Agenda Item : 4

MINUTE OF
ARGYLL & BUTE HEALTH & SOCIAL CARE PARTNERSHIP (HSCP)
INTEGRATION JOINT BOARD
THURSDAY 4 AUGUST 2016
COUNCIL CHAMBERS, KILMORY

Present :

Councillor Maurice Corry	Argyll & Bute Council (Chair)
Robin Creelman	NHS Highland Non-Executive Board Member (Vice Chair)
Christina West	Chief Officer, Argyll & Bute HSCP
Dr Michael Hall	Clinical Director, Argyll & Bute HSCP
Stephen Whiston	Head of Strategic Planning & Performance - Argyll & Bute HSCP
Anne Gent (VC)	Director of Human Resources, NHS Highland
Elaine Wilkinson (VC-3.30pm)	NHS Highland Non-Executive Board Member
Liz Higgins	Lead Nurse, Argyll & Bute HSCP
Elaine Garman	Public Health Specialist, Argyll & Bute HSCP
Allen Stevenson	Head of Adult Services (East), Argyll & Bute HSCP
Caroline Whyte	Chief Financial Officer, Argyll & Bute HSCP
Glenn Heritage	Argyll & Bute Third Sector Interface
Dr Kate Pickering	General Practitioner, Argyll & Bute HSCP
Dr Paul Sheard (VC)	Secondary Care Adviser, Argyll & Bute HSCP
Linda Currie	Lead AHP, Argyll & Bute HSCP
Maggie McCowan	Public Representative
Heather Grier	Unpaid Carer Representative
Councillor Anne Horn	Argyll & Bute Council
Councillor Elaine Robertson	Argyll & Bute Council

In Attendance :

David Ritchie	Communications Manager, Argyll & Bute HSCP
Jane Jarvie	Corporate Communications Manager Argyll and Bute Council
Hilary Brown	Associate Lead Nurse
Sheena Clark	PA to Chief Officer (Minutes)

Apologies :

David Alston	Chair, NHS Highland Board
Louise Long	Chief Social Work Officer
Denis McGlennon	Independent Sector Representative
Dr Peter Thorpe	Secondary Care Adviser, Argyll & Bute HSCP
Councillor Mary-Jean Devon	Argyll & Bute Council
Dawn McDonald	Co-Chair Joint Partnership Forum, - Argyll & Bute HSCP
Betty Rhodick	Public Representative
Catriona Spink	Unpaid Carer Representative

ITEM	DETAIL	ACTION
1	**WELCOME**	
	The Chair welcomed everyone to the meeting and introductions were made.	
2	**APOLOGIES**	
	Apologies were noted.	
3	**DECLARATIONS OF INTEREST**	
	No declarations of interest were recorded.	
4	**MINUTE OF INTEGRATION JOINT BOARD 18-05-2016 & ACTION LOG**	
	Councillor Horn expressed concerns regarding communication and the availability of information to the public to advise on the decision taken by the IJB to progress the redesign of Struan Lodge and Thomson Court. The Chair acknowledged the concerns and gave assurance around the timeframe for the redesign work, to include quality impact assessments and a robust communication and engagement plan to involve the public and interested stakeholders. Heather Grier requested the following additions : *Minute of 18-05-16 – Item 6.2, pg 4, after para 5* - Heather Grier advised that there was a considerable amount of evidence gathered during the consultation for Reshaping Care for Older People and referred members to the published final report. *Minute of 22-06-16 – Item 6.3, after para* 4 - Heather Grier referred to page 60 of the papers relating to paragraph 2 of the COSLA paper. She asked the Principal Accountant, Integration Services if the Council would be paying the Living Wage rate for Self Directed Support – Direct Payment – Option 1, although the paper indicated there was no requirement to do so. Members were advised that the Council were reviewing the current hourly rate payment to enable living wage hourly rate to be paid to personal assistants under this option. With the above amendments the Minutes were agreed by the IJB. Councillor Horn advised her dissent due to concerns in relation to communications and engagement. **Action Log update** : • items 1-3 – complete • item 4 – ongoing – Webex use will be venue dependant. • item 5 – complete • item 6 – ongoing	**AS/DR/JJ**

