from prosecution/custody</p>	<p>LAC and care experienced children who are under 18 years and commit offences are considered for diversion from prosecution</p>	<p>Youth Justice Data</p>	<p>Police Scotland Youth Justice Gordon Rae Paul Kyle</p>	<p>There is an agreed process and procedure with the Crown Office, Sheriffs and PFs for all LAAC to be considered for diversion from prosecution.</p>	<p>Crown Office data</p>	

				To date this has not been required and will be utilised when the situation occurs.		
LAC children will have a plan for permanence in place within 6 months of admission to care	Permanence planning is prioritised by services working with LAC Children during the first six months after their admission to care	LAAC Plans Audit	Corporate Parenting Board Social Work Pamela Hoey	Through the CELCIS PACE programme to improve the timescales to secure permanence for LAC children there has been increased evidence of permanency planning over the last year. In a 12 month period the Service have matched and made application to court for an Adoption Order for 14 children	Permanence data reporting through corporate parenting board	

What we aim to improve

Strategic Priority – Substance Misuse

WBIs – Safe, Healthy and Responsible

How we plan to do it						
Outcome	Action	Evaluation	Action Lead and Person Reporting	Where are we now in terms of progressing each action?	What evidence do we have of this progress?	Delivered across Multi-agency or Single agency
Children and Young People and parents are effectively supported to make informed choices about drugs and alcohol	Deliver appropriate preventative and education programmes on alcohol and substance misuse within schools	ADP reports	Alcohol and Drugs Partnership C McNally	The ADP funds the delivery of support services for young people in all ten High Schools in Argyll & Bute. Education inputs are also delivered within some schools by external service providers to complement the schools existing drug and alcohol education programme.	Monthly reports are provided to the education department and ADP indicating the number of young people seen, the number of sessions, the reporting issue and any education workshops delivered as part of this programme.	
Children and Young People living with substance misusing parents are supported	Work with adult services to identify and support substance misusing families	ADP reports	Alcohol and Drugs Partnership C McNally	The ADP coordinator is now a member of both the Child Protection Committee and the Adult Protection Committee. In addition the Child and Adult Protection Leads are now members of the ADP. This partnership approach has created opportunities for service delivery partners to communicate more effectively. Links between ABAT, Addiction and young person's support services	Attendance at meetings.	

				exist within several areas of Argyll & Bute.		
Reduce adolescent smoking prevalence	Deliver smoking prevention programmes in schools	Audit Reports and School Improvement Plans	NHS Highland EMT L Stephenson	In 2018, the annual S3 Health Drama Programme was delivered for the second year running to all S3 pupils (851 pupils). The programme addresses a number of health topics relevant to young people. It includes 3 lesson plans, a resilience workbook, workshops, a touring drama production and a question and answer session with service providers. Pupils asked 271 questions during the question and answer session, 15 of which were on the topic of smoking this compares to 186 questions asked in 2017, 12 of which were on smoking.	643 pupils completed the pupil evaluation. 72% said they had a better understanding of the topics addressed as a result of the question and answer session. 93% said they found the drama informative and 84% said they are now more aware of young people's services.	
	Work with partners to reduce the incidence of young people smoking	Audit	A and B Health Improvement Team L Stephenson	<ul style="list-style-type: none"> The Smoke Free Programme runs annually and includes five lesson plans that are delivered to P6/7 pupils by teachers in advance of the drama tour. Updated lesson plans were sent to primary school teachers at the start of the 2018 academic year The drama tour was 	<ul style="list-style-type: none"> The Smoke Free Programme lesson plans were delivered by teachers and the drama tour reached to 900 P6/P7 pupils The feedback received 	

				<p>delivered throughout Argyll and Bute and was accompanied by Education or Health Improvement where possible</p> <ul style="list-style-type: none"> • The Health Improvement Team also support ad-hoc requests by supporting the delivery of workshops and information within education, the third sector and health colleagues • Argyll and Bute IJB signed up to Scotland's Charter for A Tobacco Free Generation by: Recognising the harmful effect smoking has on the health of our population, being personal advocates for a smoke-free generation and recognising the importance of front line service delivery shifting toward preventing problems from arising and the contribution stopping smoking has on improving health and wellbeing 	<p>from the teachers was very positive about the programme's materials and the drama tour</p> <ul style="list-style-type: none"> • Argyll and Bute IJB signed up to Scotland's Charter for A Tobacco Free Generation • IJB Minutes 	
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What we aim to improve
Strategic Priority – Leadership and Communication
WBIs – Respected, Responsible and Included
<ol style="list-style-type: none"> 1. Professionals working in children’s services understand the mechanisms and structures that allow them to influence strategic planning 2. Children and young people are able to express their views regarding the services they use 3. Children and young people are informed of how their actions have been taken forward based on their views 4. Strengthen strategic leadership and communication

How we plan to do it						
Outcome	Action	Evaluation	Action Lead and Person Reporting	Where are we now in terms of progressing each action?	What evidence do we have of this progress?	Delivered across Multi-agency or Single agency
Professionals working in children’s services understand the mechanisms and structures that allow them to influence strategic planning	Review Strategic Children’s Service Group Structure Promote and lead on the re-establishment of effective locality based Children’s Service Groups Inform staff of revisions to Argyll and Bute’s Children Strategic Group structures	Report by executive group chair to Argyll and Bute’s Children Strategic Group	Argyll and Bute’s Children Strategic Group	Argyll and Bute’s Children Strategic group self evaluation and mapping exercise has taken place, this exercise provided clarity on Children’s Services groups and plans and will feed in to the development of the new CYPSP for 2020- 23 Staff have been informed an updated of the structures and work is on-going to promote attendance at Practitioner Forums	Joint Inspection of Children’s Services Report Leadership and direction <ul style="list-style-type: none"> Vision, values and aims Leadership of strategy and direction Leadership of people and partnerships Leadership of improvement and change 	Multi-agency
Children and young people are able to express their views regarding the services they use	Develop and implement Argyll and Bute’s children and young people’s health and wellbeing survey	Survey Report	Argyll and Bute’s Children Strategic Group	The well-being survey has been carried out in conjunction with the SALSUS survey in year 2 (2018-19). Survey results are not expected until early 2020 and	Minutes of Argyll and Bute’s Children Strategic Group Survey questions	Multi-agency

				will be use to inform the new 2020-23 CYPSP		
Children and young people are informed of how their actions have been taken forward based on their views	Produce children service plan summary for children and young people	Summary Report	Argyll and Bute's Children Strategic Group	The summary will include the findings of the survey due in 2020. An inspection video summary has been cascaded to C&YP involved in the Joint Inspection of Children's Services	Survey questions Video	Multi-agency
Strengthen strategic leadership and communication	Undertake a programme of self-evaluation using nationally agreed quality indicators " <i>How well are we improving the lives of children, young people and families</i> "? to assess the effectiveness of service and strategic planning	Self-evaluation methodologies using nationally agreed quality indicators	Argyll and Bute's Children Strategic Group	Self-evaluation of Argyll and Bute's Children Strategic Group has been carried out and was included as part of the Joint Inspection of Children's Services evidence	Joint Inspection of Children's Services self evaluation statement	Multi-agency

Integration Joint Board

Agenda item: 4.3a

Date of Meeting: 7 August 2019

Title of Report: Budget Monitoring as at 30 June 2019

Presented by: Judy Orr, Head of Finance and Transformation

The Integration Joint Board is asked to:

- Note the forecast outturn position for 2019-20 is a forecast overspend of £2.806m as at 30 June 2019 and that there is a small year to date underspend of £0.059m as at the same date.

1. EXECUTIVE SUMMARY

- 1.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 30 June 2019.
- 1.2 There is a year to date underspend of £0.059m as at 30 June 2019. This consists of an overspend of £0.302m within Social Work delivered services offset by a year to date underspend of £0.361m within Health.
- 1.3 The forecast outturn position for 2019-20 is a forecast overspend of £2.806m. This consists of an overspend of £2.306m within Social Work delivered services and a year to date overspend of £0.500m within Health.

2. INTRODUCTION

- 2.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 30 June 2019. Information is provided on both the year to date position and the forecast outturn position and is summarised at a service/activity level.

3. DETAIL OF REPORT

3.1 Year to Date Reporting within Partner Organisations

- 3.1.1 In terms of the year to date position, it should be noted that on an overall Health and Social Care Partnership basis, the year to date figures may not directly link to the forecast outturn position. This is because the Council does not undertake accrual accounting and there may be a delay in receiving invoices.

- 3.1.2 Health undertake high level monthly accrual accounting which means that expenditure and income adjustments are made at the end of each month to align expenditure and income to the correct month. There should be a correlation in the year to date position and the forecast outturn position.
- 3.1.3 Currently we have to accept that the Health and Social Care Partnership finances are recorded across two different organisations with differing financial reporting procedures. However, both parts of the organisation produce the financial forecasts on a similar basis.

3.2 Year to Date Position as at 30 June 2019

- 3.2.1 There is a year to date underspend of £0.059m as at 30 June 2019. This consists of an overspend of £0.302m within Social Work delivered services offset by a year to date underspend of £0.361m within Health. Further information is provided within Appendix 1.
- 3.2.2 Within Health delivered services the underspend is mainly due to successful appeal of rateable values following the last revaluation and rebates received. There are overspends on Adult Services linked to savings not being achieved in addition to increased costs for agency/locum staff and GP prescribing. The overspend has been offset to an extent by vacancy savings and rebates, including on prior year's rates. and also slippage on budget reserves which includes one-off in year allocations.
- 3.2.3 Within Social Work the overspends are mainly on Learning Disability Joint Residential and Supported Living, and Physical Disability Supported Living arising due to service demands, and on Mental health due to lower than expected income. Within Learning Disability, the variance is caused by both a failure to deliver planned savings along with spend above budgeted levels. There are some offsetting underspends on Children & Families central management costs and Child Protection due to staffing underspends and lower than expected demand, and underspends on Adult Services Central management costs as certain monies have not been transferred yet to the relevant budgets.

3.3 Forecast Outturn Position as at 30 June 2019

- 3.3.1 The forecast outturn position for 2019-20 is a forecast overspend of £2.806m. This consists of an overspend of £2.306m within Social Work delivered services and a forecast overspend of £0.500m within Health. Further information is provided within Appendix 2.
- 3.3.2 Within Health delivered services the forecast overspend is £0.500m. The overspend is mainly linked to savings not being achieved in addition to increased costs for oncology drugs, pharmacy costs, patient referrals, and agency/locum staff. The overspend has been offset to an extent by vacancy savings and also slippage on budget reserves which includes one-off in year allocations. It is expected that this overspend should be containable through on-going grip and control of expenditure during the remainder of the financial year, so no new savings are proposed in the recovery plan for Health.

- 3.3.3 Within Social Work the forecast overspend is £2.306m. This is a very disappointing position. It should be noted that this is the position at the end of month 3 which is still fairly early in the year, and is based on our assessment of the trends at this time, and reflecting actions already well underway. Over the remaining 9 months of the year, concerted efforts will be made in order to deliver an outturn which is considerably closer to a balanced budget. Updated forecasts will be prepared each month so that progress can be tracked.
- 3.3.4 The biggest single area of Social Work overspend is on Learning Disability where there has been a failure to deliver anticipated savings so far, along with higher than budgeted demand. This links closely with the year to date position. Again both are affected by the same factors. The next two areas of forecast overspend are Physical Disability and Older People.
- 3.3.5 Vacancy savings had not been taken for Social Work at the date the forecast was prepared, and overall at this point savings for the full year were initially anticipated only at £377k against a budget of £623k. Further work has now been done to identify the scale of these given that the net underspend on employee costs for the first quarter is £528k. This reflects the extensive grip and control process which is in place before any vacancies are filled. This further work has suggested that the outturn will be improved by £500k to reflect the position more accurately, and this has been built into the forecast position as a separate line at Appendix 2.
- 3.3.6 The most significant risk affecting the forecast outturn position for Health is the SLA for Greater Glasgow and Clyde. At the last IJB a decision was made to reject the increase and the forecast outturn reflects this position. If this position is not accepted by Greater Glasgow and Clyde then there is a risk that the outturn overspend could increase by up to £2m.

3.4 Savings Delivery

- 3.4.1 As at end of June £4.453m of the target £9.823m savings have been delivered – 45% of the total. At this stage of the year, we are forecasting to deliver £7.6m of the savings in total by the year end – 78% of the total. Further information is provided at Appendix 3.
- 3.4.2 The shortfall for Social Work is £1.1m as very little of the remaining planned savings from 2018-19 have been delivered so far, nor are there detailed plans in progress for these. Therefore the forecast has been prepared based on an estimate of delivering only 50% of these planned savings throughout the remainder of the year. Of the new savings agreed for the 2019-20 budget, all have been delivered with the exception of the management re-structuring which is now targeted to complete in September.
- 3.4.3 The shortfall for Health is similar at £1.0m, but in contrast only £124k of the planned savings from 2018/19 are not yet forecast to be delivered, and the main risk relates to delivery of the new savings agreed for 2019/20 where actions are still underway.

4. RELEVANT DATA AND INDICATORS

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

5. CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 The Integrated Joint Board has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and to ensure the financial decisions are in line with priorities and promote quality service delivery. This needs to be considered when options are developed to balance the budget.

6. GOVERNANCE IMPLICATIONS

- 6.1 Financial Impact – The forecast outturn position for 2019-20 is a forecast overspend of £2.806m as at 30 June 2019. A financial recovery plan is therefore required setting out how the forecast overspend will be addressed and returned to a breakeven position. This is provided by a separate report to the Quality and Finance Programme Board.
- 6.2 Staff Governance – None directly from this report but there is a strong link between HR and delivering financial balance.
- 6.3 Clinical Governance - None

7. EQUALITY AND DIVERSITY IMPLICATIONS

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

8. RISK ASSESSMENT

- 8.1 The forecast outturn position takes into consideration financial risks. A separate report is provided on the financial risks. Operational and clinical risks will be taken into account as part of the implementation of the financial recovery plan.

9. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

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

10. CONCLUSIONS

- 10.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 30 June 2019. The forecast outturn position for 2019-20 is a forecast overspend of £2.806m. A financial recovery plan to return the H&SCP to a breakeven position is presented separately.
- 10.2 The Strategic Leadership Team continues to meet on a regular basis to gain grip and control of the financial position. It is hoped the financial

position will improve over the remaining months of this financial year.

11. DIRECTIONS

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

APPENDICES:

Appendix 1 – Year to Date Position as at 30 June 2019

Appendix 2 – Forecast Outturn for 2019-20 as at 30 June 2019

Appendix 3 – Savings achieved and forecast as at 30 June 2019

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

For information:

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

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

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

Service	Actual £000	Budget £000	Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	174	169	(5)	(3.0%)	Outwith reporting criteria.
Children and Families Central Management Costs	468	588	120	20.4%	The YTD underspend is mainly due to staffing underspends in the admin teams, a delayed payment for rental charges at MAHICC, and an underspend on third party payments.
Child Protection	598	749	151	20.2%	The YTD underspend is mainly due to underspends in staffing, travel and supplies and services costs in the Children and Families area teams and lower than expected demand for contact and welfare services.
Children with a Disability	223	213	(10)	(4.7%)	Outwith reporting criteria.
Criminal Justice	38	73	35	47.9%	The YTD underspend is mainly due to underspends on staffing, travel and supplies and services as well as higher than expected YTD income receipts.
Looked after children	1,600	1,579	(21)	-1.3%	Outwith reporting criteria.
Adult Services Central Management Costs	61	118	57	48.3%	The YTD underspend is mainly related to the phasing of additional funding related to switching the sleepover charge rate to being based on the Scottish Living Wage and demand for services for young adults. This funding will be reallocated to the appropriate budgets during July 2019.
Learning Disability	3,170	2,770	(400)	-14.4%	The YTD overspend is mainly due to the YTD slippage on the delivery of agreed efficiency savings and an overspend on third party payments arising due to service demand.
Mental Health	638	566	(72)	-12.7%	The YTD overspend arises mainly due to lower than expected income from cost recharges and care fees partially offset by an underspend on staffing.
Older People	6,729	6,794	65	1.0%	The YTD underspend is mainly due to underspends in staffing and third party payments mostly offset by the YTD slippage on agreed efficiency savings and lower than expected YTD income from fees and charges in several residential units, telecare and from new charging order debt.
Physical Disability	654	428	(226)	(52.8%)	The YTD overspend is mainly due to overspends on third party payments and adaptations arising due to service demand and lower than expected income from fees and charges.
Strategic Planning & Performance	90	94	4	4.3%	Outwith reporting criteria.
COUNCIL SERVICES TOTAL	14,443	14,141	(302)	(2.1%)	
HEALTH SERVICES:					

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

For information:

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

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

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

Service	Actual £000	Budget £000	Variance £000	% Variance	Explanation
Adult Services - West	13,568	13,295	(273)	-2.1%	Savings not being achieved and several budget overspends, including; Psychiatric medical services - locums, LIH Day Bed Unit - oncology drugs, Mull Medical Group - GP locums, LIH wards - agency nurses, LIH Laboratory - agency staffing and non pay costs, GP prescribing - Lochgilphead Medical Practice, LIH medical staffing, Flu vaccine costs, mobile CT scanner costs
Adult Services - East	7,491	7,415	(76)	-1.0%	Savings not being achieved and budget overspends on GP prescribing
Children & Families Services	1,739	1,748	9	0.5%	Outwith reporting criteria.
Commissioned Services - NHS GG&C	15,874	15,873	(1)	0.0%	Outwith reporting criteria.
Commissioned Services - Other	877	961	84	8.7%	Underspend due to no current admissions to private sector eating disorder units and low activity on Scottish Board's cost per case treatments
General Medical Services	4,203	4,273	70	1.6%	Prior year non-recurring rates rebates
Community and Salaried Dental Services	793	997	204	20.5%	Mainly due to vacancies
Other Primary Care Services	2,391	2,391	0	0.0%	Outwith reporting criteria.
Public Health	387	448	61	13.6%	Vacancies and slippage on in year allocations
Lead Nurse	346	400	54	13.5%	Vacancies
Management Service	545	684	139	20.3%	Non-recurring prescribing rebate and vacancies
Planning & Performance	451	461	10	2.2%	Outwith reporting criteria.
Depreciation	606	628	22	3.5%	Outwith reporting criteria.
Income	(462)	(383)	79	-20.6%	Revised tariffs currently being implemented for 19/20.
Estates	1,228	1,329	101	7.6%	Prior year non-recurring rates rebates
People & Change	142	145	3	2.1%	Outwith reporting criteria.
Budget Reserves	0	(125)	(125)	100.0%	Uncertainty over the value of SG allocations
HEALTH SERVICES TOTAL	50,179	50,540	361	0.7%	
GRAND TOTAL	64,622	64,681	59	0.1%	

REVENUE BUDGET MONITORING FORECAST OUTTURN - AS AT 30 JUNE 2019

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

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	230	431	(201)	(87.4%)	The forecast overspend arises mainly due to slippage on agreed efficiency savings.
Children and Families Central Management Costs	2,571	2,612	(41)	(1.6%)	Outwith reporting criteria.
Child Protection	3,433	3,361	72	2.1%	The forecast underspend arises mainly due to lower than anticipated service demand for contact and welfare services.
Children with a Disability	863	803	60	7.0%	The forecast underspend arises mainly due to lower than anticipated demand for service/service costs and a vacant post which is not being filled in 2019/20.
Criminal Justice	124	119	5	4.0%	Outwith reporting criteria.
Looked after children	7,019	7,174	(155)	(2.2%)	The forecast overspend arises due to demand and slippage on agreed efficiency savings in residential placements partially offset by underspends in fostering and adoption arising due to lower than budgeted service demand.
Adult Services Central Management Costs	795	481	314	39.5%	The forecast underspend reflects an adjustment for cost and demand pressure funding held centrally in Adult Services for growth in demand for younger adult services and the impact of the switch to a sleepover cost rate based on the Scottish Living Wage. These funds will be allocated out across the relevant services in July, reducing the forecast overspends in homecare and supported living services.
Learning Disability	10,000	11,267	(1,267)	(12.7%)	The forecast overspend reflects higher than budgeted demand for services and slippage on agreed efficiency savings.
Mental Health	1,989	1,941	48	2.4%	Outwith reporting criteria.
Older People	29,915	30,678	(763)	(2.6%)	The forecast overspend reflects higher than budgeted demand for care home placements and homecare and slippage on agreed efficiency savings partially offset by higher than expected income from care home fees in the HSCP residential units.
Physical Disability	1,362	2,240	(878)	(64.5%)	The forecast overspend reflects higher than budgeted demand for service and a small slippage on agreed efficiency savings.
Strategic Planning & Performance	421	421	0	0.0%	Outwith reporting criteria.

Vacancy savings not yet taken	0	(500)	500	n/a	Additional vacancy savings projected which are not included in Service forecasts above reflecting YTD positive variance on employee costs of £528k as a result of grip and control which is continuing.
COUNCIL SERVICES TOTAL	58,722	61,028	(2,306)	(3.9%)	
HEALTH SERVICES:					
Adult Services - West	53,381	54,527	(1,146)	(2.1%)	Savings not being achieved and several budget overspends, including; Psychiatric medical services - locums, LIH Day Bed Unit - oncology drugs, Mull Medical Group - GP locums, LIH wards - agency nurses, LIH Laboratory - agency staffing and non pay costs, GP prescribing - Lochgilphead Medical Practice, LIH medical staffing, Flu vaccine costs
Adult Services - East	29,799	29,925	(126)	(0.4%)	Savings not being achieved and budget overspends on GP prescribing
Children & Families Services	7,003	6,946	57	0.8%	Mainly due to vacancies
Commissioned Services - NHS GG&C	63,491	63,741	(250)	(0.4%)	Cost of new expensive drugs for Cystic Fibrosis
Commissioned Services - Other	3,844	3,844	0	0.0%	Outwith reporting criteria.
General Medical Services	17,284	17,184	100	0.6%	Prior year non-recurring rates rebates
Community and Salaried Dental Services	3,989	3,732	257	6.9%	Mainly due to vacancies
Other Primary Care Services	9,600	9,600	0	0.0%	Outwith reporting criteria.
Public Health	1,904	1,829	75	4.1%	Mainly due to vacancies
Lead Nurse	1,492	1,467	25	1.7%	Outwith reporting criteria.
Management Service	2,707	2,547	160	6.3%	Mainly due to vacancies
Planning & Performance	2,191	2,171	20	0.9%	Outwith reporting criteria.
Depreciation	2,512	2,423	89	3.7%	Outwith reporting criteria.
Income	(1,533)	(1,656)	123	(7.4%)	Revised tariffs currently being implemented for 19/20.
Estates	5,328	5,213	115	2.2%	Prior year non-recurring rates rebates
People & Change	579	578	1	0.2%	Outwith reporting criteria.
HEALTH SERVICES TOTAL	203,571	204,071	(500)	(0.2%)	
GRAND TOTAL	262,293	265,099	(2,806)	(1.1%)	

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2019/20

Ref.	Savings Description	Manager	Target £' 000	Year to 30 June 2019			Full Year Forecast		
				Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved
1819-7	Thomson Court	Jane Williams	10	0	10	0%	5	5	50%
1819-8	Assessment and Care Management	Jim Littlejohn/Donald Watt	42	0	42	0%	21	21	50%
1819-14	Redesign of Internal and External Childrens Residential Placements	Pamela Hoey	200	0	200	0%	100	100	50%
1819-15	Children and Families Management Structure	Alex Taylor	150	0	150	0%	75	75	50%
1819-17	School Hostels review of Catering, Cleaning and Income Generation	Alex Taylor	60	60	0	100%	60	0	100%
1819-19	Review and Redesign of Physical Disability Services	Jim Littlejohn/Donald Watt	28	0	28	0%	14	14	50%
1819-19	Review and Redesign of Learning Disability Services - Sleepovers and Technology Argyll Wide	Jim Littlejohn/Donald Watt	299	0	299	0%	149	150	50%
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Cowal	Alison McKerracher	125	0	125	0%	62	63	50%
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Helensburgh	Linda Skrastin	152	0	152	0%	76	76	50%
1819-19	Review and Redesign of Learning Disability Resource Centres	Jim Littlejohn/Donald Watt	36	0	36	0%	18	18	50%
1819-19	Review and Redesign of Learning Disability Rothesay Resource Centre	Jane Williams	14	0	14	0%	7	7	50%
1819-19	Review and Redesign of Learning Disability Assist Cowal Resource Centre	Jayne Lawrence Winch	30	0	30	0%	15	15	50%
1819-19	Review of Ext Residential Learning Disability Placements	Jim Littlejohn/Donald Watt	194	0	194	0%	97	97	50%
1819-22	Adult Care West - Restructure of Neighbourhood Teams (SW & Health)	Donald Watt	250	0	250	0%	125	125	50%
1819-25	Older People Day/Resource Centre - Address high levels of management - consolidate opening hours - shared resource	Jim Littlejohn/Donald Watt	212	0	212	0%	106	106	50%
1819-31	Integrate HSCP Admin, digital Tech and Central Appoint System	Stephen Whiston	125	0	125	0%	62	63	50%
1819-33	Catering, Cleaning and other Ancillary Services	Stephen Whiston	100	30	70	30%	65	35	65%
1819-40	SLA and Grants operate within allocation	Brian Reid	23	0	23	0%	12	11	52%
1819-41	Criminal Justice - Manage Service within SG Grant Allocation	Shona Williams	20	20	0	100%	20	0	100%
1819-42	Contract Management reducing payments to Commissioned External providers	Jim Littlejohn/Donald Watt	33	0	33	0%	17	16	52%
1819-45	Review Care Management - consistent application of Priority of Need Framework	Jim Littlejohn/Donald Watt	107	107	0	100%	107	0	100%
1819-46	Adopt a Single Community Team Approach to undertaking Assessment and Care Management	Jim Littlejohn/Donald Watt	120	0	120	0%	60	60	50%
1819-47	Withdrawal of Lunch Club and Meals on Wheels	Jim Littlejohn/Donald Watt	31	0	31	0%	16	15	52%
1819-49	Amend Non-Residential Charging Policy	Jim Littlejohn	113	113	0	100%	113	0	100%

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2019/20

Ref.	Savings Description	Manager	Target £' 000	Year to 30 June 2019			Full Year Forecast		
				Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved
1920-10	Increase Workforce Vacancy Savings	David Forshaw	156	156	0	100%	156	0	100%
1920-13	Right-size External Care Home Budget	Jim Littlejohn	400	400	0	100%	400	0	100%
1920-14	Amend Charging Order Income Budget	David Forshaw	120	120	0	100%	120	0	100%
1920-15	Right-size Children & Families Budgets in line with tighter control CRP	Mark Lines	100	100	0	100%	100	0	100%
1920-16	Criminal Justice - Manage Service within SG Grant Allocation	Shona Williams	20	20	0	100%	20	0	100%
1920-18	Right-size Non-Residential Income Budgets	David Forshaw	160	160	0	100%	160	0	100%
1920-19	Right-size budget for external care home placements (mental health) – in line with spend.	Jim Littlejohn/Donald Watt	154	154	0	100%	154	0	100%
1920-20	Recovery of unused funds from clients who receive Direct Payments.	David Forshaw	40	40	0	100%	40	0	100%
1920-21	Right-size income budget for clients in residential homes.	David Forshaw	29	29	0	100%	29	0	100%
1920-33	Review of management structure	Joanna Macdonald	102	0	102	0%	51	51	50%
1920-37	Permanently close the moth-balled dementia day service based at Ardfenaig Bungalow, Ardrishaig. Dementia Day Services.	Donald Watt	71	71	0	100%	71	0	100%
Totals			3,826	1,580	2,246	41%	2,703	1,123	71%

ARGYLL & BUTE HEALTH SAVINGS PLAN 2019/20

Ref.	Savings Description	Manager	Target £' 000	Year to 30th June 2019			Full Year Forecast		
				Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved
1819-4	Closure of West House / Argyll & Bute Hospital site	David Ross	120	0	120	0%	120	0	100%
1819-5	Closure of Aros (running costs)	Sandy Wilkie	40	0	40	0%	40	0	100%
1819-10	Medical Physics department - HAU109	Caroline Henderson	2	0	2	0%	2	0	100%
1819-16	Children & Families services staffing	Alex Taylor	50	0	50	0%	0	50	0%
1819-30	Admin pays - Lochgilphead	Donald Watt	5	5	0	100%	5	0	100%
1819-32	Domestic services - Argyll & Bute wide	?	25	0	25	0%	10	15	40%
1819-32	Portering services - Argyll & Bute wide	?	5	0	5	0%	0	5	0%
1819-44	Advanced Nurse Practitioners - Oban	Caroline Henderson	14	0	14	0%	0	14	0%
1819-48	Value Management Structure for AHPs	Linda Currie	10	0	10	0%	0	10	0%
1819-53	Vehicle Fleet Services	Stephen Whiston	40	22	18	55%	40	0	100%
1819-54	OLI efficiency target - 1% target	Lorraine Paterson	11	9	2	84%	11	0	100%
1819-55	Lead Nurse	Liz Higgins	5	0	5	0%	5	0	100%
	Reduction to Investment Fund	-	247	247	0	100%	247	0	100%
1920-0	Complex care packages funded via NHS Highland	Liz Higgins	400	400	0	100%	400	0	100%
1920-1	Provision of drugs for Hepatitis C (GGC)	Stephen Whiston	40	40	0	100%	40	0	100%
1920-2	Income from patients services etc	Stephen Whiston	100	0	100	0%	100	0	100%
1920-3	Health Promotion Discretionary Budgets	Alison McGrory	100	46	54	46%	46	54	46%
1920-4	Review of Service Contracts	Lorraine Paterson	100	0	100	0%	0	100	0%
1920-5	Flight costs for patients attending appointments	Lorraine Paterson	100	87	13	87%	100	0	100%

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2019/20

Ref.	Savings Description	Manager	Target £' 000	Year to 30 June 2019			Full Year Forecast		
				Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved
1920-6	Ferry ticket costs for staff and patients	Lorraine Paterson	25	0	25	0%	0	25	0%
1920-7	Accommodation and subsistence costs for staff	George Morrison	50	0	50	0%	0	50	0%
1920-8	GP Prescribing	Fiona Thomson	500	67	433	13%	500	0	100%
1920-9	Workforce vacancy savings	George Morrison	750	750	0	100%	750	0	100%
1920-11	Slippage on SG in-year allocations and budget reserves	George Morrison	1,000	0	1,000	0%	1,000	0	100%
1920-12	Remove reprovision reserve	George Morrison	500	500	0	100%	500	0	100%
1920-17	Knapdale Ward	Donald Watt	115	115	0	100%	115	0	100%
1920-22	Dunoon Medical Services	Rebecca Heliwell	100	0	100	0%	0	100	0%
1920-30	Alcohol and Drugs Partnership Funding	Sandra Cairney	138	138	0	100%	138	0	100%
1920-31	Review of SLAs with GGC	Stephen Whiston	345	19	326	6%	82	263	24%
1920-32	Review of management structure	Joanna MacDonald	200	0	200	0%	0	200	0%
1920-34a	Integrated Care Fund - OLI	Lorraine Paterson	23	23	0	100%	23	0	100%
1920-34b	Integrated Care Fund - MAKI	Donald Watt	25	25	0	100%	25	0	100%
1920-34c	Integrated Care Fund - C&B	Alison McKerracher	28	0	28	0%	28	0	100%
1920-34d	Integrated Care Fund - H&L	Jim Littlejohn	24	24	0	100%	24	0	100%
1920-35	Bed reduction savings : Dunoon	Alison McKerracher	150	0	150	0%	150	0	100%
1920-36	Mental Health Bridging Funding	-	300	300	0	100%	300	0	100%
1920-38a	LIH Theatre nurse staffing - HAK112	Caroline Henderson	60	0	60	0%	30	30	50%
1920-38b	Lorn & Islands Hospital staffing	Lorraine Paterson	200	6	194	3%	61	139	30%
1920-39	Learning Disabilities	Nikki Gillespie	50	50	0	100%	50	0	100%
Totals			5,997	2,873	3,124	48%	4,941	1,056	82%
<u>ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2019/20</u>			<u>9,823</u>	<u>4,453</u>	<u>5,370</u>	<u>45%</u>	<u>7,644</u>	<u>2,179</u>	<u>78%</u>

Integration Joint Board

Agenda item: 4.3b

Date of Meeting: 7 August 2019

Title of Report: Reserves

Presented by: Judy Orr, Head of Finance and Transformation

The Integration Joint Board is asked to:

- Note the update on the Reserves held by the Integrated Joint Board.

1. EXECUTIVE SUMMARY

1.1 The unaudited accounts for the year ended 31 March 2019 presented to the Audit Committee on 26th June 2019 identified the creation of a Reserve within the General Fund of £325,000. The financial regulations require the Chief Financial Officer to report regularly to the Integrated Joint Board throughout the year (at least quarterly) on the level of reserves and expenditure against earmarked amounts. This report advises the IJB on the level of expenditure against the reserves created at the 2018-19 year end.

2. INTRODUCTION

2.1 This report updates the Board on the General Fund Reserves.

3. DETAIL OF REPORT

3.1 As set out in the Annual Accounts, the IJB has a policy on useable reserves which are held within the General Fund. These may include balances for one of the following 3 purposes:

1. Funds that are earmarked or set aside for particular purposes as agreed by the IJB, or reserves for unspent revenue grants or contributions
2. Funds set aside to deal with unexpected events or emergencies
3. Funds in excess of the target level of reserves and the identified earmarked funds which may be spend or earmarked at the discretion of the IJB

3.2 As at the start of the 2019/20 financial year, the IJB only has useable reserves in the first of the 3 categories shown above, both of which are unspent grants or contributions. Details of General Fund Reserves are shown in the table below:

	Balance at 1 April 2019 £000s	Expenditure £000s	Balance at 30 June 2019 £000s
Primary Care Transformation Fund	208	0	208
Technology Enabled Care (TEC)	117	0	117
Total	325	0	325

3.3 The Primary Care Transformation Fund has been allocated to be spent as follows in 2019/20:

<u>Primary Care Transformation Fund</u>	<u>Budget 2019/20</u>
	<u>£</u>
Vaccination transfer programme	49,906
Pharmacotherapy services	20,521
Community treatment and care services	13,786
Urgent Care (advanced practitioners)	56,000
Additional professional roles	
- First Contact Practitioner Musculoskeletal Service	(45,086)
- Community Clinical Mental Health Professionals	30,000
Community link workers	0
IT investment	35,506
Cluster Quality Lead payments	16,093
Programme management	30,958
	<u>207,684</u>

3.4 In 2018/19 £428,316 was spent on Primary Care Transformation from this fund which originally totalled £636,000. The above table shows the unspent balance. No draw down has been made from this reserve in the first quarter of the 2019/20 financial year.

3.5 There are 3 elements within the TEC reserve as follows:

- £29,700 National Procurement funding still awaiting Scottish Government tendering
- £50,000 Analogue to Digital Hub & Cluster award for 200 telecare service users to be monitored by a remote Digital Alarm Receiving service – awaiting progress by our nominated Hub
- £37,400 for implementation of NHS Near Me for room conversion, equipment and training

3.6 No draw down has been made from this reserve in the first quarter of 2019/20.

4. RELEVANT DATA AND INDICATORS

4.1 The Integrated Joint Board is permitted to hold balances on the General Fund which arise from earmarking for specific purposes. This provides the position on these earmarked reserves as at 30 June 2019.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 Financial risks are identified based on delivery of service to meet the strategic priorities.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – The earmarked reserves are held for specific purposes.

6.2 Staff Governance – None.

6.3 Clinical Governance – None.

7. EQUALITY AND DIVERSITY IMPLICATIONS

7.1 None directly from this report.

8. RISK ASSESSMENT

8.1 If the reserves are not utilised for the agreed purpose, there is a risk that they may have to be returned to the Scottish Government.

9. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

9.1 None directly from this report.

10. CONCLUSIONS

10.1 This report summarises the position in relation to the two earmarked reserves which were created at the end of the 2018/19 financial year.

11. DIRECTIONS

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

Integration Joint Board

Agenda item: 4.3c

Date of Meeting: 7 August 2019

Title of Report: Financial Recovery Plan

Presented by: Judy Orr, Head of Finance and Transformation

The Integration Joint Board is asked to:

- Consider the proposed financial recovery plan.

1. EXECUTIVE SUMMARY

1.1 The forecast outturn position for 2019-20 is a forecast overspend of £2.806m. This consists of an overspend of £2.306m within Social Work delivered services and a year to date overspend of £0.500m within Health. In accordance with the Integration Scheme paragraph 8.2.18, as soon as an overspend is predicted, the Chief Officer and Chief Financial Officer are required to identify the cause of the forecast overspend and prepare a recovery plan to return to a break even position. The recovery plan should be approved by the Integrated Joint Board. The paper therefore proposes a financial recovery plan for consideration by the Integrated Joint Board in line with this requirement of the Integration Scheme.

2. INTRODUCTION

2.1 This report provides a commentary on the causes of the forecast overspend and proposes a financial recovery plan in order to return the forecast to a break even position.

3. DETAIL OF REPORT

3.1 Causes of forecast overspend and recovery action proposed - Health

3.1.1 Within Health delivered services the forecast overspend is £0.500m. The overspend is mainly linked to savings not being achieved in addition to increased costs for oncology drugs, pharmacy costs, patient referrals, and agency/locum staff. The forecast shows that there are still a further £1,056k of savings which are not yet fully in train to be delivered. The biggest of the outstanding savings relate to the management restructure (£200k which is now progressing; the review of the SLAs with Greater Glasgow & Clyde (£263k) which is at risk; Lorn & Isles staffing (£169k) which is being met from non-recurring vacancy savings at present; and Dunoon medical

services locum costs (£100k) which are out to advert. Excluding the bulk of the SLA savings which are at risk, it is anticipated that £800k of the outstanding £1056k should be possible of delivery.

3.1.2 The forecast overspend has been offset to an extent by vacancy savings and also slippage on budget reserves which includes one-off in year allocations. It is expected that this overspend should be containable through the actions described above to continue to deliver on the outstanding savings, along with on-going grip and control of expenditure during the remainder of the financial year, particularly on agency / locum staff so no new savings are proposed in the recovery plan for Health.

3.1.3 As a result no new savings are proposed as part of the recovery plan for Health.

3.2 Causes of forecast overspend and recovery action proposed – Social Work

3.2.1 Within Social Work the forecast overspend is £2.306m. The overspends are mainly on Learning Disability Joint Residential and Supported Living, and Physical Disability Supported Living arising due to service demands, and on Mental health due to lower than expected income. Within Learning Disability, the variance is caused by both a failure to deliver planned savings along with spend above budgeted levels. There are some offsetting underspends on Children & Families central management costs and Child Protection due to staffing underspends and lower than expected demand, and underspends on Adult Services Central management costs as certain monies have not been transferred yet to the relevant budgets.

3.2.2 The overspend is caused in part currently forecasting that only 50% of the remaining savings of £2.2m will be delivered.

3.2.3 The largest single area is in relation to Learning Disability (£850k) which has lost focus since the departures of the Service Improvement officer working on this area. The restructuring of the Head of Adult Services roles will ensure that there is a single clear lead for this area of responsibility, and until the permanent appointments are made, the Head of Adult Services East will take the lead for this and will ensure that a member of his team works full time on delivering the savings for Learning Disability. They will review sleepovers, ensure core and cluster model of care is driven forward with the new properties now coming onstream for this and suitable clients brought back from expensive out of area placements so that this not only reduces costs but provides a better service.

3.2.4 The restructuring of the neighbourhood teams in Adult Care West had stalled due to staffing changes, but this is now being picked up by the Interim Heads of Adult Care West and being actively progressed in order to deliver the full amount of savings indicated of £250k, along with the additional £120k saving on adopting a single team community approach to undertaking assessment and care management.

3.2.5 The savings of £212k proposed for Older people Day/Resource Centre management costs reflects an imbalance in these costs towards the East

and is now being addressed by the Head of Adult Services East.

3.2.6 The plan is therefore to increase efforts to deliver these already agreed savings so that they are nearly all delivered in full. Some of the savings from the reviews of management structure (£150k and £102k) are delayed, not all of the lunch club saving is now considered viable (£31k), nor all of the HSCP admin, and catering and cleaning savings. Overall at most £2m is estimated to be deliverable.

3.2.7 There are however, additional overspend areas which do not directly relate to undelivered savings amounting to £1.2m. Further review of the forecast outturn during July has indicated that we expect an improvement in the position by £0.5m. This is as a result of reduction to agency social workers (now reduced to just 9, most are planned to be ended over the next few months), along with improved control of cases through the Adult Care Resource Group (which reviews all new cases weekly ensuring minimum safe interventions are being proposed). This reduces the need for new additional savings to £700k.

3.2.8 The following new actions are proposed. These include the following:

	Description	Potential value
1	Implement best practice approaches for delivery of care at home and re-ablement across all areas of Argyll and Bute following the successful pilot in Cowal where £94k of savings were made	£300k
2	Extend use of external homecare transferring hours from in-house provision to fill gaps as they occur	£33k
3	Step up/step down of care to be suspended with exceptional cases referred to Head of Service for authorisation	£227k
4	Cap on overtime with more effective use of bank staff, better rota planning and recruitment to vacancies	£87k
5	Reduction on travel (social work)	£25k
6	Planned changes in staffing replacing 3 x LGE 8s with LGE 6s	£28k
	Total	£700k

3.3

Summary

In summary, recovery of the projected overspend of £2.8m is proposed as follows:

	Description	Potential value
Health	Increased confidence in delivering already agreed savings	£800k
Social Work	Improvements in forecast identified in July 2019	£500k

Social Work	Increased confidence in delivering already agreed savings	£800k
Social Work	New savings proposed at 3.2.8 above	£700k
Total		£2,800k

4. RELEVANT DATA AND INDICATORS

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

5. CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 The Integrated Joint Board has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and to ensure the financial decisions are in line with priorities and promote quality service delivery. This needs to be considered when options are developed to balance the budget.

6. GOVERNANCE IMPLICATIONS

- 6.1 Financial Impact – The forecast outturn position for 2019-20 is a forecast overspend of £2.806m as at 30 June 2019. A financial recovery plan is therefore required setting out how the forecast overspend will be addressed and returned to a breakeven position. This is provided by a separate report to the Quality and Finance Programme Board.
- 6.2 Staff Governance – None directly from this report but there is a strong link between HR and delivering financial balance.
- 6.3 Clinical Governance - None

7. EQUALITY AND DIVERSITY IMPLICATIONS

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

8. RISK ASSESSMENT

- 8.1 The forecast outturn position takes into consideration financial risks. A separate report is provided on the financial risks. Operational and clinical risks will be taken into account as part of the implementation of the financial recovery plan.

9. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

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

10. CONCLUSIONS

- 10.1 The forecast outturn position for 2019-20 is a forecast overspend of £2.8m. A financial recovery plan to return the H&SCP to a breakeven position is

presented to achieve this.

11. DIRECTIONS

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

Integration Joint Board

Agenda item: 4.3d

Date of Meeting: 7 August 2019

Title of Report: Budget Outlook 2020-21 to 2022-23

Presented by: Judy Orr, Head of Finance and Transformation

The Integration Joint Board is asked to:

- Note the current estimated budget outlook report for the period 2020-21 to 2022-23.

1. EXECUTIVE SUMMARY

- 1.1 This report summarises the budget outlook covering the period 2020-21 to 2022-23 taking into consideration the budget decisions taken at the Integrated Joint Board (IJB) on 27 March 2019. This is predominantly a roll forward of the budget outlook presented to the IJB on 29 May 2019. The assumptions will continue to be updated and refined as the year progresses.
- 1.2 The assumptions for funding from NHS Highland and Council continue on the same basis as previously reported. Whilst additional NHS in year allocations have been received since the last report of c £1.5m, all are non-recurring and are matched by planned expenditure so do not change the outlook.
- 1.3 The position for funding of employers superannuation is still not fully clear. The Scottish Government has advised that these costs will be fully funded in a letter from the Cabinet Secretary for Health & Sport on 19 June which gave an initial allocation to NHS Highland. This was allocated on an NRAC share and the A&B HSCP continues to press for its share at least on this basis to ensure that our costs for this are fully funded.
- 1.4 Additional costs pressures from Social Work have been recognised in 2019/20 amounting to £250k and these are factored into future outlook as they will continue into future years.
- 1.5 In the mid-range scenario, the Health and Social Care Partnership budget gap estimated over the three year period 2020-21 to 2022-23 is £20.208m with a gap of £8.738m in 2020-21. This allows for additional costs from the dispute with Greater Glasgow & Clyde of £2m.

- 1.6 In contrast, the budget gap in the best case scenario over the three years is £7.140m with a gap of £2.646m in 2020-21 and in the worst case scenario, the budget gap over the three years is £32.750m with a gap of £14.016m in 2020-21. A summary of all three scenarios is included within Appendix 1.

2. INTRODUCTION

- 2.1 This report summarises the budget outlook covering the period 2020-21 to 2022-23 taking into consideration the budget decisions taken at the Integrated Joint Board (IJB) on 27 March 2019. This is predominantly a roll forward of the budget outlook presented to the IJB on 29 May 2019. The assumptions will be updated and refined as the year progresses.

- 2.2 As previously, the budget outlook has been prepared using three different scenarios, best case, worst case and mid-range. Relatively small variations in assumptions can lead to fairly significant changes in the outcome. In the paragraphs that follow, the mid-range outlook is shown. The detail of all three scenarios is provided at Appendix 1.

3. DETAIL OF REPORT

3.1 Funding Estimates

NHS Highland

- 3.1.1 The funding from NHS Highland in 2019-20 included an uplift of 2.5%. The budget was set for 1 year only. The future estimates have been based on a 1.5% uplift for worst case, 2.5% best case and 2.0% mid-range.

- 3.1.2 The changes since the last budget outlook are summarised below:

- NHS Highland baseline funding updated to reflect opening offer for 2019-20
- NHS Highland resource transfer updated to reflect actual outturn for 2018-19 plus uplift for inflation for later years
- Employers superannuation funding altered for mid-range scenario to reflect NRAC share, and for worst case scenario to reflect direct pay requirement only – see commentary at 3.1.3 below
- Allowance made for additional £2m for disputed costs for Greater Glasgow and Clyde Service Level Agreement for mid-range and worst case scenarios (no change to best case)

- 3.1.3 The increase in public sector pensions' schemes employers' contribution from 14.9% to 20.9% is meant to be fully funded. The previous outlook assumed a receipt of £5m in funding to cover these costs. This was comprised of £2.7m for direct payroll costs and £2.3m for costs for SLAs with other health boards and contracts with GP practices. The position for funding of employers superannuation is still not fully clear. A letter from the Cabinet Secretary for Health & Sport on 19 June gave an initial allocation to NHS Highland of £15.4m. This was allocated on an NRAC share. If allocated locally on this basis, we should receive c £4.45m. The

funding currently advised from NHS Highland is £2.314m for direct pay only, and has not yet been updated following receipt of the letter of 19 June. Our local costs are currently estimated at £2.8m for direct payroll costs and a further £2.8m for SLAs, GP practices and salaried dental services. A&B HSCP is pressing for its share at least on an NRAC basis to ensure that our local costs for this are fully funded.

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

	2020-21 £000	2021-22 £000	2022-23 £000
Baseline funding	175,886	175,886	175,886
Baseline funding uplift	3,518	7,106	10,766
Other Recurring Funding	30,327	30,327	30,327
Resource Transfer baseline (net)	7,281	7,281	7,281
Resource Transfer uplift	238	481	729
Pensions Increase	4,500	4,500	4,500
Total Funding NHS	221,750	225,581	229,489

Argyll and Bute Council

- 3.1.4 The indicative allocation of funding from the Council was based on current year less 1% and this is presented as the mid-range scenario, reflecting the indicative allocations agreed at the Council. This 1% reduction has been extended out to year 3 in the outlook. The best case scenario assumes a flat cash position and the worst case scenario assumes a reduction of 2% which is equal to the Council's mid-range assumption on the Scottish Government funding reduction. No changes have been made in respect of the Council funding position from the position presented at the end of May.

- 3.1.7 Payback of the overspends from 2017-18 and 2018-19 has been built into the future outlook and this is presented below:

	2020-21 £000	2021-22 £000	2022-23 £000
Funding 2019-20	58,814	58,814	58,814
1% Reduction	(588)	(1,170)	(1,746)
Estimated Funding	58,226	57,644	57,068
Less 2017-18 overspend repayment	(300)	(755)	
Less 2018-19 overspend repayment	(800)	(1,000)	(1,327)
Net Payment from Council	57,126	55,889	55,741

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

	2020-21 £000	2021-22 £000	2022-23 £000
Funding NHS	221,750	225,581	229,489

Funding A&B Council	57,126	55,889	55,741
Total Funding	278,876	281,470	285,230

3.2 Base Budget

3.2.1 The starting point for the 2020-21 budget is the approved budget for 2019-20 as agreed at the IJB meeting on 27 March 2019. This budget includes the estimated additional costs for public sector pensions of £5.0m which is fully matched in the best case scenario and partially matched in the other scenarios as described at 3.1.3 above. The base budget is adjusted for the estimated resource transfer which is directly passed to Social Work.

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

	2020-21 £000	2021-22 £000	2022-23 £000
Base Budget	276,671	276,671	276,671
Resource Transfer Uplift	238	481	729
Base Budget	276,909	277,152	277,400

3.3 Employee Cost Increases and Non-Pay Inflation

3.3.1 No changes have been made to the previous estimates for employee costs or non-pay inflation. The current assumptions are noted in the paragraphs that follow.

3.3.2 For Health staff, a 3 year pay deal has already been agreed for 2018-19 to 2020-21 at 3% each year. For 2021-22 and 2022-23, it has been assumed that the 3% will continue within the best case and mid-range scenarios, with a 3.5% increase in the worst case scenario.

3.3.3 For Social Work staff, an agreement has been reached on the pay award and the increase in 2019-20 and 2020-21 is 3%. For 2021-22, the best case scenario assumes the public sector pay commitment which averages around 2.7%, the worst case scenario assumes a 3.5% increase (similar to the 2018-19 offer) and the mid-range scenario assumes a 3% increase.

3.3.5 In terms of the budget outlook it has been assumed that for the best case scenario the cost of increments each year will be absorbed within any base adjustment, for the worst case, the cost of increments will be the same as 2019-20 and the mid-range is that it will equate to 50% of the cost of increments in 2019-20.

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

	2020-21 £000	2021-22 £000	2022-23 £000
Health pay award	1,750	3,553	5,408
Health pay increments	100	200	300
Social Work pay award	970	1,940	2,910
Social Work pay increments	46	92	138

Total Employee Cost Changes	2,866	5,785	8,756
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3.4 Non-pay Inflation

3.4.1 Due to the financial pressures facing the Health and Social Care Partnership, allowance is only being made for inescapable non-pay inflation. This is the basis of the inflation estimates in all three scenarios.

3.4.2 The only change to the previous estimates is an additional allowance of £2m for the disputed costs for the service level agreement with Greater Glasgow & Clyde in the mid-range and worst case scenarios. These continue to be vigorously disputed.

3.4.3 The table below summaries the updated non-pay inflation estimated over the next three years within the mid-range scenario.

	2020-21 £000	2021-22 £000	2022-23 £000
<u>Health:</u>			
Prescribing	500	1,000	1,500
Hospital Drugs	75	154	237
Main GG&C SLA	3,340	4,714	6,122
Other SLAs	282	571	867
Energy Costs	78	160	244
<u>Social Work:</u>			
Catering Purchases	18	36	54
National Care Home Contract	5	10	15
NHS Staffing Recharges	57	114	171
Purchase and Maintenance of Equipment	7	14	21
RPI Essential increases	39	78	117
Scottish Living Wage	1,039	1,964	2,946
Total Non-Pay Inflation	5,440	8,815	12,294

3.5 Cost and Demand Pressures

3.5.1 The estimates have been reviewed but no changes have been made at this stage in the financial year for Health related pressures. 3 additional costs pressures have been added all of which are Social Work related as follows:

- £150k additional costs for Social Work Emergency Standby costs which are being covered in 2019/20 from Franks Law funding on a one-off basis only
- £50k additional costs for overnight staffing at Greenwood Hostel to recognise that staff cannot do back to back shifts even if they are not disturbed during the night in order to meet fire safety and working time directive requirements
- £50k loss of separate funding for Criminal Justice Development now included in RSG which is needed to meet existing commitments

- 3.5.2 There is a risk that unknown cost and demand pressures will emerge that have not been included within the outlook. An allowance of £0.500m per annum is included within the best case scenario, £1.000m per annum in the mid-range and £1.500m per annum in the worst case scenario.
- 3.5.3 The table below summaries the updated cost and demand pressures estimated over the next three years within the mid-range scenario.

	2020-21 £000	2021-22 £000	2022-23 £000
Health:			
Pharmacy Homecare Services (Chrohn's Disease)	100	200	200
Out of Hours GPs	200	200	200
Other NSD developments	50	100	150
Oncology Drugs demand	450	900	1,350
Bute Dialysis	90	90	90
Microsoft Licence Fees	55	55	55
Social Work:			
Older People Growth	320	645	975
Care Services for Younger Adults	181	359	540
National Care Home Contract	308	625	952
Throughcare (previously included as Continuing Care)	232	406	580
Allowance for Unknown Cost and Demand Pressures	1,000	2,000	3,000
Social Work Emergency standby	150	150	150
Greenwood hostel overnight staffing	50	52	53
Criminal Justice Development Funding	50	50	50
Total New Cost and Demand Pressures	3,236	5,832	8,345

3.6 Savings Measures Already Approved

- 3.6.1 A number of management/operational and policy savings options for 2019-20 to 2021-22 were agreed at the IJB on 27 March 2019. In addition there are three previously agreed savings where additional savings are expected in 2020-21 as follows:
- Ref 1819-5 - Closure of Aros – additional £0.020m
 - Ref 1819-18 - Review provision of HSCP care homes – £0.099m
 - Ref 1819-32 - Catering and Cleaning Review – additional £0.020m.

3.7 Updated Budget Outlook

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

	2020-21 £000	2021-22 £000	2022-23 £000
Base Budget	276,909	277,152	277,400
Employee Cost Changes	2,866	5,785	8,756
Non-Pay Inflation	5,440	8,815	12,294
Cost and Demand Pressures	3,236	5,832	8,345
Q&F Plan Savings	(139)	(139)	(139)
Management/Operational Savings agreed March 2019	(500)	(1,020)	(1,020)
Policy Savings agreed March 2019	(198)	(198)	(198)
Total Estimated Expenditure	287,614	296,227	305,438
Estimated Funding	278,876	281,470	285,230
Estimated Budget Surplus / (Gap) Cumulative	(8,738)	(14,757)	(20,208)
Estimated Budget Surplus / (Gap) In Year	(8,738)	(6,019)	(5,452)

3.7.2 In the mid-range scenario, the Health and Social Care Partnership budget gap estimated over the three year period 2020-21 to 2022-23 is £20.208m with a gap of £8.738m in 2020-21.

3.7.3 In contrast, the budget gap in the best case scenario over the three years is £7.140m with a gap of £2.646m in 2020-21 and in the worst case scenario, the budget gap over the three years is £32.750m with a gap of £14.016m in 2020-21. A summary of all three scenarios is included within Appendix 1.

3.7.4 The changes from the previous anticipated outlook to 2021-22 (as noted at the IJB meeting on 27 March 2019) are summarised in the table below based on the mid-range scenario:

	2020-21 £000	2021-22 £000	2022-23 £000
Previous Reported Budget Gap (mid-range)	(6,403)	(12,521)	(18,074)
Change to NHS Funding estimates	266	374	485
Change to Base Budget linked to Resource Transfer Uplift	(351)	(358)	(366)
Change to non-pay inflation	(2000)	(2000)	(2000)
Change to Cost and Demand Pressures	(250)	(252)	(253)
Revised Budget Gap (mid-range)	(8,738)	(14,757)	(20,208)

4. RELEVANT DATA AND INDICATORS

4.1 The budget outlook is based on a number of assumptions, using a best,

worse and mid-range scenario. These assumptions will be regularly reviewed and updated as appropriate.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 The Integrated Joint Board has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and to ensure the financial decisions are in line with priorities and promote quality service delivery. This needs to be considered when options are developed to balance the budget.

6. GOVERNANCE IMPLICATIONS

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

7. EQUALITY AND DIVERSITY IMPLICATIONS

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

8. RISK ASSESSMENT

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

9. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

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

10. CONCLUSIONS

- 10.1 A budget outlook covering the period 2020-21 and 2022-23 has been prepared. In the mid-range scenario, the Health and Social Care Partnership budget gap estimated over the three year period 2020-21 to 2022-23 is £20.208m with a gap of £8.738m in 2020-21. The assumptions will be updated and refined as the year progresses.

11. DIRECTIONS

Directions required to	Directions to:	tick
	No Directions required	√
	Argyll & Bute Council	

Council, NHS Board or both.	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

APPENDICES:

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

	Best Case Scenario			Mid-Range Scenario			Worst Case Scenario		
	2020-21	2021-22	2022-23	2020-21	2021-22	2022-23	2020-21	2021-22	2022-23
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Base Budget:									
Base Budget	276,671	276,671	276,671	276,671	276,671	276,671	276,671	276,671	276,671
Base Budget Adjustments	298	603	916	238	481	729	179	360	544
Revised Base Budget	276,969	277,274	277,587	276,909	277,152	277,400	276,850	277,031	277,215
Employee Cost Changes:									
Pay Award	2,720	5,396	8,124	2,720	5,493	8,318	2,720	5,663	8,668
Pay Increments	0	0	0	146	292	438	291	582	873
Total Employee Cost Changes	2,720	5,396	8,124	2,866	5,785	8,756	3,011	6,245	9,541
Non-Pay Inflation:									
<i>Health:</i>									
Prescribing	400	800	1,200	500	1,000	1,500	600	1,200	1,800
Hospital Drugs	45	92	142	75	154	237	105	216	332
Main GG&C SLA	1,072	2,171	3,298	3,340	4,714	6,122	3,608	5,257	6,946
Other SLAs (GPs, GG&C, other HBs, service inputs)	226	457	694	282	571	867	338	685	1,040
Energy	59	120	183	78	160	244	98	200	305
<i>Social Work:</i>									
Catering Purchases	18	36	54	18	36	54	18	36	54
National Care Home Contract	3	6	9	5	10	15	8	16	24
NHS Staffing Recharges	57	114	171	57	114	171	57	114	171
Purchase and Maintenance of Equipment	5	10	15	7	14	21	8	16	24
specific RPI Increases	31	62	93	39	78	117	46	92	138
Scottish Living Wage	1,039	1,964	2,946	1,039	1,964	2,946	1,039	1,964	2,946
Total Non-Pay Inflation	2,955	5,832	8,805	5,440	8,815	12,294	5,925	9,796	13,780
Cost and Demand Pressures:									
<i>Health:</i>									
LIH Laboratory	100	200	300	100	200	200	100	200	300
Out of Hours - GPs option out of hours	0	0	0	200	200	200	400	400	400
Other NSD developments	50	100	150	50	100	150	50	100	150
Oncology Drugs Demand	350	700	1,050	450	900	1,350	550	1,100	1,650
Bute Dialysis	90	90	90	90	90	90	90	90	90
Microsoft Licence Fees	55	55	55	55	55	55	55	55	55
<i>Council:</i>									
Older People Growth	0	0	0	320	645	975	641	1,302	1,983
Care Services for Younger Adults	0	0	0	181	359	540	362	718	1,080
National Care Home Contract	231	469	714	308	625	952	385	782	1,190
Throughcare	116	203	290	232	406	580	325	568	812
Social Work Emergency Standby	150	150	150	150	150	150	150	150	150
Greenwood Hostel overnight staffing	50	52	53	50	52	53	50	52	53
Criminal Justice Development Funding	50	50	50	50	50	50	50	50	50
Allowance for Unknown Cost and Demand Pressures	500	1,000	1,500	1,000	2,000	3,000	1,500	3,000	4,500
Total Cost and Demand Pressures	1,742	3,069	4,402	3,236	5,832	8,345	4,708	8,567	12,463
Savings Previously Agreed:									
Quality and Finance Plan Savings	(139)	(139)	(139)	(139)	(139)	(139)	(139)	(139)	(139)

BUDGET OUTLOOK 2020-21 TO 2022-23
INTEGRATED JOINT BOARD - 7 AUGUST 2019

APPENDIX 1

	Best Case Scenario			Mid-Range Scenario			Worst Case Scenario		
	2020-21	2021-22	2022-23	2020-21	2021-22	2022-23	2020-21	2021-22	2022-23
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Management/Operational Savings - Agreed March 2019	(500)	(1,020)	(1,020)	(500)	(1,020)	(1,020)	(500)	(1,020)	(1,020)
Policy Savings - Agreed March 2019	(198)	(198)	(198)	(198)	(198)	(198)	(198)	(198)	(198)
Total Savings	(837)	(1,357)	(1,357)	(837)	(1,357)	(1,357)	(837)	(1,357)	(1,357)
Total Estimated Expenditure	283,549	290,214	297,561	287,614	296,227	305,438	289,657	300,282	311,642
Funding:									
NHS	223,189	228,001	232,934	221,750	225,581	229,489	219,103	221,962	224,864
Council	57,714	57,059	57,487	57,126	55,889	55,741	56,538	54,730	54,028
Total Funding	280,903	285,060	290,421	278,876	281,470	285,230	275,641	276,692	278,892
Budget Surplus / (Gap) Cumulative	(2,646)	(5,154)	(7,140)	(8,738)	(14,757)	(20,208)	(14,016)	(23,590)	(32,750)
Budget Surplus / (Gap) In Year	(2,646)	(2,508)	(1,987)	(8,738)	(6,019)	(5,452)	(14,016)	(9,574)	(9,161)

Partner Bodies Split:									
Health	1,160	1,776	1,914	(3,342)	(4,581)	(6,247)	(7,054)	(10,146)	(13,816)
Social Work	(3,806)	(6,930)	(9,054)	(5,396)	(10,176)	(13,961)	(6,962)	(13,444)	(18,934)
Budget Surplus / (Gap) Cumulative	(2,646)	(5,154)	(7,140)	(8,738)	(14,757)	(20,208)	(14,016)	(23,590)	(32,750)
Budget Surplus / (Gap) In Year	(2,646)	(2,508)	(1,987)	(8,738)	(6,019)	(5,452)	(14,016)	(9,574)	(9,161)

Integration Joint Board

Agenda item: 4.3e

Date of Meeting: 7 August 2019

Title of Report: Financial Risks 2019-20

Presented by: Judy Orr, Head of Finance and Transformation

The Integration Joint Board is asked to:

- Consider the updated financial risks identified for the Health and Social Care Partnership.
- Note that financial risks will continue to be reviewed and monitored on a two monthly basis and reported to the Board.

1. EXECUTIVE SUMMARY

- 1.1 The report to the IJB on 27 March 2019 introduced a process of identifying and reporting financial risks to the Board on a regular basis. This report provides an updated assessment of these risks and includes one new risk. Three risks have been removed either because the risk has ended or because the outcome is now more certain and provision has been made within the forecast outturn
- 1.2 Each risk has been classified as to its likelihood and also has been quantified within a financial range. Each risk also notes any current mitigations in place to keep the risk from being realised.
- 1.3 32 risks have been identified in total with 21 classified as possible and 11 classified as likely. Only two risks have been quantified as being over £500,000.
- 1.4 Financial risks will continue to be reviewed and monitored on a two monthly basis and will be reported to the Board as part of the pack of financial reports.

2. INTRODUCTION

- 2.1 This report updates the Board on the financial risks facing the organisation which have not been reflected in the forecast of the financial outturn.

3. DETAIL OF REPORT

- 3.1 For each risk, the likelihood has been assessed based on what is a relatively standard risk matrix:
- 1 – Remote
 - 2 – Unlikely
 - 3 – Possible
 - 4 – Likely
 - 5 – Almost Certain
- 3.2 Each financial risk has been quantified into ranges as follows:
- Less than £100,000
 - Between £100,000 and £300,000
 - Between £300,000 and £500,000
 - Between £500,000 and £1.5m
 - Over £1.5m
- 3.3 Alongside each risk identified there are a note of any current mitigations that are in place to keep the risk from being realised. There are some risks where monitoring can take place but it is difficult to mitigate the risk due to Scottish Government policy directions and the introduction of new drugs.
- 3.4 The UK withdrawal from the European Union could lead to additional financial risks. However, at the current time it is not possible to quantify what these may be or when they might impact the IJB. We will continue to monitor developments.
- 3.5 The individual financial risks are detailed in Appendix 1 and are summarised in the table below.

Likelihood/Range	Possible	Likely	Total
<£100k	9	7	16
£100k - £300k	8	3	11
£300k - £500k	2	1	3
£500k - £1.5m	1	0	1
>£1.5m	1	0	1
Total	21	11	32

- 3.6 There are 32 risks identified in total with 21 classified as possible and 11 classified as likely. Only two risks have been quantified as being over £500,000 of which one is over £1.5m and they have been classed as possible. There are 11 likely risks and although likely, 7 of these risks have been quantified as under £100,000.
- 3.7 The largest risk quantified as potentially exceeding £1.5m relates to the service level agreement with Greater Glasgow and Clyde where the payment for the last financial year remains under dispute and any settlement is likely to have a knock on effect on charge for 2019-20 spend with them. This has been increased from the previous assessment at £500k - £1.5m. The other sizeable risk at £500k - £1.5m relates to looked after children where a small number of new cases has the potential to increase costs significantly above current levels. No such cases have yet been identified. The likely risk at £300k - £500k relates to continued use of agency medical staff in psychiatry. We have already forecast an overspend of £300k in this area reflecting costs in the first quarter, and risk

of further spend of this magnitude continues at present.

3.8 Financial risks will be reviewed and monitored on a two monthly basis and will be reported to the Board as part of the pack of financial reports.

4. RELEVANT DATA AND INDICATORS

4.1 Financial risks have been identified based on previous and current year cost pressures and those areas of the budget where spending is more volatile. Financial risks have been classified as to their likelihood and an estimate of the potential financial impact.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 Financial risks are identified based on delivery of service to meet the strategic priorities.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – Each financial risks has been assessed as to its estimated financial impact.

6.2 Staff Governance – None.

6.3 Clinical Governance – None.

7. EQUALITY AND DIVERSITY IMPLICATIONS

7.1 None directly from this report.

8. RISK ASSESSMENT

8.1 Risks are detailed within the report.

9. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

9.1 None directly from this report.

10. CONCLUSIONS

10.1 This report summarises the key financial risks facing the Health and Social Care Partnership. There are 32 risks identified in total with 21 classified as possible and 11 classified as likely. Only two risks have been quantified as being over £500,000 with one of these potentially exceeding £1.5m.

11. DIRECTIONS

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

both.	Argyll & Bute Council and NHS Highland Health Board	
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APPENDICES:

Appendix 1 – Financial Risks 2019-20

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP - FINANCIAL RISKS
INTEGRATED JOINT BOARD - 7 August 2019 update

HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	2019-20	
				LIKELIHOOD	FINANCIAL IMPACT £000
Health	Adult Services	Continued use of agency medical staff in psychiatry	Continuation of attempts to recruit permanent staff. Where this is not possible then the service will be required to contain locum costs within budget but it has to be appreciated that this might not always be possible if it affects service delivery.	4	300-500
Health	Adult Services	Continued use of agency nursing staff in Lorn & Islands Hospital	Continuation of attempts to minimise the use of agency staff.	3	100-300
Health	Adult Services	Overspending on GP prescribing budgets for several potential reasons causing short supply of drugs resulting in price increases	Prescribing advisors advise GPs on good prescribing practice to contain costs.	3	100-300
Health	Adult Services	Potential for consultant vacancies at Lorn & Islands Hospital resulting in increased use of locums	Most consultant roles are currently filled by employed staff and there would be an attempt to recruit to vacancies rather than use locums.	3	100-300
Health	Adult Services	Continued use of locum GPs in Kintyre Medical Group	Practice is out to advert following succesfull advert in relation to Mull	4	<100
Health	Adult Services	Continued use of agency staff in Lorn & Islands Hospital Laboratory	Continuation of attempts to recruit permanent staff. Where this is not possible then the service will be required to contain locum costs within budget but it has to be appreciated that this might not always be possible if it affects service delivery.	4	<100
Health	Adult Services	GPs on Coll and Colonsay opting out of providing out of hours services	GPs on these islands are currently providing out of hours services.	3	<100
Health	Adult Services	Continuation of excess nurse staffing in Rothesay Victoria Hospital	As part of grip and control, regular review of workforce undertaken by the Strategic Leadership Team to minimise excess staffing and use of locums.	4	<100

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP - FINANCIAL RISKS
INTEGRATED JOINT BOARD - 7 August 2019 update

HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	2019-20	
				LIKELIHOOD	FINANCIAL IMPACT £000
Health	Adult Services	Continued reliance on locum medical staff to cover shifts on the Oban out of hours rota	As part of grip and control, regular review of workforce undertaken by the Strategic Leadership Team to minimise excess staffing and use of locums.	4	<100
Health	Adult Services	Continuation of excess community nurse staffing on Mull	As part of grip and control, regular review of workforce undertaken by the Strategic Leadership Team to minimise excess staffing and use of locums.	4	<100
Health	Commissioned Services - NHS GG&C	NHS GG&C seeking to correct historic undercharging on the main patients' services SLA	Currently challenged GG&C requested payment and meetings are due to take place in respect of this.	3	>1500
Health	Commissioned Services - NHS GG&C	New cystic fibrosis drugs are introduced.	This will be monitored but it is an area where there is limited control.	4	100-300
Health	Commissioned Services - NHS GG&C	Potential for further growth in the cost of oncology drugs beyond provision in the budget	A cost pressure has been build into the 2019-20 budget for the overspend currently in 2018-19 and also for future demand. This should assist in minimising this risk, however, it is a risk that there is limited control over.	3	100-300
Health	Commissioned Services - NHS GG&C	Potential for further growth in the cost of pharmacy homecare services	The Lead Pharmacist will undertake an annual review of pharmacy costs to help to mitigate this risk.	3	<100
Health	Commissioned Services - NHS GG&C	Potential for growth in the number of high cost individual patient treatments	This will be monitored but it is an area where there is limited control.	3	300-500
Health	Commissioned Services - Other	Continued high level of patient referrals to Huntercombe and the Priory	Development of local CAMHS service.	3	300-500
Health	Commissioned Services - Other	Potential for growth in the number of high cost individual patient treatments	This will be monitored but it is an area where there is limited control.	4	100-300

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP - FINANCIAL RISKS
INTEGRATED JOINT BOARD - 7 August 2019 update

HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	2019-20	
				LIKELIHOOD	FINANCIAL IMPACT £000
Health	General Medical Services	Potential for high cost of reimbursements to GP practices for maternity and sickness absence cover	This will be monitored but it is an area where there is limited control.	3	<100
Health	Management and Corporate Services	Potential for the cost of migration to Windows 10 and Office 365 exceeding budgetary provision	Head of IT has an implementation plan. Risk reflects potential for slippage.	3	<100
Health	Estates	Continuation of unfunded rates charge for Argyll & Bute Hospital if the property isn't cleared and empty property relief can't be obtained	Planned closure of Argyll & Bute Hospital (apart from the former Succoth Ward) is progressing.	4	<100
Health	Service wide	Funding for NHS pensions is less than the cost.	Funding has been announced, still waiting for clarity on distribution.	3	100-300
Health/Council	Estates	Costs of colocation may exceed budget. No budget in place for moves in Oban	A small allocation has been made in the Investment Fund for these costs.	3	<100
Council	Chief Officer	Increased building maintenance and repairs costs arising as the buildings we use get older and their condition deteriorates.	Regular monitoring of the fabric of the buildings and assessment for asset sustainability works funded via the capital budget. Reduction in the number of buildings in use through the co-location of staff into fewer buildings.	3	<100
Council	Looked After Children	Potential increase in the number of children and young people who need to be taken into care and supported/accommodated by the HSCP.	Practitioners are working hard to avoid admissions to care and the service is developing lower cost models of support for young people who become looked after.	3	500-1500
Council	Children with a Disability	Potential increase in the number of children and young people requiring support/families requiring support as well as the potential for increased levels of support required by existing service users.	The weekly Children's Resource Panel is scrutinising requests for service. Consideration is being given to how SDS and other service models could be developed to provide support in the future.	3	<100

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP - FINANCIAL RISKS
INTEGRATED JOINT BOARD - 7 August 2019 update

HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	2019-20	
				LIKELIHOOD	FINANCIAL IMPACT £000
Council	All Social Work	Difficulties in recruiting and retaining qualified staff as well as increased demand/complexity in terms of the services required which result in the use of locum/supplemental staffing.	Work is ongoing with HR and the Communications team to look at how we can encourage people to come and work in Argyll and Bute. Work is also underway in relation to growing our own through staff training.	4	100-300
Council	Older People	Potential requirement to increase the number of staff working overnight in our older people care homes to ensure that all of the residents can be safely evacuated from buildings in the event of a fire.	Working closely with the fire brigade to ensure arrangements are fit for purpose. Review of the equipment available in the homes to assist staff to evacuate residents.	3	<100
Council	Older People	Potential increase in the number of older people requiring support.	Regular review of services and tracking of changes in service demand. Scrutiny by Head of Service and Adult Care Resource Group of care packages	3	100-300
Council	Physical Disability	Increased demand for service, both for new clients and from increases in the needs of existing service users exceeds the demand pressure built into the budget.	Regular review of services and tracking of changes in service demand. Scrutiny by Head of Service and Adult Care Resource Group of care packages	3	100-300
Council	Learning Disability	Increased demand for service, both for new clients and from increases in the needs of existing service users exceeds the demand pressure built into the budget.	Regular review of services and tracking of changes in service demand. Scrutiny by Head of Service and Adult Care Resource Group of care packages	3	100-300
Council	Learning Disability	Potential requirement to address property maintenance issues at a leased property in Helensburgh.	Assess the HSCP's liability under the lease and assess the likely cost of the works as well as determine how the building will be used in the future if the lease is retained.	4	<100
Council	Mental Health	Changes in service assessment practice which reclassifies non-personal care as personal removing the ability to charge for services.	Cases being reviewed throughout 2019/20. Ensure that assessment practice is correct and that service classification is consistent with the nature of the services provided.	3	<100

Integration Joint Board

Agenda item: 4.4

Date of Meeting: 7 August 2019

Title of Report: Staff Governance Report

Presented by: Charlie Gibson HR Lead (HSCP)
Jane Fowler, Head of Customer Support Services (ABC)

The Integration Joint Board/Committee is asked to:

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

1. EXECUTIVE SUMMARY

Staff Governance is defined as “A system of corporate accountability for the fair and effective management of all staff.”¹ The Standard requires all NHS Boards to demonstrate that staff are:

- Well Informed;
- Appropriately Trained and Developed;
- Involved in Decisions;
- Treated Fairly and Consistently, with dignity and respect, in an environment where diversity is valued; and
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

In the context of health and social integration, we also consider the following:

- adopt best practice from both employers.
- development of joint initiatives that support integration.
- compliance with terms and conditions and employing policies.
- service change implications for the workforce and compliance with the above.

This paper sets out current key issues and supporting performance data for staff governance in the Health and Social Care Partnership, with NHS Highland and Argyll and Bute Council are the employing bodies. Narrative is contained in the body of the text and detail is presented in Appendices. The data provided is the most recent available.

¹ NHS Scotland Staff Governance Standard, 4th Edition, Published 2012.

2. INTRODUCTION

This report provides an overview of the staff governance issues identified above as raised and discussed at the Strategic Leadership Team and Joint Partnership Forum. This report is presented to the IJB on a quarterly basis. This report includes updates on:

- Progress under the 5 Staff Governance themes
- Additional Integration work
- Spotlight on Staff Wellbeing
- Supporting Performance Data
 - Recruitment and Redeployment activity
 - Fixed Term Contracts
 - Employee Relations Case
- Work planned over the next 3 months

The data represents Quarter 1 FY 2019/20 (Apr-Jun 2019) unless otherwise stated.

3. PROGRESS UNDER THE 5 STAFF GOVERNANCE THEMES

3.1 Well Informed

Over the last few months, a number of new communication channels to HSCP staff have been developed. These include a NHS Highland CEO weekly email, our Chief Officer's weekly update, a new monthly NHH Team Brief and occasional People and Change and Council HR/OD newsletters, as well as some other departmental/project updates. Cascades of key information also take place in huddles and Service/Locality team meetings.

A new HSCP Staff Newsletter was piloted in Autumn 2018 and is under review. Some update communications have been provided by the Transformation Board project steering groups. The Council's Intranet and the NHS intranet are also used as key communication tools for staff, however not all staff have daily access to the Intranet or email, so local arrangements are made where possible to provide printed copies of key materials on noticeboards.

The two employers have different policies and procedures for managing and developing staff. These are available in electronic format to all employees and managers who have access to the employer intranets. Hard copies are made available on request to employees who do not have access.

3.2 Appropriately Trained and Developed

There has been a renewed focus on ensuring HSCP staff are participating in appraisal and development conversations under our new Turas and existing PRD (Performance, Review and Development) systems. These conversations together with regular 1:1 meetings with individual staff enable training needs to be identified.

The Council Performance, Review and Development (PRD) process aims to develop employees by linking their development to the council's goals. Developing our employees enables us to improve our services to customers and improve our performance. All eligible council employees must receive a performance review and development. The council's terms and conditions state that as an employer the council will provide employees with job related training and development. Meetings must happen annually, ideally between January and March, with a six month review meeting. Particular care should be taken to ensure that staff who are long-term sick, on maternity, paternity or adoption leave or who will be leaving their post through redundancy, retirement or resignation, are all considered within the PRD process. The advantages of performance review and development are:

- It provides a record of performance over a period of time.
- It provides an opportunity for reviewers and reviewees to meet and discuss performance, achievements and aspirations.
- It provides the reviewee with feedback about their performance.
- It provides an opportunity for reviewees to discuss issues and clarify expectations.
- Done well it can be motivational.

The performance review is a formal meeting that happens every year to plan for the year ahead. The PRD clarifies individual employees' key targets and development needs in the context of the Strategic Plan and relevant improvement and transformation activities.

The NHS has a process with a similar purpose to that outlined above to enable NHS employees to participate in an annual appraisal. The NHS Knowledge and Skills Framework (KSF) (applies to all Agenda for Change (AfC) staff) is used to deliver the Personal Development Planning and Review process (PDP and R). NHS Education for Scotland (NES) has developed a new on-line system to manage all aspects of the KSF/PDP and R process, hosted on the Turas digital platform and called Turas Appraisal. It was launched on 02 April 2018.

Compliance in Statutory/Mandatory training for NHS staff is being monitored through our local Accountability Wall and as a standing item at relevant meetings. The first article in the series 'Improving the Culture around Mandatory Training' was issued in March 2019 to promote communication around this importance of this topic. The current 'Grip and Control' measures are reducing the amount of travel and accommodation approved, so staff will be attending fewer external training events or conferences. However, NHS staff continue to access a range of e-learning through Learnpro despite budget restrictions on travel.

The Council and NHS Highland offers a range of training opportunities for all staff. Some of the training offered is directly required for the individual's role/job (e.g. professional qualifications), others are related to the individual's Performance Review and Development, and others are statutory or mandatory training requirements. During Q1 of FY 19/20, a total of **71** courses were completed by Council staff within the Partnership. Further details are shown at Appendix 1. This figure does not include e-learning courses, of which there are over 200 courses available on LEON, the Council's e-learning platform. Compliance will be presented

in the next report in Appendix 1 for NHS staff on compliance in Statutory/Mandatory training on LearnPro, NHS Highland's e-learning platform.

Service Managers and Line Managers using the LearnPro Scorecard and online learning plan features in LearnPro is essential for staff being clear about their statutory and mandatory training requirements and how they are to be met. Line Managers are responsible for creating online learning plans so that their staff can then launch the required e-learning modules and book directly online any classroom based training. The Line Manager can then monitor completion against online learning plans. The number of staff with Role Mandatory items on their online plans is a key performance indicator in determining levels of engagement with line managers. An updated version of NHS Highland's Statutory and Mandatory Training Prospectus was issued in April and is available on the intranet.

Outcomes from PRD/Turas, along with workforce planning information (see below), will inform training plans for the 2019/20 year. This includes prioritisation by the Council's Social Work Training Board of training investments such as social work degree students, SVQs in social care and apprenticeships/foundation apprenticeships. There is also an increasing demand for technology and digital training to ensure that the workforce develops appropriate skills to maximise opportunities for new approaches to service delivery. This is being informed by national guidance on TES

Leadership and management development activity

In the NHS, the nomination process has begun for the 10th cohort of **Leading for the Future**. This is an innovative "package" of leadership and management development, which supports the development of Senior Managers and Senior Clinical Leaders usually equivalent to AfC Band 8a and above. For 2019-20, as in the previous cohort, NHS Grampian, Tayside and Highland will be joining forces to deliver a "Regional Leading for the Future" programme, with modules being delivered in the Grampian area with five places allocated to NHS Highland and these are by operational area with one from A and B HSCP. Two nominations were received, one member has been put forward and another place was requested if available.

A new NHS Highland group has started with representation from Argyll and Bute, focusing on Developing Teams Leadership and Management Development. The Performance Management Focus Group has been progressing work on a corporate induction portal for all new staff, with representation from Argyll and Bute, and there is a need to look at what a local induction for staff in Argyll and Bute looks like alongside this and the Council approach. This online resource contains 6 sections; Welcome, Vision and Values, A great place to work, Before you start, Your first day, and Your local induction.

The Council has carried out induction to a further 2 cohorts of Argyll and Bute Manager – Managing Teams and 1 cohort of Preparing to Manage. There are HSCP delegates, including NHS employees, enrolled in these courses and further work is underway to investigate expanding this to include more HSCP managers.

3.3 Involved in Decisions

The Transformation Board has a number of Steering Groups and Short-Life Working Groups (SLWG) that give the opportunity for managers and staff-side colleagues to be part of service redesign work. We also remain committed to using the A and B HSCP Partnership Forum, Staff Liaison Group and Organisational Change Group as formal occasions where decisions on organisational change can be taken in partnership.

3.4 Treated Fairly and Consistently

Our HSCP Shared Values framework 'CIRCLE' promotes integrity and respect as two of our Six Values. The practices associated with these Values uphold this Staff Governance theme.

Actions arising from the Sturrock Review of NHS Highland will be reported to the IJB implemented as appropriate within our HSCP.

3.5 Provided with a continuously improving and safe working environment

We have a co-location programme for corporate services and other administration / clinical support / social work functions over the next few months. These include the closure of Aros and the move of NHS staff to Kilmory/Whitegates (which is underway) and a more complex co-location of NHS and Social Work staff across 3-4 buildings in Oban (end of Autumn).

These moves will provide better opportunities for integrated working and improve communication between related teams.

4. ADDITIONAL INTEGRATION WORK

4.1 Workforce Planning

The first HSCP Workforce Plan for 2018/19 was developed focusing primarily on Adult Services.

The Plan includes actions to improve the process of workforce planning as well as actions to bridge the gap. Service specific integrated workforce plans are now being developed as part of a programme of joint working between HSCP and Council OD teams. This is critical to supporting both service redesigns as they are progressed for the areas reporting to the Transformation Board and the serious challenges of recruitment to some posts. It is also essential to support planning for skills development to support future service delivery and ensure continuity of service. The detail provided by managers and included in service specific workforce plans underpins the overall workforce plan.

The next HSCP Workforce Plan will include information about all services and encompass more detail about the role of the third-sector, voluntary organisations, community networks and other commissioned providers who support the HSCP. This

will align with the HSCPs refreshed 3 year Strategic plan for 2019 to 2022 and is being led by the HSCP OD Team, led by the Head of People and Change.

Consideration has been given as to how best to take forward work with the independent sector, clarity and confirmation of governance and approach is still needed. There are ongoing developments at national level which inform the development of our next plan. The National Health and Social Care Integrated Workforce Plan was expected earlier in the year but we understand it is due to be published soon

4.2 HSCP Management restructure

The new Management structure has been taken through a number of consultation forums with Strategic Leadership Team (SLT) members and Locality/Local Area Managers within Adult Services. A parallel consultation exercise has taken place within Children and Families.

The senior level (SLT) is nearing completion and will be presented to Staff Liaison Group as part of the consultation process on 22nd August. Interim arrangements for the Heads of Adult Services are in place and permanent recruitment processes are underway. Approval of the middle levels of the new HSCP structure will follow in September/October. We anticipate full implementation by December 2019 to generate the required management cost savings.

4.3 Integration of our HR services

Following formal discussions on HR shared services with affected staff, our plans to move the NHS HR team under the Head of Customer Support Services to sit alongside Council HR and OD are now advanced. A change package will be taken to Staff Liaison on 22nd August 2019 for implementation by end of September. The services delivered by these operational functions will be defined and agreed in an SLA (service level agreement) with the HSCP.

4.4 HSCP Values and Culture

The rollout and embedding our CIRCLE framework awaits implementation of the NHHSH Sturrock Review 'A Culture Fit for the Future' and the progress of a separate Argyll and Bute Review. There is positive engagement between the Argyll and Bute HROD teams and NHS Highland HR on the issues arising from Sturrock to ensure that there is a clear position on the activities affecting Argyll and Bute and any potential resource demands.

We are confident our CIRCLE values, especially Compassion, Integrity and Respect, will give us a strong foundation to address many of the recommendations arising from both external reviews and ensure we create a positive workplace culture.

4.5 Staff Experience

iMatter is a continuous improvement tool used by NHS Scotland to help individuals, teams and Boards understand and improve staff experience. All HSCP staff

(Council and NHS) have now participated in the third wave of the national annual iMatter survey. This year 96% of teams were confirmed by their manager at the outset, an increase from last year.

The questionnaire was open for three weeks in May/June. Managers were asked to encourage participation and there was a range of communication to promote participation including emails from the Chief Officer, NHS Highland CEO bulletin, agendas of local meeting and wall walks, social media, etc. The final response rate for A and B HSCP was 56%, an increase from 50% in 2018 but a decrease from 61% in 2017. A response rate of 60% is needed for a directorate report, so there will not be an overall HSCP report generated, however individual teams that achieved >60% will receive one.

Reports are being issued to teams who then need to discuss the team report, co-create meaningful actions that will lead to improvements, and record these on the iMatter system. There is a 12 week deadline when a national snapshot is taken on the 23rd September. Action plans are a key output contributing to improved staff experience.

The SLT have committed to review the results overall and especially the section 'Experience within your Organisation'. For staff to feel engaged they need to see action around this section for the HSCP, as well as locally at team level.

Following on from the two focus groups in Argyll and Bute in early 2019 that was part of a national evaluation the Strathclyde Staff Experience Academic Report. This will be reviewed by the local A and B HSCP Employee/Staff Experience and Health and Wellbeing Group and the NHS Highland newly formed Staff experience and Engagement group, as will the themes from this year with a view to promoting a positive staff experience for all staff.

Council Employee Survey/Culture Audit

The Council carried out a Culture Audit in 2018 and an Employee Survey earlier this year. The results have been combined into an action plan that was recently reported to the Audit and Scrutiny Committee and is available on the Hub. There are improvements in employee feedback from the 2016 survey and positive messages in clarity of vision and understanding of their role. Communication, particularly by managers continues to be an area for improvement and employees continue to feel uncertain about job security in the current environment. There was positive confirmation that employees can recognise and would take action if they or a colleague was showing signs of stress and also if they felt that they or a colleague was being bullied. This is important in the wider context of Sturrock.

4.6 Scottish Social Services Council (SSSC) Registration Improvements

During this quarter a new approach has been adopted by the Council's HROD team, in consultation with HSCP management, with regards to the monitoring of SSSC existing registrations and new applications. This will allow HSCP Heads of Service to ensure that the appropriate registrations are in place, which is a statutory requirement. It has been agreed that HROD will extract, biannually, the details of

Council employees on the SSSC Register, for examination by heads of service. This proposal has been warmly received.

5. SPOTLIGHT ON STAFF WELLBEING

There are two elements to the approach of Promoting Attendance/Maximising Attendance: Improving the application of the relevant policies and a preventative approach to improving staff health and wellbeing. There are benefits of improving the health and wellbeing of staff to the organisations, employee and service users. Both are needed to improve attendance at work and reduce sickness absence.

5.1 Absence Management issues

There has been significant scrutiny of absence staff during this last quarter, primarily prompted by Grip and Control, but also to ensure that all managers are following the appropriate procedures when looking after their staff. Heads of Service are receiving detailed reports on individual council staff absences within their service, including duration, cause of absence, OHP status etc. This is enabling more detailed monitoring and management of absence. The data is not yet as readily available for NHS employees, but the HSCP HR Business Partners and Manager provide direct support to managers and heads of service on a case by case basis. Detailed information on sickness absence for the Council and NHS Argyll and Bute are set out in Appendix 2, showing trend data for a 12 month period and a breakdown between services.

The most prevalent reason for absence is stress. Fit notes do not consistently determine either work or non-work related stress, so whilst we cannot report specifically on this, individual managers will determine this on a case by case basis when they are managing an employee's absence. Where there are workplace issues leading to stress, the manager is best placed to address these and facilitate a return to work. Managers maintaining contact with employees throughout periods of stress related absence is important to this recovery and return process. Professional support is available through HROD, OHP and the Council's Employee Assistance Programme. Stress Risk Assessments are also recommended and guidance is available to complete these. These are an important tool in addressing stress before an employee becomes too unwell to work. Management and employee training on recognising and managing stress is available from both employers.

The second most prevalent reason for absence is medical which has a correlation with our ageing workforce. Medical absences tend to be longer term, but are increasingly resulting in successful return to work following treatment. Again the role of the manager in maintaining contact with the employee throughout the absence period is important to ensuring that the employee is supported to return to work as soon as they are well enough to do so.

There have been some improvements in our approach to absence management, but there is still a considerable way to go as absence remains high and is impacting on teams and services. This is an ongoing focus of work for management supported by HROD.

The expected roll out of “Once for Scotland” HR Policies including Promoting Attendance, will assist in our focus on ensuring all management interventions including support for staff are taking place.

5.2 Return to Work Interviews

The tables detailed at Appendix 3, show the completion rates for Return to Work Interviews (RTWI) across the partnership for Council staff. The target is 100% completion within 3 days of the employee returning to work. This interview may be conducted by phone or face to face, and is then logged on the Council’s MyView system. From the tables, it is clear that significant improvement is still required, so the RTWIs will continue to be monitored and reported as an important tool in managing absence.

For NHS staff, the imminent roll out of eESS (Electronic Employee Support System) will facilitate the recording of all absence meetings, including RTWIs, on the Manager Self Service module.

5.3 Staff Health and Wellbeing

The staff health and wellbeing group have been reviewing their terms of reference and agreed a name change to Employee/Staff Experience and Health and Wellbeing group, this also fits better with the new group emerging in North NHS Highland - Staff Experience and Engagement group.

SLT considered a paper in May with recommendations on the wellbeing survey results using the four headings below which had emerged as themes. A further paper was requested with priority recommendations as part of a Health and Wellbeing Action plan for the HSCP. This will be developed taking into account the diagnostic baseline completed since for NHS Highland as part of the NHS Highland Health and Wellbeing Strategy Group, the Sturrock action plan, and the Council’s wellbeing strategy, which will be presented to Council in August.

- Flourish and Move more
- Connections - communication and social
- Healthy Workplace
- Support – targeted interventions

6. SUPPORTING PERFORMANCE DATA

6.1 Recruitment and Redeployment activity

Data for both NHS and Council Social Work activity is shown in Appendix 4.

Attracting and retaining suitable applicants predominantly within nursing, social work and some AHP roles remains challenging across all areas particularly OLI at present. The Communications Team continues to uploading and sharing posts and information relating jobs throughout the UK to relevant groups and contacts on social

media. Further work requires to be done to highlight health posts via ABPlace2B online site.

There are now 30 staff on the NHS primary redeployment register (an increase of 1) and 28 on the secondary register (a decrease of 1). No Social Work staff are currently on the redeployment register.

With reference to social care staffing, there are a number of initiatives underway to address the ongoing challenges of recruitment and retention. The Chief Social Work Officer carried out a review of social work staffing for discussion at SMOG and has identified particular hotspots for recruitment that will be the focus of specific attention. Work is being developed on changes to the standby rota arrangements, which appeared to have been a disincentive to professional social workers seeking or remaining in employment in Argyll and Bute. We continue to Grow our Own through both the direct delivery of SVQ accredited Social Care qualifications and support for social work degree study. We have also participated in a successful media campaign #proudtocare which promoted care as a profession, using testimony from carers, linked to promoting the Argyll and Bute area overall as a place to live and work linked to #abplace2b.

6.2 Current Employee Contractual Arrangements

Combined data for NHS and Council Social Work is shown in Appendix 5. (This also includes details of Council staff on Permanent contracts, Seconded contracts and Casual contracts for information only.)

The number of Fixed Term Contracts within the NHS staff group continues to be higher than normal. This is predominately due to a bar we placed on permanent recruitment to administration and clinical support roles while the Admin Review transformation project theme was progressing; we did not wish to build in obsolescence into our admin structures when services were changing. As reported last quarter, this bar has now been lifted so we still anticipate that FTCs will drop significantly during the next two quarters.

There continues to be approximately 10% of all Council Social Work/Care employees in temporary or fixed term posts. This can be as a result of temporary cover for absence or other leave such as maternity/paternity or can be as part of a management approach to minimising the impact of service redesign. The number of fixed term contracts have significantly increased as a result of current redesign work. This is not ideal and brings its own challenges but this is deemed best practice given the financial challenges the IJB face in the short to medium term.

As redesign of services are completed then the number of staff on Fixed Term and Temporary Contracts will reduce. It is important to recognise the importance of ongoing communication with staff in temporary posts regarding future planning, as uncertainty can lead to unnecessary stress and the potential for absence.

There are automated alert systems in place for managers and employees regarding Council temporary contracts, giving notice of the forthcoming ending of a contract

and requiring action to extend it. This serves as a reminder to managers to keep employees informed of changes.

6.3 Employee Relations Cases

Data for both NHS and Council Social Work activity is shown in Appendix 6.

Argyll and Bute HSCP is committed to managing employees with fairness and consistency. If a concern arises in relation to an employee's conduct, the approach is a preference to deal with this through informal action initially. However, where such informal action is inappropriate or does not lead to the required improvement, managers will normally undertake an investigation under the terms of the appropriate Disciplinary Procedures

The number of ER cases within the NHS staff group has risen by nearly half since last quarter. This has mainly been due to bullying and harassment investigation and new informal capability cases. These continue to be supported by our HR Business Partners and HR Advisers.

In the Council, the Employee Relations Team carries out all disciplinary investigations, but managers are responsible for investigating grievances. This has resulted in a significant improvement in the time to reach a conclusion to disciplinary investigations.

7. WORK PLANNED FOR THE NEXT 3 MONTHS

- Implementation of local team action plans in response to 2019 iMatter survey results
- Agreement and implementation of Maximising Attendance and Staff Health and Wellbeing recommendations to reduce levels of HSCP sickness absence
- Continued local support for NHS Sturrock Review and A and B HSCP Review actions, including embedding our CIRCLE Shared Values and Practices
- Implementation of Shared HR Services and a new HSCP Management Structure
- Completion of the project to co-locate health and social care staff, including corporate functions, within Lochgilphead and Oban.
- Progress with Workforce Plan preparation

8. CONTRIBUTION TO STRATEGIC PRIORITIES

The staff governance paper sets out the issues relating to our people that support or have an effect on the delivery of the HSCP strategic priorities.

9. GOVERNANCE IMPLICATIONS

9.1 Financial Impact

A reduction in sickness absence will save costs.

9.2 Staff Governance

This is the Staff Governance Report which provides an overview of all work that contributes against this theme.

9.3 Clinical Governance

None.

10. EQUALITY and DIVERSITY IMPLICATIONS

Our CIRCLE framework includes '**Respect**' and '**Integrity**'. Our Shared Values and Practices apply to all HSCP staff employed by NHS Highland and A and B Council.

Other Equality and Diversity issues are picked up within the NHS People and Change and Council HR and OD teams as appropriate when policies and strategies are developed.

11. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Nothing to note, this paper complies with general GDPR guidance as all data presented is summarised and anonymised.

12. RISK ASSESSMENT

Risks are considered low. Positive work around the Staff Governance standard will enhance the workplace experience for all HSCP employees. There are individual HR risks already identified on the Risk Register.

13. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

Not applicable.

14. CONCLUSIONS

It is recommended that the Integration Joint Board/committee:

- Note and accept this quarterly Staff Governance update

- Take the opportunity to ask any questions on people issues that may be of interest or concern
- Provide support for our overall direction of travel, including future topics that they would like further information on

15. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Author Name: Jane Fowler, Head of Customer Support Services (ABC); Charlie Gibson HR Manager (HSCP)

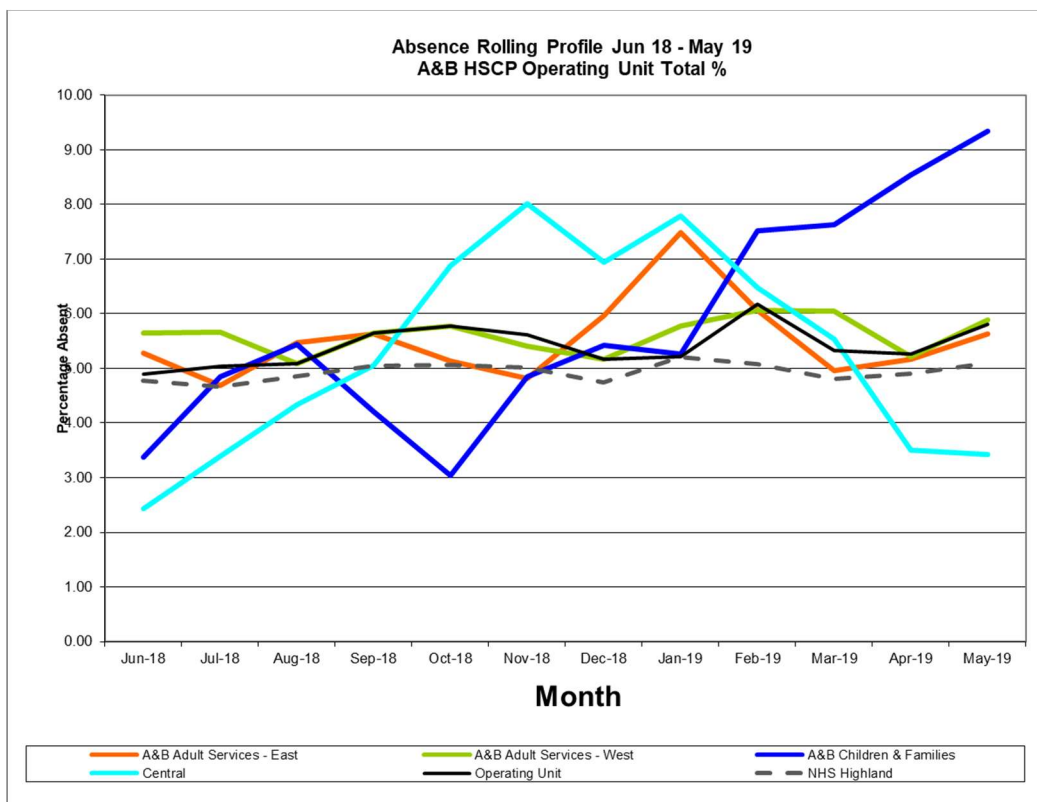
With input supplied by Jo McDill (Council HR), Fiona Sharples, Fiona Helbert, Jacqui McCann and Sandy Wilkie (NHS People and Change).

Appendix 1 – Council Training Completed (Q1)

Numbers of Council Employees Completed Training Required by Role or Requested by employee						
	Apr-19		May-19		Jun-19	
	Required for Role (Mandatory)	Agreed at PRD	Required for Role (Mandatory)	Agreed at PRD	Required for Role (Mandatory)	Agreed at PRD
Adult Care West	25	0	13	2	10	0
Adult Care East	5	0	7	0	5	0
Children and Families and CJ	0	0	1	0	3	0
Strategic Planning and Performance	0	0	0	0	0	0
TOTAL	30	0	21	2	18	0
Q4 TOTAL	Required for Role (Mandatory)			Agreed at PRD		
71	51			20		

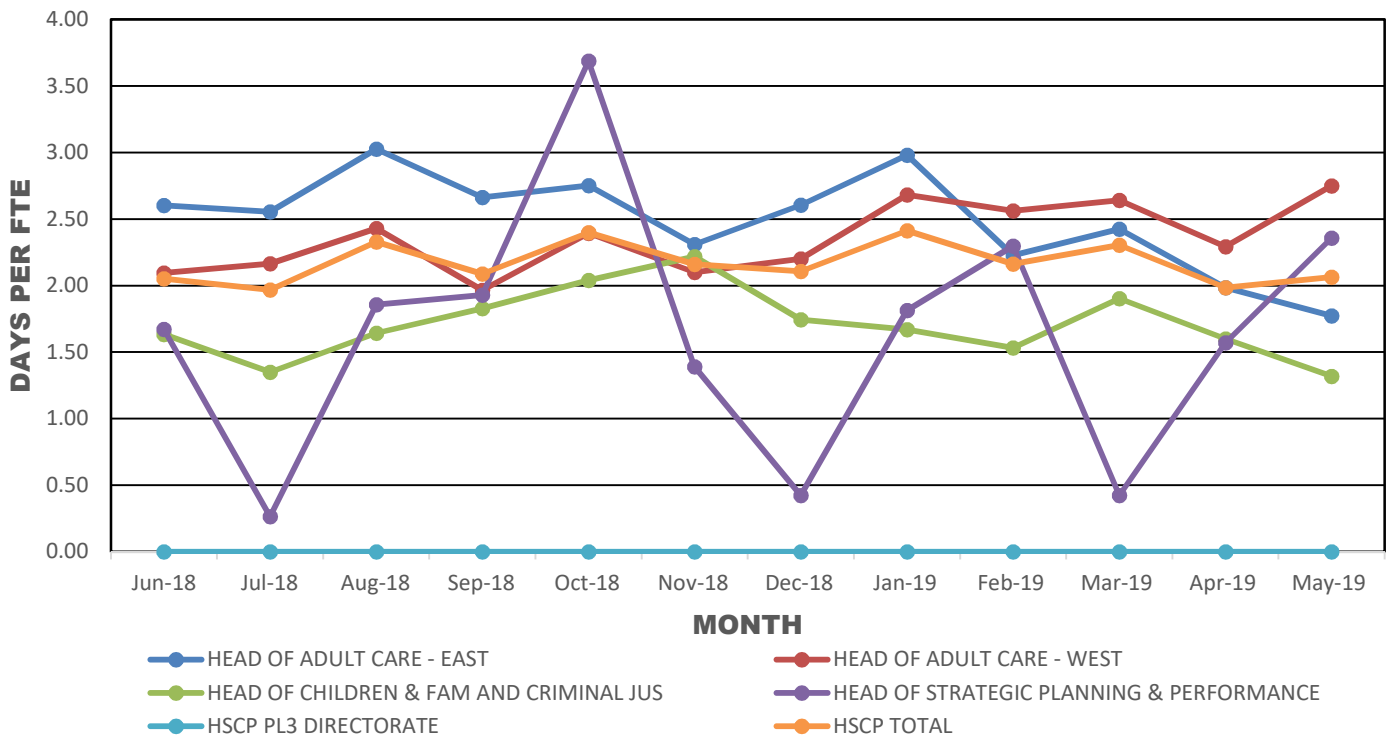
Appendix 2 – Absence rates

NHS



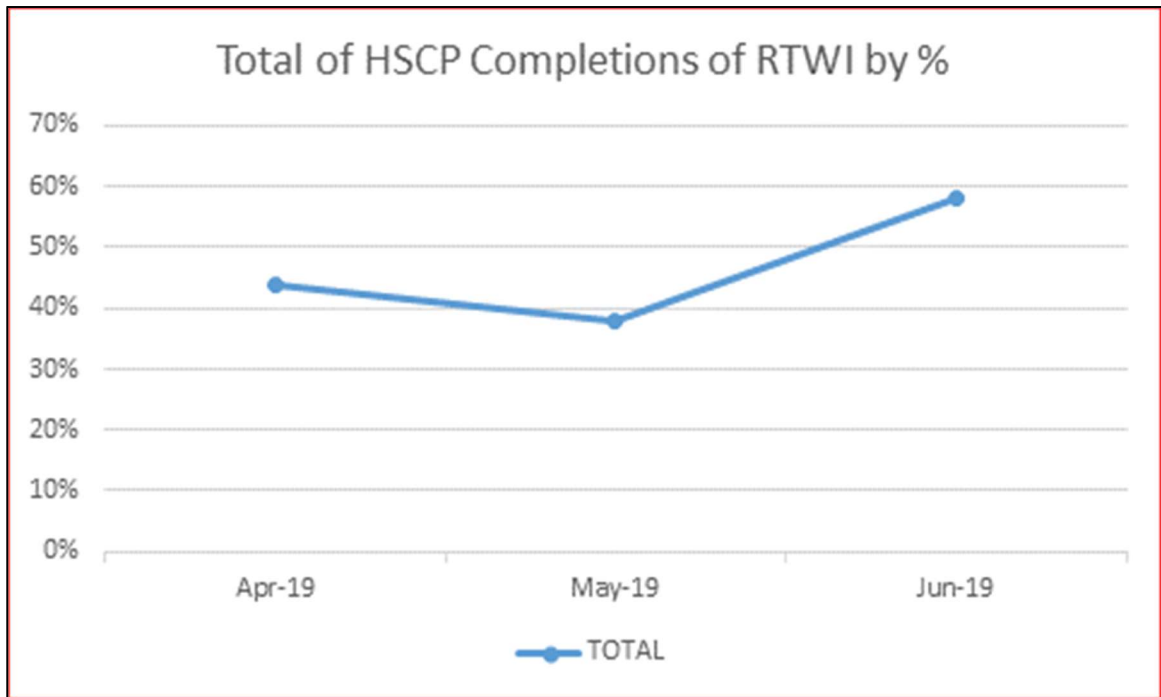
The notable increase in Children and Families is as a result of specific issues in Midwifery and Child Health, but Management are confident that these will be resolved going forward.

A and B HSCP Social Care Staff - Jun 18-May 19 - Days Lost per FTE per month



Note: Strategic Planning and Performance is a small service, so low numbers of absence have a disproportionate impact on the absence trend compared with larger services.

Appendix 3 – Return to Work Interview Data (Council Staff) FQ1



	Apr-19		May-19		Jun-19	
	% RTWI Complete	Average time taken to complete (days)	% RTWI Complete	Average time taken to complete (days)	% RTWI Complete	Average time taken to complete (days)
Adult Care West	26%	5	40%	3	64%	4
Adult Care East	47%	3	20%	4	55%	3
Children and Families and CJ	76%	3	43%	3	50%	3
Strategic Planning and Performance	n/a	n/a	n/a	n/a	0%	-
TOTAL	44%	4	38%	3	58%	3

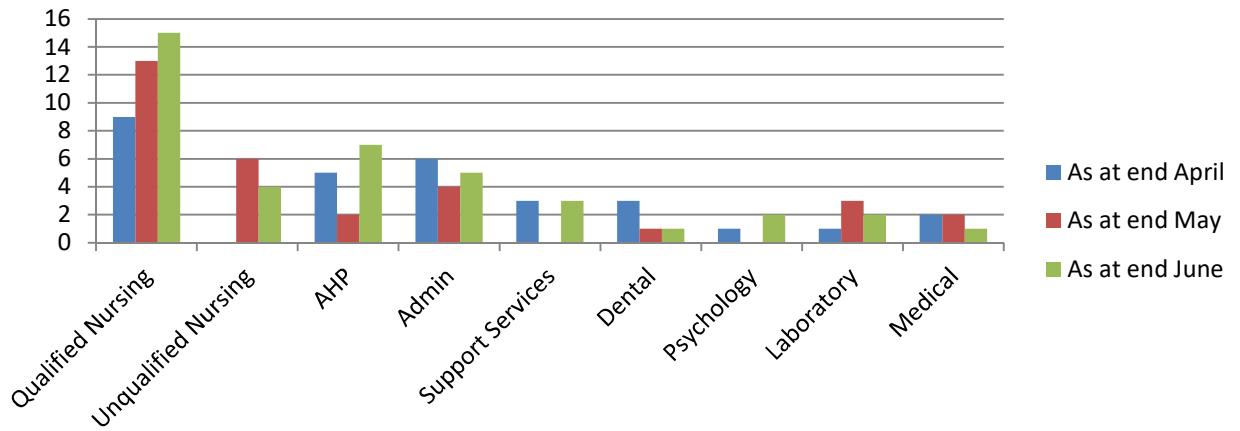
Appendix 4 – Recruitment and Redployment Activity (Q1)

Attracting and retaining suitable applicants predominantly within nursing and some AHP roles remains challenging across all areas particularly Oban, Lorn and Isles locality. The Communications Team continues to uploading and sharing posts and information relating jobs throughout the UK to relevant groups and contacts on social media. Further work to be done to highlight health posts via ABPlace2B online site.

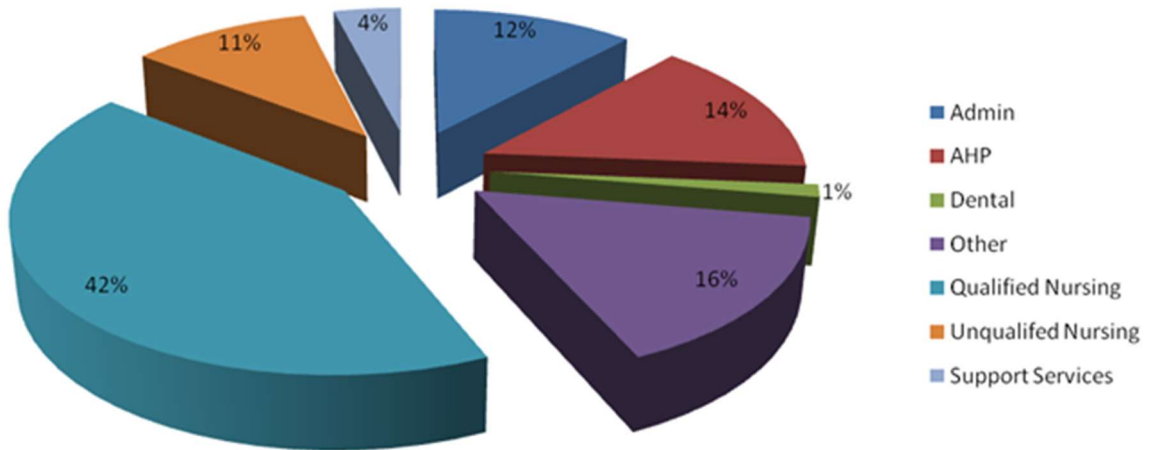
Advertised vacancies:

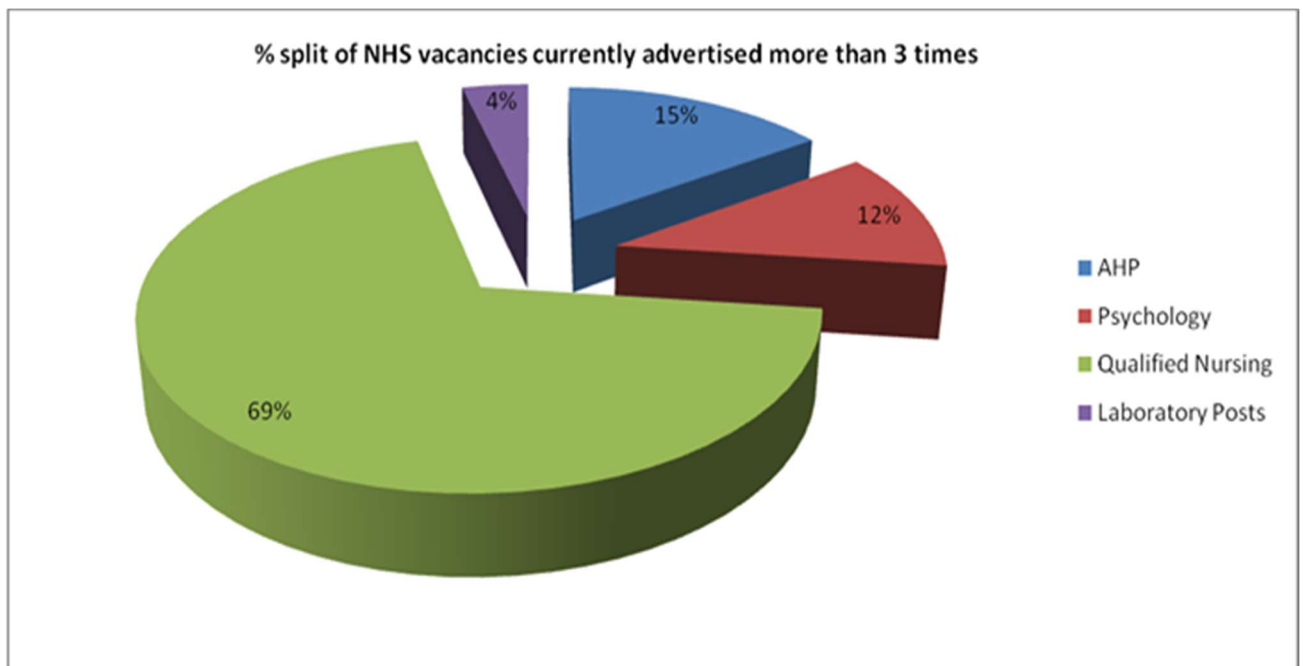
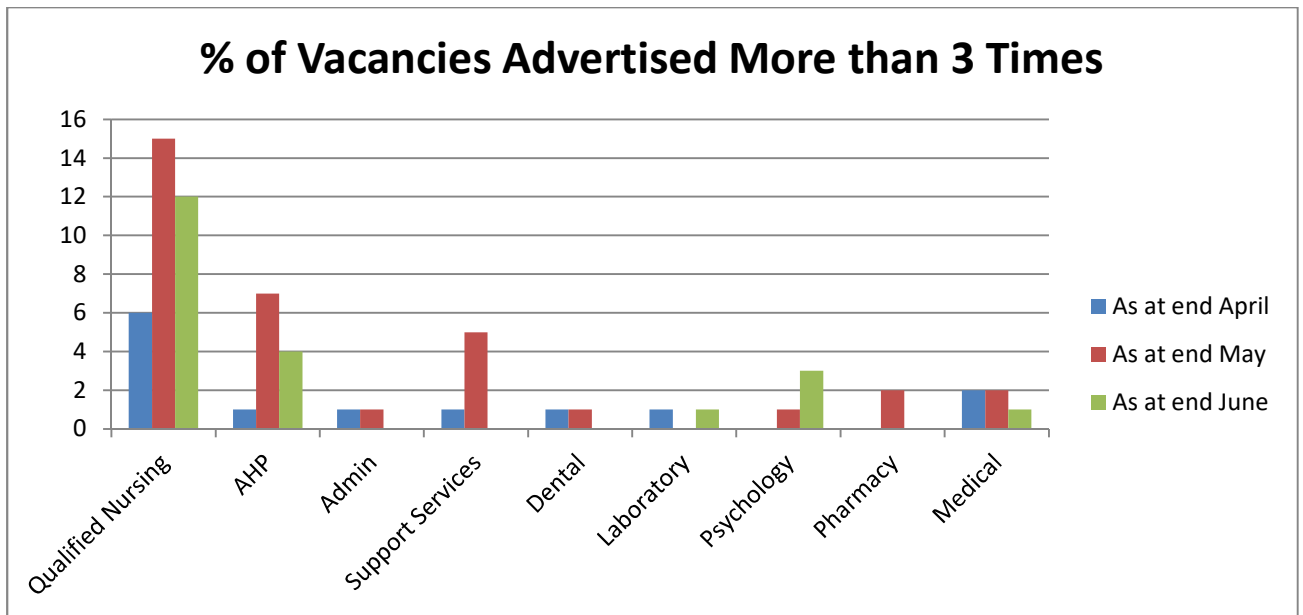
	April		May		June	
	New	Re-Ad	New	Re-Ad	New	Re-Ad
Adult Services EAST	7	1	5	2	1	2
Adult Services WEST	21	5	15	11	3	7
Children and Families	0	0	0	0	1	0
Corporate Services	3	1	1	0	7	1
Totals	31	7	21	13	12	10
	38		34		22	

% split of NHHH Advertised Vacancies in A and B HSCP



% split of NHS vacancies in A&B HSCP @ 12/07/2019





Average Time to Recruit Successful Appointees in last 6 months (figures based between date recruitment file opened to start date of employees):

- Internal appointments – 14 weeks (there have some recent internal posts that have delayed start dates due to service delivery reasons)
- External appointments – 19.5 weeks (there have been some posts recently that have been advertised multiple times that have been recruited to, this impacts on length of times to recruit figures)

Council Social Work/Care vacancies

For the month of **April 2019**, there were **6 (2 x Temp, 4 x Perm)** internal job adverts for HSCP Council Posts, and **5 (1 x Temp, 4 x Perm)** external job adverts.

For the month of **May 2019**, there were **8 (4 x Temp, 4 x Perm)** internal job adverts for HSCP Council Posts, and **12 (4 x Temp, 8 x Perm)** external job adverts.

For the month of **June 2019**, there were **7 (5 x Temp, 2 x Perm)** internal job adverts for HSCP Council Posts, and **10 (3 x Temp, 7 x Perm)** external job adverts.

NHS Redeployment

Primary Register

NHS Employees	Apr	May	Jun
A and B Adult Services – East Total	11	11	11
A and B Adult Services – West Total	15	15	16
A and B Children and Families Total	0	0	0
Corporate Services Total	3	3	3
Totals	29	29	30

Current month:

- **Adult East** : 2 x Band 7-1.07wte, 1 x Band 5-0.50wte, 2 x Band 2-1.03wte, 6 x Band 1-1.23wte
- **Adult West** : 1 x Band 7-1.00wte, 1 x Band 5-1.00wte, 4 x Band 4-3.40wte, 1x Band 3-1.00wte, 8x Band 2-6.68wte 1x Band 1-0.54wte
- **Corporate Services** : 3 x Band 4-1.20wte

Appendix 5 – Permanent, Fixed Term and Casual Contracts (Q1)

NHS and Council Social Work/Care Temporary/Fixed Term Contracts

Employees on T/FT contracts	April 2019	May 2019	June 2019
Adult Care West (ABC)	26	27	25
Adult Care West (NHS)	24	24	26
Adult Care East (ABC)	24	24	23
Adult Care East (NHS)	27	27	25
Children and Families and CJ (ABC)	16	19	18
Children and Families and CJ (NHS)	3	3	3
Strategic Planning and Performance (ABC)	0	0	0
Corporate Services (NHS)	3	3	3
OVERALL TOTAL	123	127	123

Council Social Work/Care Permanent / Permanent Seconded Contracts

Permanent (P/PS) contracts	Apr-19	May-19	Jun-19
Adult Care West	369	367	365
Adult Care East	160	161	162
Children and Families and CJ	215	216	219
Strategic Planning and Performance	12	12	12
OVERALL TOTAL	756	756	758

Council Social Work/Care Casual Contracts

Total Number of Casual Contracts (some also on Perm/Temp contracts)	Apr-19	May-19	Jun-19
Adult Care West	479	481	477
Adult Care East	186	186	186
Children and Families and CJ	168	170	172
Strategic Planning and Performance	0	0	0
OVERALL TOTAL	833	837	835

Appendix 6 – Employee Relations Cases (Q1)

NHS ER cases

	Apr-19	May-19	Jun-19
Grievance Total	2	2	2
A and B Adult Services - West	1	1	1
A and B Adult Services - East	1	1	1
A and B Children and Families	0	0	0
A and B Corporate	0	0	0
Conduct Total	4	4	4
A and B Adult Services - West	3	3	3
A and B Adult Services - East	1	1	1
A and B Children and Families	0	0	0
A and B Corporate	0	0	0
Capability Total	4	4	6
A and B Adult Services - West	1	1	1
A and B Adult Services - East	3	3	5
A and B Children and Families	0	0	0
A and B Corporate	0	0	0
Bullying and Harassment Total	1	1	2
A and B Adult Services - West	1	1	1
A and B Adult Services - East	0	0	1
A and B Children and Families	0	0	0
A and B Corporate	0	0	0
Totals	10	10	14

Council Social Work/Care ER cases

	Apr-19		May-19		Jun-19	
	Disc	Grievance	Disc	Grievance	Disc	Grievance
Adult Care West	0	1	1	3	2	2
Adult Care East	0	1	1	1	1	4
C and F and CJ	2	0	2	1	3	1
Strat P and P	0	0	0	0	0	0
Total	2	2	4	5	6	7

Integration Joint Board

Agenda item: 6

Date of Meeting: 7 August 2019

Title of Report: Review of the Health and Social Care Scheme of Integration

Presented by: Charlotte Craig

The Integration Joint Board is asked to:

- Note the requirement, background and proposals for completion of the Review of the Scheme of Integration.

1. EXECUTIVE SUMMARY

The Scheme of Integration is required to be reviewed in each five year period after it was first approved. The IJB for the Argyll & Bute area was legally established from 27 June 2015. The two partner bodies Argyll & Bute Council and NHS Highland have a statutory responsibility to ensure that the review is carried out within the appropriate timescale and as such the review requires to be completed by 26 June 2020.

A proposed timeline is being considered by partners to enable this to complete within the required period.

2. INTRODUCTION

2.1 The Argyll and Bute Health and Social Care Integration Joint Board met on 30 May 2018 and considered the council's proposal for a review of the Scheme. The IJB decision noted the following:

- a) Notification of the request has been submitted to the secretary to the Board of NHS Highland and has subsequently been acknowledged;
- b) The Scottish Government's Department of Health and Social Care has offered to provide facilitation and support for the review of the Scheme;
- c) If revision to the Scheme does proceed, formal consultation with prescribed stakeholders will be required prior to submission of the revised Scheme for approval by Scottish Ministers

2.2 Initial engagement took place between council officers and representatives from NHS Highland to try to determine the scope of the review of the Scheme. Argyll and Bute Council has identified the following points for consideration:

- a) Improved integration of budgets so that they become a shared resources for health and social care, and associated financial management and reporting.
- b) Changes to General Data Protection Regulation (GDPR) which would justify changes to the Scheme (legislative scope)
- c) The HSCP is currently preparing a Scheme of Administration and Delegations to set out responsibilities for Committees, and Chief Officers, and this, once approved, may require amendments to be made to the Scheme of Integration.
- d) Timescales are such that it would be appropriate to review the entire Scheme as a quinquennial review as provided for in the Public Bodies Act (Scotland) 2014

3. DETAIL OF REPORT

The proposal timeline and activity that has been put forward by Argyll & Bute Council is set out below:

Stage	Activity	Completed by
1	A working group, comprising as core members a senior representative from NHS Highland, the council's Executive Director of Customer Services, Head of Legal and Regulatory Services, the Council's Chief Financial Officer and the Health and Social Care Partnership's Chief Officer and Chief Financial Officer, and others as required on an ad hoc basis, should be established to identify potential areas for revision and to define the terms of a revised Scheme.	End August 2019
2	The working group should report its findings to both parent bodies, to include any agreed matters and recommendations and to highlight for further discussion any areas still requiring agreement. A report on agreed revisions to the Scheme should be submitted to both Argyll and Bute Council and NHS Highland Board. (Nearest Council meetings on 26 th September/28 th November, NHS Board meetings on 24 th September/26 th November and P&R meeting on 17 th October)	Mid October 2019
3	Once a draft revised scheme has been prepared the parent bodies must jointly consult with groups and individuals, to include the prescribed stakeholders and any others they see fit or who may have an interest and must take into account any views expressed in this consultation before finalising the revised scheme. It is recommended the consultation period is 6 weeks.	28 th November 2019
4	The Council and NHS Highland must after considering the consultation responses agree the revised Scheme. (Nearest Council meeting on 20 th February, NHS Board meetings 7 th January/ 4 th February and P&R meeting on 12 th December)	End January 2020

5	Both parent bodies must jointly submit the revised Scheme to Scottish Ministers for approval, with the revised Scheme to take effect on a date specified by Scottish Ministers.	End February 2020
6	The council and NHS Highland, as parent bodies, must publish the revised Scheme as soon as practical after it takes effect.	27 June 2020

4. RELEVANT DATA AND INDICATORS

A legal requirement to complete a review of an Integration Scheme is set out in paragraph 44 (5) of the Public Bodies (Joint Working) (Scotland) Act 2014.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The Scheme and Standing Orders provide the key governance documents for the IJB that support the delivery of the work of the Health and Social Care Partnership.

6. GOVERNANCE IMPLICATIONS

6.2 Financial Impact

Commissioning, integrated budgets and associated financial reporting are identified as an area of review and as such may have a financial impact.

The proposed Scheme of Administration and Delegation may also impact on proposed decision making.

6.3 Staff Governance

The current areas identified for review have no direct impact on staff governance at present.

6.4 Clinical Governance

The current areas identified for review have no direct impact on Clinical and Care governance at present.

7. EQUALITY & DIVERSITY IMPLICATIONS

No anticipated impact.

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Activity is undertaken within general data protection principles.

9. RISK ASSESSMENT

The partner bodies lead the revision of the Scheme of Integration as they are the responsible for the statutory delivery of services in partnership under the act.

Any risk should be reassessed on delivery of the start of stage 2 and the November IJB as to progress, agreed decisions and any potential strategic or operational impacts.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Stage 3 of the proposal involves a stakeholder consultation with any identified parties who may have an interest.

11. CONCLUSIONS

This review is required by legislation. The IJB is asked to note the proposals from Argyll & Bute Council which are being considered by NHS Highland. It is further asked to note the timescale, activity requirement from senior officer and stakeholders. This is a partner led activity and regular updates on progress will be requested for the IJB.

12. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Author Name Charlotte Craig
Email charlotte.craig@argyll-bute.gov.uk

Integration Joint Board

Agenda item: 8

Date of Meeting: 7 August 2019

Title of Report: Chief Officer Report

Presented by: George Morrison, Deputy Chief Officer

The Integration Joint Board is asked to:

- Note the following report from the Deputy Chief Officer

New State of the Art CT Scanner Unveiled at Lorn & Islands Hospital

Argyll and Bute HSCP patients can now benefit from a new £1.2 million state-of-the-art CT scanner that has recently been installed at Lorn & Islands Hospital in Oban.

During installation, the CT room has been redesigned to make the area more patient-friendly and these additions have included brighter colours, more space, and a wall and ceiling lighting feature. Patients who attend CT can now look forward to a more peaceful atmosphere while having their scan.

Dentistry Students Improving Smiles at Campbeltown Dental Centre

The Campbeltown Dental Centre, which opened in 2011, is continuing to host dental students on placement. These placements are a collaboration between the University of Glasgow, NHS Education for Scotland and NHS Highland.

The centre hosts 4 final year dental students each with their own surgery to simulate general practice and students provide free treatment to patients in turn for their consent, with every stage of treatment carefully supervised and checked by a senior dental officer.

Free Water exercise class launched to improve the health of people with cardiovascular disease and conditions

The Health & Social Care Partnership (HSCP) has been awarded funding from the British Heart Foundation to enable the Macpool Swimming Pool in Lochgilphead to set up a new water exercise cardiac rehabilitation class "Movement for Life". The class is available for people who have completed the clinical cardiac rehabilitation programme in Mid Argyll.

The HSCP's cardiac rehabilitation teams engage with patients as soon as they go into hospital with a heart condition and will normally visit in-patients on the ward when they are newly diagnosed. Patients are provided with information about their condition, treatments and are given an overview of a suitable care plan to ensure they receive the best possible healthcare. They are also encouraged to access available clinical and non-clinical services.

Patients can be referred to the cardiac rehabilitation programme by specialist nurses, consultants, their GP and by other health and social care professionals. This coronary care programme includes rehabilitation exercises and is complemented with educational health and wellbeing advice and tips to help patients increase their fitness.

HSCP is first in Scotland to Sign up to TEC Housing Charter

Argyll and Bute HSCP is the first HSCP in Scotland signed up to the Technology Enabled Care (TEC) Housing Charter. This Charter has been developed as part of the TEC Ready Programme which is funded by the Scottish Government. By signing up to the charter, the HSCP is supporting the delivery of the use of digital TEC housing solutions across Argyll and Bute to support people to live independently in their own homes for as long as possible.

Argyll and Bute TEC services involve using different systems and services such as Home and Mobile Health Monitoring and Telecare (alarms, devices and sensors) connecting people directly to health and social care service providers.

The charter aims to support health and social care professionals and social housing providers to understand, from a practical point of view the benefits of TEC products and services, to ensure people have the right support at the right time in their own homes, helping people in Argyll and Bute to live longer, healthier, happier and safer lives.

Funding Award for Self-Management in Argyll and Bute

A self management partnership, which has been set up in Argyll and Bute to support people locally to self manage long term conditions, has been successful in being awarded funding from the Health and Care Alliance Scotland (ALLIANCE).

Members of the partnership include Argyll and Bute HSCP, Lorn and Oban Healthy Options (LOHO), Third Sector Interface (TSI), Versus Arthritis, Mid Argyll Multiple Sclerosis Centre and North Argyll Carers Centre.

LOHO submitted a bid on behalf of the partnership and as the grant holder is 1 of 26 organisations to be awarded funding from the Alliance Self Management Fund. LOHO received almost £30,000 from the ALLIANCE to develop and deliver activities and support for people living with long term conditions in Argyll and Bute.

West of Scotland Regional Plan Update

Following the submission of the draft West of Scotland Regional Health and Social Care Design to the Cabinet Secretary earlier in 2019 for consideration, work has continued to progress established regional planning work streams, e.g. Urology, Ophthalmology Local Chemotherapy services, etc under the auspices and direction of the West of Scotland Regional Planning Board, on which Argyll & Bute HSCP is represented.

Argyll and Bute HSCP

Meeting:
Clinical and Care Governance Committee

Venue:
A01, Dunoon / Multi Site VC

Date and Time
Thursday 25th April 9.30am-1.30pm

MINUTE

No	Item	Actions
1.	<p>WELCOME</p> <p>PRESENT Liz Higgins (LH)– A&B Lead Nurse (Chair) Donald Watt (DW) – Locality Manager MAKI Kieron Green (KG)– Elected Member Fiona Thomson (FT) – Lead Pharmacist Donald McFarlane (DMcF)– Lead Dental Officer Phil Cummins (PC) – Head of Service Fiona Campbell (FC)-Clinical Governance Manager</p> <p>IN ATTENDANCE Mark Middleton (MM) Health and Safety Manger Jane Williams (JW) – Acting Locality Manager Cowal/Bute Sarah Compton Bishop (SCB) – IJB Member Charlotte Morbey (CM) – Clinical Risk Midwife Claire Higgins (CHg) – PA to Lead Nurse (minute taker) Caroline Henderson (CHd) – Local Area Manager – Oban Kathy Graham (KGr)– Clinical Services Manager – Cowal</p> <p>APOLOGIES Joanna Macdonald (JMcd) – Chief Officer Alison McKerracher (AMck)– Locality Manager Cowal Lorraine Paterson (LP) – Head of Adult Services, West Rebecca Helliwell (RH) – Associate Medical Director</p>	

	<p>Morven Gemmell (MG)– Locality Manager Oban, Lorn & Islands Dawn MacDonald (DMCD) – Staff side rep Alex Taylor (AT)– Head of Service C&F Catriona Dreghorn (CD) – Interim Lead Midwife Argyll & Bute</p>	
2.	<p>MINUTES OF PREVIOUS MEETINGS</p> <p>SCB name spelling noted to be incorrect- amended</p>	
3	<p>EXCEPTION REPORTS</p> <p>3.1 Bute and Cowal KGr gave a verbal update. Report to be circulated to the group.</p> <p>3.2 Helensburgh and Lomond No report and no representative from H&L.PC to pickup lack of representation with his team</p> <p>3.3 Mid Argyll, Kintyre and Islay DW spoke to his tabled report. DW raised issue of waste no longer being collected due to contents not being separated properly, wrong bins being used, not being labelled properly and not being closed securely. Training has been arranged from 26th April 2019 and the hope is that after the training they pickups will begin again.</p> <p>3.4 Oban, Lorn and Isles CHd spoke to tabled report.</p> <p>3.5 Maternal & Newborn CM spoke to tabled report.</p> <p>3.6 Children and Families No report and no representative from C&F.</p> <p>3.7-3.11 NESH Operational Unit Exception Reports- noted</p>	
4.	<p>QUALITY AND EFFECTIVENESS OF CARE</p> <p>4.1 Quality and Patient Safety Dashboard Discussion around the use of the Dashboard at this meeting. LH suggests it is on the agenda as noting with specific themes picked up as agenda items in a planned way. FC & LH to get a date to plan.</p> <p>4.2 Children’s Inspection Report No rep from C&F. Agenda item on next meeting.</p> <p>4.3. Care Inspectorate Inspection Reports (Adults) Report has been circulated. Overall positive feedback. Committee noted</p>	

	<p>their thanks and appreciate for all the hard work.</p> <p>4.4 Care Homes and Care at Home LH provided verbal update on Care Home Assurance SLWG and the reasons why it has been disbanded. LH advised group of plan to have a half day workshop to map out Care Home current state and the future state regarding assurance systems.</p> <p>4.5 Community Hospitals Case Reviews Mid Argyll have been trialling the reviews. Feedback from trial is that it has been useful but documentation is cumbersome, Rebecca Helliwell, Associate Medical Director, has plans to make the paperwork more streamlines.</p> <p>4.6-4.8 Polices for Ratification Discussion around the appropriateness of policies coming to the committee to be ratified. It was agreed where a polices requires to be ratified it should be through an appropriate group e.g. Professional Leadership Groups, Senior Management Meetings etc.then brought to the committee for noting and assurance. Local guidelines based on NHS Highland policy do not require to come to the Committee</p> <p>4.9 Children and Young People Health Governance and Improvement Group Terms of Reference New group has been established. ToR tabled at this committee for noting.</p>	
5.	<p>SAFETY</p> <p>5.1 HSCP Health and Safety Group Action log For noting</p> <p>5.2 Falls Improvement in Ward B. Falls have increased in Mid Argyll however this appears to be patient specific and the ward is being supported by Dr Christine McArthur Christine to be invited to two committee meetings per year and to bring detail reports.</p> <p>5.3 SAERs / Incident Reviews Table within exception report details SAER activity. There are a number of complex cases that are taking a while to be completed. There are also a few reports overdue.</p> <p>SAER chair training has taken place and there is a follow up meeting planned with those who attended to provide further support.</p> <p>A&B HSCP Complaint compliance is currently poor and not meeting timescales. LH acknowledged and shared the concerns of the Committee regarding long standing issues with compliance and committed to an excersie to identify the blocks and to work on a plan to improve</p>	<p>CH</p> <p>LH</p>

	<p>performance.</p> <p>5.4 Medicines Management /Medication Incident Reviews Report tabled. Medication Incident meeting has been disbanded with governance, scrutiny and assurance coming through the new Professional Leads Forum and report tabled at this meeting.</p>										
6.	<p>EXPERIENCE</p> <p>6.1 Care Opinion Learning from both positive and negative feedback should be shared. FC/LH/RH to meet to discuss plan to encourage feedback.</p>	FC/LH/RH									
7.	<p>FOR NOTING</p> <p>7.1 Review of HSCP Clinical and Care Governance Framework Date has been arranged to review</p> <p>7.2 SPSO Support and Intervention Policy FC encouraged Committee to read new policy</p>										
9.	<p>DATE, TIME AND VENUE FOR NEXT MEETINGS</p> <table border="1"> <tr> <td>Thursday 20th June</td> <td>9.30am – 1.30pm</td> <td>J05-J07, Lochgilphead</td> </tr> <tr> <td>Thursday 5th Sept</td> <td>9.30am – 1.30pm</td> <td>Boardroom, Aros</td> </tr> <tr> <td>Thursday 14th Nov</td> <td>9.30am – 1.30pm</td> <td>J05-J07, Lochgilphead</td> </tr> </table>	Thursday 20 th June	9.30am – 1.30pm	J05-J07, Lochgilphead	Thursday 5 th Sept	9.30am – 1.30pm	Boardroom, Aros	Thursday 14 th Nov	9.30am – 1.30pm	J05-J07, Lochgilphead	
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Argyll and Bute HSCP

Meeting:
Clinical and Care Governance Committee

Venue:
A01, Dunoon / Multi Site VC

Date and Time
Thursday 20th June 9.30am-1.30pm

MINUTE

No	Item	Actions
1.	<p>WELCOME</p> <p>PRESENT Sarah Compton Bishop (SCB) – IJB Deputy Chair (Chair) Lorraine Paterson (LP) – Head of Adult Services, West Rebecca Helliwell (RH) – Associate Medical Director Donald Watt (DW) – Interim Head Of Adult Services (West) Fiona Campbell (FC)-Clinical Governance Manager Kieron Green (KG)– Elected Member Liz Higgins (LH)– A&B Lead Nurse Jim Littlejohn - Interim Head Of Adult Services (East) Alex Taylor (AT)– Head of Service C&F</p> <p>IN ATTENDANCE Julian Gasgoine (JG) Health and Safety Manger Jane Williams (JW) – Acting Locality Manager Cowal/Bute Charlotte Morbey (CM) – Clinical Risk Midwife Claire Higgins (CHg) – PA to Lead Nurse (minute taker) Caroline Henderson (CHd) – Local Area Manager – Oban Catriona Dreghorn (CD) – Interim Lead Midwife Argyll & Bute Nicola Gillespie- LAM MH</p> <p>APOLOGIES Joanna Macdonald (JMCD) – Chief Officer Donald McFarlane (DMcF)– Lead Dental Officer Phil Cummins (PC) – Head of Service Kathy Graham (KGr)– Clinical Services Manager – Cowal Dawn MacDonald (DMCD) – Staff side rep</p>	

	Catriona Dreghorn (CD) – Interim Lead Midwife Argyll & Bute	
2.	<p>MINUTES OF PREVIOUS MEETING MM in attendance not JG</p> <p>Matters arising- waste</p>	
3	<p>EXCEPTION REPORTS</p> <p>3.1 Bute and Cowal No one available to speak to report. FC clarified that fire officer would prioritise a visit to CCH prior to SFRS audit</p> <p>3.2 Helensburgh and Lomond LS spoke to tabled report. Issues re record storage – similar issue across Argyll & Bute and LS to link with wider work around this regarding potential external storage. Number of zimmers remains an issue. Solutions tabled for possible removal and storage.</p> <p>IES Maintenance of community equipment by contractor; Review/scoping of maintenance contracts ongoing and JLJ will seek assurance that Munro's is included in process. Limited options for immediate actions other than increased scrutiny and the planned review. JLJ and LS to contact Munro's directly to seek immediate improvement action. Outcomes of communication to be emailed to Committee.</p> <p>3.3 Mid Argyll, Kintyre and Islay DW spoke to his tabled report. With Knapdale closed to admission, assurance sought that individuals are accessing appropriate care. Donald gave assurance that this is the case. Review of service ongoing.</p> <p>3.4 Oban, Lorn and Isles CHd spoke to tabled report. JG asked about Medical Physic staffing-posts being re-advertised as not successfully in recruiting first time round. Routine maintenance of equipment will become an issue and MM will contact Steve Brown o ensure it remains high on safety agenda. Recruitment issues- CHd with support of SLT will pick up with Jane Fowler to attempt to streamline process</p> <p>3.5 Maternal & Newborn CD spoke to tabled report. Issues regarding wifi being escalated regularly. Responses slow from IT. Continue to raise.</p>	<p>LS</p> <p>JLJ</p> <p>LS/JLJ</p> <p>CHd</p> <p>CD</p>

	<p>3.6 Children and Families AT and FC to meet to clarify appropriate level of reporting required for this committee.</p>	AT/FC
4.	<p>QUALITY AND EFFECTIVENESS OF CARE</p> <p>4.1 Children’s Inspection Report Action Plan AT updated the Committee on the Children Services inspection and the status of the action plan. Significant themes around risk management and chronology and the requirement to reset the culture. NG raised the issue of transitions to adult services and the age threshold. To work on this issue through mental health steering group. Updated action plan to be brought back to next C&CG Committee</p> <p>4.2 HIS Draft Mortuary Services Standards / Consultation Currently out for consultation until 31st July. FC will pull together a small group to respond to consultation on behalf of Argyll & Bute HSCP</p>	<p>NG/AT</p> <p>AT</p> <p>FC</p>
5.	<p>SAFETY</p> <p>5.1 HSCP Health and Safety Group Action log Face fit testing a priority for all localities. Locality should ensure adequate supplies of masks and PPE in preparation for flu season. SCN to be tasked to take ownership of preparation. Upcoming audit of skin surveillance by Health & Safety Team</p> <p>5.2 Quality and Patient Safety Dashboard</p> <ul style="list-style-type: none"> • Complaints- A weekly status report to local managers has been introduced and there is some evidence of slow improvement in compliance with 20 day target for stage 2 complaints. Partnership currently managing a vicious complainant and is seeking advice from partners to resolve the issues and to support the staff involved in dealing with the situation. • Falls-Work ongoing in Oban and Mid Argyll with Falls improvement support • Waiting Times- Work ongoing to improve waiting times Some complaints emerging regarding waiting times in particular MSK physiotherapy <p>Agreed deep dive into readmission rates at next Committee</p> <p>5.2.1 SAERs / Incident Reviews SAER scrutiny group has not met for a number of weeks due to diary clashes. New diary slot to be identified as a priority.</p>	<p>SCNs</p> <p>MM/JG</p> <p>FC</p> <p>FC/CM</p>

6.	<p>EXPERIENCE</p> <p>6.1 Sturrock Report Action plan drafted and should be published imminently. Some general discussion ensued regarding effect of the report and the Argyll & Bute HSCP position in any future review or in taking forward the action plan. Everyone welcomed the action plan and improvement work. Update on action plan for next Committee.</p> <p>6.2 Care Opinion Whilst we have areas in Argyll & Bute where Care Opinion is being utilised successfully we are not making full use of all aspects of the service. FC meeting with CO to discuss membership and use. FC will bring update report to next meeting. Positive experiences being highlighted to Chief Officer and to NHSH Chief Executive as appropriate</p> <p>6.3 Person Centred Open Visiting Work is ongoing to introduce PCOV across NHS Highland. There will be standards work related to Ward Welcome information and Leaflet. NHSH wide launch date to be confirmed- provisionally July 2019</p>	RH						
7.	<p>FOR NOTING</p> <p>7.1 Review of HSCP Clinical and Care Governance Framework Review commenced and draft Framework to come to Sept meeting</p>	LH/FC						
9.	<p>DATE, TIME AND VENUE FOR NEXT MEETINGS</p> <table border="1" data-bbox="272 1348 1007 1568"> <tr> <td data-bbox="272 1348 539 1458">Thursday 5th Sept</td> <td data-bbox="539 1348 772 1458">9.30am – 1.30pm</td> <td data-bbox="772 1348 1007 1458">Boardroom, Aros</td> </tr> <tr> <td data-bbox="272 1458 539 1568">Thursday 14th Nov</td> <td data-bbox="539 1458 772 1568">9.30am – 1.30pm</td> <td data-bbox="772 1458 1007 1568">J05-J07, Lochgilphead</td> </tr> </table>	Thursday 5 th Sept	9.30am – 1.30pm	Boardroom, Aros	Thursday 14 th Nov	9.30am – 1.30pm	J05-J07, Lochgilphead	
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Argyll & Bute HSCP Quality & Finance Board

Thursday 6th June 2019
10:00 Board Room, Aros & VC

Present

Joanna MacDonald, (co-chair)(VC)	Chief Officer, A&B HSCP
Councillor Kieron Green	IJB Chair
Mandy Sheridan	Service Improvement Officer, Children & Families
Stephen Whiston	Head of Strategic Planning & Performance
Kevin McIntosh	Staff Representative Council UNISON
Lorraine Paterson	Head of Adult Services West (co-chair)
George Morrison	Head of Finance, Health
David Forshaw	Principal Accountant Social Work
Judy Orr	Head of Finance and Transformation
Phil Cummins	Head of Adult Services East
Sarah Compton-Bishop, (VC Audio)	Vice Chair, IJB

In attendance

Cara Munro, PA (minutes)

Apologies

Councillor Gary Mulvaney	IJB Board Member
Heather Grier	IJB Board Member
Liz Higgins	Lead Nurse
Charlotte Craig	Business Improvement Manager
Fiona Broderick	Staffside Representative
Alison McGrory	Health Improvement Principal

	Item	Summary	Action	
1.0	Welcome & Apologies	Lorraine welcomed everyone to the meeting and introductions were made around the table and on VC. Apologies were noted as above		
2.0	Draft Minute of February 2019	Minute was agreed as accurate.		
3.0	Appointment of Head of Finance and Transformation	Joanna spoke to this item welcoming Judy Orr to this role and taking the opportunity to commend work from Kirsty Flanagan, George Morrison and David Forshaw and their teams in the duration of this post being vacant. Judy's priority will be to work at a fast pace to reduce expenditure and achieve a balanced budget. There will be a formal handover with Kirsty this afternoon. Judy has met with George's team and has still to meet with David's team.		
4.0	Combined Savings Plan update	The combined Savings plan was presented to the IJB in March 2019 and approved as the plan to achieve a balanced budget in year 2019-20.		
4.1	Management/ Operational Savings	The group spoke through the attached spreadsheet which provides a RAG status for each item. It was agreed to add in an additional column to allow for further narrative update as it was time consuming to discuss each item on the spreadsheet. This column would indicate the status of the item – delivered, completed, on track, not achievable etc. This report will then read more as an exceptions report to highlight risks and failures.		

		<p>Some items were discussed individually.</p> <p>1920-0 – George explained that three quarters of this saving would come from completed care packages.</p> <p>1920/2 – Joanna updated the group that North Highland are also looking at this and it was discussed in her PMO meeting this morning.</p> <p>1920-4 – there is scope to review a variety of contracts here to further reduce spend. No action taken as yet.</p> <p>1920-5 – It was stated that the main cost here is with Islay and this has been addressed by cutting out the travel agents during the booking progress and this now being made direct. Tiree is still through a travel agent and this will also be moved to direct bookings.</p> <p>1920-6 – It was hoped that savings could be made by using ferry multi book tickets however it has since been discovered that Islay and Mull will remain more expensive as Cal Mac do not offer multi books on these journeys.</p> <p>Lorraine suggested that it may be helpful to look at ferry figures since Grip & Control has been implemented and possibly a cost comparison year on year.</p> <p>George Morrison advised it is possibly something his team could look into.</p>	<p>Pull together a year on year comparison of costs re ferry travel for the next meeting.</p> <p>Following this the group will look at the narrative in the descriptor box to see if this is still accurate</p>	<p>George Morrison & Management Accountant Team</p>
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		<p>1920-7 it was noted that agency and locum utilise the majority of these costs.</p> <p>1920-9 - George explained to the group that there are 3 types of vacancy</p> <ol style="list-style-type: none"> 1. Savings Vacancy 2. Cost Neutral Vacancy 3. Costs Vacancy <p>There was a discussion around monitoring sickness and sickness due to stress and should/ could this be monitored this in relation to posts which have been vacant for considerable time.</p> <p>1920-10 – David stated that the first set of figures relating to this will be pulled together in the next couple of weeks</p> <p>1920-15 - £60,000 of this target has already been achieved and the remaining savings are on track to be met.</p> <p>1920-22 – This item depends on recruitment to each of the posts advertised and the avoidance of using Agency and Locum staff. Part recruitment would reduce the overspend but would not produce the savings required, this can only be achieved by recruitment to each post.</p>		
4.2	Policy Savings	<p>1920-31 – This is spread over various SLA’s and it is unlikely to make a saving on each meaning it is unlikely that the full £345,000 target will be achieved.</p> <p>1920-34 – this item is not yet proven but it is</p>		

		expected that it will turn to Green shortly in the report.		
5.0	Budget Planning	<p>Judy spoke to the group about the budget outlook and the gaps anticipated</p> <ul style="list-style-type: none"> • 20/21 £6.4 million • 21/22 £12.5 million • 22/23 £18.1 million <p>Any continuing overspends currently happening will add to this forecast It is important that planning must begin now to address this. Judy hopes that she can outline proposals to the IJB at the July meeting and that the board will provide a steer. Judy will meet with both David and George to discuss what these figures will look like; this will then be pushed out to Heads of Service. There was a discussion around the table regarding risks to the budget of having to reopen closed services. As Lorraine and Phil are both leaving their posts as Head's of Service this will have to be included in a handover to the interim HOS</p>	<p>Judy to meet with George and David re figures for savings. Heads of Service to look to where these savings can be made & to bring proposals</p>	<p>Judy Orr, George Morrison & David Forshaw</p> <p>Heads of Service</p>
6.0	NHS GG&C Update	<p>Financial year 18/19 has not been agreed and discussions are ongoing relating to 19/20. There is currently £1.1 million outstanding in dispute; this did not affect the budget outcome of 2018/19 due to brokerage from the SG. There is a continuing and growing interest in the HSCP's stance with GG&C Iain Stewart, Chief Executive of NHS Highland is supporting the stance and has written to</p>		

		<p>Jane Grant, Chief Executive of NHS GGC regarding this, there is currently no response received from GG&C</p> <p>Stephen highlighted to the group that there are risks associated with this resulting in a service ripple impact where some services are not being provided or covered.</p>		
7.0	Collocation Update	<p>Due to Sandy's absence this paper was noted for information.</p> <p>It was noted since the paper was issued there has been a change to the timeframe for proposed work in Kilmory and this will now go ahead week commencing 17th June with view to Lochgilphead Co-locating in July</p>		
8.0	Action Log Update	<p>The group discussed the items on the action log.</p> <ol style="list-style-type: none"> 1. Sandy has provided an update report for the group regarding the status of the ongoing co-location project 2. It was advised that year 18/19 has not yet been agreed and there is currently a £1.1 million dispute, this did not affect the 18/19 balance due to brokerage from the SG. Discussions are ongoing for 19/20. It is hoped that the basis of the contract with GG&C can be changed allowing for a more open and transparent 19/20 3. This item is complete 4. Kirsty is completing the accounts today and presenting to the audit committee tomorrow (Friday 7th June) 5. In Progress 		

		<p>6. George is trying to get information from NHS Highland, currently A&B proportion looks low. It was suggested to be proactive and prepare a list of capitol spend around items such as equipment repair and replacement George plans to prepare a paper for the IJB showing evidence of capitol spends and recommendations for them to decide what course of action to take.</p> <p>7. No revenue funds available, removal of asbestos isn't considered capitol funding. The rewiring cannot take place until the asbestos is removed. This may need to be considered from funds from 20/21 budget although the rewiring work is not considered a critical priority.</p> <p>8. In progress Cara will update the action plan to reflect those items completed.</p>		
	Any other Business	<p>Sarah asked if it was accurate that there were no actions recorded in relation to the ICF item on the previous meeting minute. It was advised that the exercise had been completed and support would be needed from both Stephen Whiston and Ann Nicole Smith's teams going forward, Stephen advised that capacity within both teams was currently an issue meaning this may not happen right away.</p>		

		Joanna would like to acknowledge that both Phil and Lorraine will be leaving the HSCP over the coming months and would like to thank them both for their hard work in leading their services.		
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DRAFT

Argyll & Bute HSCP Quality & Finance Board

Thursday 25 July 2019
10:00 , J05/J07, MACHICC and VC

Present

George Morrison (Chair)	Deputy Chief Officer, HSCP
Sarah Compton Bishop	Vice Chair, IJB
Joanna MacDonald	Chief Officer, A&B HSCP
Stephen Whiston	Head of Strategy, Planning & Performance
Donald Watt	Interim Head of Adult Services West
Heather Grier	IJB Board Member
David Forshaw	Principal Accountant Social Work
Judy Orr	Head of Finance and Transformation
Jim Littlejohn (VC)	Interim Head of Adult Services East
Alison McGrory (VC)	Acting Associate Director for Public Health
Councillor Gary Mulvaney (Audio)	IJB Board Member

In attendance

Charlotte Craig	Business Improvement Manager
Cara Munro	PA (minutes)

Apologies

Liz Higgins	Lead Nurse
Fiona Broderick	Staffside Representative
Alex Taylor	Head of Children & Families
Councillor Kieron Green	IJB Chair

		Action by
1.	<p>Welcome and Introduction</p> <p>George welcomed everyone to the meeting and introductions were made around the table and on VC.</p> <p>Apologies were noted as above</p>	
2.	<p>Draft Minutes of February 2019</p> <p>Minute was agreed as accurate. It was noted under item 8.0 that the audit committee meeting did not go ahead on June 7th and was postponed until June 26th</p>	
3	<p>Budget Monitoring Report</p> <p>Judy spoke to her paper which had been circulated prior to the meeting highlighting the forecast outturn position for 2019-20 is a forecast overspend of £3.306m, and there is a year to date under spend of £59,000 both as at June 30th.</p> <p>Heads of Service have been tasked to identify savings and to have proposals with Judy by the end of this week.</p> <p>There is an informal session of the IJB on 5th August where this will be looked at</p> <p>Judy highlighted that there has been a 45% saving by the end of the first quarter with an anticipated 78% saving for the year, it is hoped that this figure will increase.</p> <p>There were discussions around the differences in the accounting methods between health and social work</p> <p>For Social Work to move to using accrual the Council would need to use 2 reporting methods and produce a separate report for this group, this could incur costs relating to resourcing and capacity issues.</p> <p>A solution is needed to provide accurate real time figures and accurate forecasting.</p> <p>Judy stated that the achievability of the savings target is currently downgraded to 50% due to non starts on savings, it is hoped that</p>	

	<p>these will begin to progress and this figure will increase.</p> <p>Heads of Service advised that work is ongoing to reduce spend and progress the savings plan, now that Donald and Jim are both in post the aim is to pick up the pace to make up for time lost.</p> <p>Mull Medical Practice – the solution is now in place</p> <p>Kintyre Medical group is currently out to tender.</p> <p>Everyone should be familiar with each budget line in the savings plan and be ready to address the forecast overspend at the meeting on August 5th.</p> <p>A number of items identified may impact the public; engagement work will be needed around this.</p> <p>Action: Judy will investigate options/ practicality of integrated financial reporting</p> <p>Action: Alison will help support with engagement and completion of engagement specification</p>	<p>JO</p> <p>AM</p>
<p>4</p>	<p>Financial Risk Report</p> <p>There were 32 risks identified as ongoing.</p> <p>21 are classed as possible and 11 classed as likely.</p> <p>2 risks have been identified as being over £500,000 with one being over £1.5 million.</p>	
<p>5</p>	<p>NHS GG & C Update</p> <p>Issues unresolved from 2018/19 have been accrued through brokerage from the Scottish Government; this has yet to be paid and will be used as a lever for negotiations for financial year 2019-2020.</p> <p>Joanna advised the group that the meeting between Highland Chief Executive and GGC Chief Executive has been pencilled in for 6th August, Joanna will be in attendance.</p> <p>The decision from the meeting will go to the IJB. If the cost is outwith the HSCP budget, the issue will be referred to NHS Highland for resolution.</p>	

6	<p>Colocation Update</p> <p>Lochgilphead moves are scheduled to go ahead on Monday and Friday of next week (week commencing 29th July)</p> <p>Plans and an update will be sent to the Chief Officer and Deputy Chief Officer by close of play today.</p> <p>Charlotte will be onsite for moves</p> <p>In Oban there were 3 face to face meetings with staff held last week to improve communications</p>	
7	<p>Action Log</p> <p>Item 13 – Morven Moir will produce figures</p> <p>Item 11 – Currently delayed, discussions are ongoing</p> <p>Due to some items being similar in description it was agreed to remove completed items from the log</p> <p>It was noted that the action log is to be included in the minute for the IJB meetings</p> <p>Action Charlotte will remove completed items from action log</p> <p>Action Ensure this is sent to by requested deadline</p>	CC
8	<p>AOB:</p> <p>None raised</p>	
	<p>Date of next Meeting</p> <p>Tuesday 10th September 1300, Board Room, Aros</p> <p>Tuesday 29th October, 1000, J05-J07, MACHICC</p> <p>Thursday 12th December, 1000, Aros Boardroom</p> <p>Wednesday 15th January, 1400, J05-J07, MACHICC</p>	

Argyll and Bute Health and Social Care Partnership

DRAFT MINUTES OF AUDIT COMMITTEE MEETING Held on Tuesday 26 June 2019 at 2.00pm, Aros Boardroom, Lochgilphead

Present: Heather Grier, IJB Member - Chair
 Kirsty Flanagan, A & B Council Head of Strategic Finance
 George Morrison Depute Chief Officer
 Councillor Kieron Green, IJB Vice Chairperson (audio VC)
 Judy Orr, Head of Finance and Transformation
 David Meechan, Senior Auditor, Audit Scotland
 Andrew O'Donnell, Scott Moncrieff (VC)
 Sarah Compton-Bishop, IJB Member (VC)
 Jim Rundell, Audit Scotland

Attending: Charlotte Craig, Business Improvement Manager
 Laurence Slavin, A & BC Chief Internal Auditor

Apologies: Elizabeth Rhoddick, IJB Member

 John Cornett, Audit Director, Audit Scotland
 Joanna MacDonald, Chief Officer
 David Eardley, Scott Moncrieff
 Boyd Robertson, NHS Highland
 Councillor Sandy Taylor, IJB Member and Audit Committee Vice Chair

		Action by
1.	Welcome and Introduction Chair welcomed and facilitated introduction and apologies noted	HG
2.	Draft Minutes of 8 March 2019 Minutes reviewed and agreed.	HG
3	Annual Internal Audit Report The report was presented by A O'D on behalf of Scott Moncrieff. The introduction and summary of the report was referenced in the context of its role to provide a summary of quality assurance. It indicated the scope of the document and the opinion that the IJB has an adequate and effective framework of governance, risk management and control. The planning process was further referenced. A O'D then opened to the committee for questions. In referencing the planning process HG raised that the risk register session did not fully interrogate the risks within the presentation given, and thus it was not in depth enough to reach a mutual agreement between members and HSCP officers. A risk appetite session had not been undertaken for	

	<p>some time and it was further highlighted that without this, there may be disparity in perception of risk between IJB members and Officers, as there had been when previously visited.</p> <p>KF indicated that the report was not available in time for the annual governance statement and this was accounted for by Scott Moncrieff by a delay in the completion of the follow up report by the HSCP.</p> <p>Action: Follow up report required to be completed earlier in the year and submitted to the Audit Committee.</p> <p>Action: HG requested that David Eardley of Scott Moncrieff repeat a standalone development session on strategic risk as a full day session for the IJB</p>	<p>Scott Moncrieff/HSCP</p> <p>Scott Moncrieff</p>
4	<p>Internal Audit Follow Up Report</p> <p>This report was presented as a summary report on work undertaken summarising 20 actions followed up, 8 completed and 3 partially implemented. Appendix 2 highlights outstanding actions.</p> <p>HG queried the percentage of actions completed with a high percentage incomplete.</p> <p>It was highlighted that there was a change in personnel and actions and been allocated to staff very recently in post.</p> <p>KF indicated that where actions are delayed or rescheduled there is a greater requirement for further detail which was supported by SCB.</p> <p>Action: Quarterly Audit Review and updates provided to the Audit Committee on follow up</p> <p>Action: Develop the narrative around incomplete and rescheduled actions.</p>	<p>Scott Moncrieff</p> <p>Scott Moncrieff</p>
5	<p>Compliance with the Integration Scheme Audit</p> <p>GM clarified a query over the term “payment”. Although no payment is made to the IJB to the term remains the same.</p> <p>HG highlighted the recommendation to document financial requirements and this is included in the review of the Scheme of Integration.</p> <p>HG queried the stated risk and the impact on risk register and suggested this should be a standard section on audit reports.</p>	

	<p>It was reflected by A O'D that the reports are risk based and assurance can be taken for mitigation of the risks listed in that section.</p> <p>Action: Update Action Log to reflect Management actions</p>	CC
6	<p>Draft Internal Audit Plan 2019-20</p> <p>This report summarises approach to draft Internal Audit for 2019-20. This was previously presented to the Audit committee in March 2019. Appendix 1 determined the areas of focus for 2019-21 providing summary notes referring to proposed scope in each area.</p> <p>HG highlighted the ownership of the strategic risk register by the IJB and subsequently the audit committee who provide the assurance around this and as such it should be confirmed by Audit Committee and the IJB.</p> <p>The Audit Plan was discussed and noted as a live document providing a structure throughout the course of the year and taking into consideration any priorities to which the committee may wish to direct the auditor.</p> <p>The committee noted changes in the Strategic Risk Register will require approval by the Audit committee.</p> <p>KF take cognisance of the workplan delivery within the identified quarters Most important of the outstanding ones first as these would surely relate to the established risk.</p> <p>Request for priority to be given to audit where there is the highest risk</p> <ul style="list-style-type: none"> • Follow up to be delivered as a regular update (Quarter 2) <p>Discussion on expansion of noted scope and that it will be signed off by relevant officers and the Head of Finance and Transformation.</p> <p>Action: Review draft plan after quarter 2 and reschedule Complaints Handling to quarter 4</p> <p><i>Andrew O Donnell left the meeting.</i></p>	Scott Moncrieff
7	<p>Unaudited Annual Accounts 2018-19</p> <p>The unaudited annual accounts were presented by KF the outgoing interim Chief Financial Officer. The accounts show a balance sheet position of £325,000 of assets in respect of the Primary Care transformation Fund and Technology Enabled Care.</p> <p>The management commentary reports overspend which has been reported to the IJB.</p> <p>It was highlighted that under current process the unaudited annual accounts come to the Audit Committee prior to the IJB and before the external auditor.</p>	

	<p>It was highlighted that the committee may want to reflect on the process in light of the timescales.</p> <p>HG commented on the performance management section seeking some trend/comparative information to indicate changes in performance.</p> <p>JO indicated the production of the annual performance report and will reinforce the decision on the trend requirement for the ongoing reports.</p> <p>KG indicated an amendment to spelling of his name. The highlighted paragraph was the outstanding paragraph from the internal audit report which has now been received. Previous dates and names that require updating have been updated on the copy for circulation.</p> <p>KF (interim CFO) requested approval to circulate to external audit and action was approved.</p> <p>Agreed a special meeting of the Committee at 9.30am on 25th September prior to the IJB to sign the Audited Accounts. The accounts as updated by discussion will be circulated in draft format with the IJB papers.</p> <p>Audit Committee on 6 September to go ahead as planned.</p>	
<p>8</p>	<p>Internal Audit Self-directed Support</p> <p>This report was present by LS. He outlined the scope as focussing on the direct payment element of SDS. It was concluded that there was a reasonable level of assurance and appendix 2 notes recommendations.</p> <p>An action plan and timeline is agreed with SDS officer and interim Head of Service (HoS) Jim Littlejohn. It was indicated that there was a requirement of a root and branch review to see the full value of the audit.</p> <p>Evidence indicated that individuals were accessing SDS without a support plan evidenced on CareFirst. Conversely there was evidence of financial and support reviews but not of the support plan- enough assurance that officers can go away and take corrective action.</p> <p>Action for Jim Littlejohn to implement Audit recommendations.</p> <p>At the time of presentation, of 13 identified actions, 11 are complete. The Carefirst usergroup has yet to meet and there is a requirement to implement a plan for support with the support team.</p> <p>HG queried the number of users from NHS which is currently over 300 active users in addition to Social Work. Her question are they adequately trained to use the system?</p> <p>LS confirmed there is a support team who are currently monitoring the</p>	<p>JL</p>

	<p>activity over 6 months and will present a business case for capacity based on collated evidence.</p> <p>HG raise the issue of termination of payments and signposting for support to manage SDS. She further queried any recommendations around this. HG reiterated the importance of assurance of both spend of public money and enabling individuals to receive a direct payment.</p> <p>LS highlighted point 4, that procedures are actually very good and are due for a planned review.</p>	
<p>9</p>	<p>Audit Committee membership</p> <p>The committee reviewed current membership and attendance as reflected in the current terms of reference.</p> <p>Heather Grier IJB member as the chair Councillor Sandy Taylor IJB member as vice chair (Council) Councillor Kieron Green IJB Chair (Council) Boyd Robertson Interim Chair NHS Highland (interim)(NHS) Sarah Compton Bishop IJB Vice Chair NHS Highland (NHS) Elizabeth Rhoddick IJB Member Joanna Macdonald Chief Officer/George Morrison Depute Chief Officer Judy Orr Head of Finance and Transformation</p> <p>Officers in attendance</p> <p>Laurence Slavin Chief internal Auditor Argyll & Bute Council Charlotte Craig Business Improvement Manager</p> <p>NHS indicated that Non-executive members had not yet been appointed this will take place at the NHS Board on 23 July.</p> <p>Audit Scotland named John Cornett as the appointed external auditor director</p> <p>HG requested the continued attendance of A & B Council Chief Internal Auditor.</p> <p>Chair took an action to contact members as regards attendance and expectation of participation.</p> <p>.</p>	
<p>10</p>	<p>Strategic Risk Register</p> <p>As noted in earlier discussion HG has requested that Scott Moncrieff prepare a workshop for the IJB to fully explore the strategic risks with officers and that review is in place.</p>	

<p>11</p>	<p>Audit Committee Action Log</p> <p>.</p> <p>Action log reviewed and updated no concerns reported.</p> <ol style="list-style-type: none"> 1. Internal audit review – completed 2. Sustainability report SLT review- completed 3. The current terms of reference are under review with the Standards Officer in the context of the wider review of governance with a proposal being presented for review at the IJB informal meeting on 5th August 4. Proposed TOR re Finance Committee proposal also with the Standards Officer 5. As above 10 re Risk Register 	
<p>12</p>	<p>AOB:</p> <p>The Chair thanked KF for her invaluable input to the Audit Committee over the period of her role as Interim CFO.</p> <p>Dates of next meetings 6 September, 1.30pm - Cowal Community Hospital 25 September, 9.30am - Council Chambers Kilmory 6 December, 10.30am Venue - TBC</p>	