	• item 7 – update to September meeting • item 8 – complete • item 9 – ongoing – further updates to be give at a future Development Session to enable Board members to review the detail. • Item 10 - ongoing • item 11 – complete	
5	**FINANCE – BUDGET MONITORING**	
	The Chief Financial Officer reported that at end June 2016, the overall year-to-date variance is an overspend of £0.095m. The projected budget year-end overspend is £1.5m due to a slippage against the savings target of £8.5m, plus additional costs through locum costs covering medical absence and vacancies. The IJB was updated on progress on the delivery of the Quality & Financial Plan and advised of further potential high risk areas totalling £2m which may result from redesign and transformation of services not being achieved. The Senior Management Team is finalising the financial recovery plan and management actions to address the overspend and a number of financial and service risks areas relating to sustainability of service delivery. Heather Grier referred to section 3.3.3 of the report, *Review of the payment to Greater Glasgow & Clyde.* She enquired about the increase in patients to acute care hospitals and if this would result in additional savings. The Head of Strategic Planning & Performance advised that the data confirmed an increase in activity. NHS Greater Glasgow & Clyde are reviewing cross-boundary flow model costs with all Boards. To fully respond to Mrs Grier's queries, he suggested that she discuss this further with the NHS Head of Finance to provide clarity on the detail of the Argyll & Bute cross-boundary flow activity and cost. Mrs Grier agreed to the suggestion and the Chief Financial Officer stated that she will advise the Head of Finance of the request. **The Integration Joint Board :** • **Noted** the overall Integrated Budget Monitoring report for the June 2016 period, including : - Integrated Budget Monitoring Summary - Quality and Financial Plan Progress - Financial Recovery Plan - Financial Risks - Reserves - Other Project Funding • **Noted** that as at the June period there is a projected year-end	**CWh**

	overspend of £1.5m primarily in relation to the deliverability of the Quality and Financial Plan. • **Approved** the financial recovery plan to ensure the delivery of a balanced integrated budget for the 2016-17 financial year, to be kept under review and monitored.	
6	**PUBLIC HEALTH REPORT**	
	The Public Health Specialist explained the development of self management and shifting the model of care to a person centred service. A fundamental transformational change is required in facilitating the shift of our services and resources to prioritising anticipatory care, prevention of problems and maintenance of health and wellbeing. This means spending less money on acute care, disinvesting and transferring this money to prevention and anticipatory care services in the community. Three broad areas of work are being progressed to take forward the key elements to achieve the changes; • a range of initiatives relating to training, and educational awareness raising opportunities for both staff and people • Caring Connections Coaching – managers and staff are at the forefront of this practice. The programme is seeing an increase in confidence and self-esteem in those involved to affect changes. • Encouragement to use social prescribing which links people to non-medical sources of support. **The Integrated Joint Board agreed to :** • **Recognise** the importance of the work to promote and deliver self management and social prescribing for people with long term health conditions as an integral part of improving health and wellbeing outcomes for people. • **Provide** leadership to accelerate the transformational change needed to achieve effective self management in health and care service delivery through support for such interventions and introducing challenge where such an approach may be utilised.	
7	**CLINICAL & CARE GOVERNANCE**	
	The Lead Nurse reported on three areas : Violence and aggression (restraint) training – a plan is now in place to ensure that all staff in Argyll & Bute hospital will be up to date with restraint training by 31 October 2016. A programme of training has been drawn up; trainers have been identified to deliver each of the	

	scheduled courses; staff are booked on a scheduled course. HSCP Complaints : • Health – performance against target for timeous responses is poor. A Rapid Process Improvement Workshop (RPIW) is being arranged to review the process and identify areas for improvement. • HSCP Complaints – a meeting is scheduled to review systems following the introduction of the HSCP single point of referral for complaints. • Structure of Locality Clinical & Care Governance – work is ongoing in localities to develop a standard approach to refresh current governance meetings to transition to Clinical & Care Governance Groups. Mr Creelman referred to concerns around Scottish Ambulance Service (SAS) triaging and requested a report be brought to a future Clinical & Care Governance Committee Meeting. The Chief Officer advised that as partners in the service of the HSCP the SAS liaise with the Locality Management Teams. The Director of HR enquired about mandatory and statutory training reporting to the IJB. The Lead Nurse confirmed that this will be included in a future report. **The Integrated Joint Board :** • **Noted** content of report, the risks identified and the risk management plans.	**SW/EH** **EH**
8	**INFECTION PREVENTION & CONTROL**	
	Infection Surveillance Report – Staphylococcus aureus bacteraemia (SAB) – one community acquired case was reported in Lorn & Islands Hospital since the last report in June. This infection was not considered to be preventable and there were no learning points identified. Clostridium Difficile Infection (CDI) – since the last report in June, 1 patient was admitted to Islay Hospital with symptoms following antibiotic treatment in the community. There were no learning points identified. A robust alert organism surveillance system is in place to monitor for other infections. Infection Prevention Control (IPC) Staffing – new training Infection Control Nurse started in post and has been accepted for post-graduate study with UHI. The Chair congratulated the team on	

	recruiting to this post. ICNet – software is now in use for all clinical record keeping by the Infection Control Team, greatly improving communication within the team. Automatic data upload for microbiology laboratories is still awaited. National HAI and Antimicrobial Prescribing Prevalence Survey 2016 – this year's survey data will be considerably more detailed and will be undertaken by ICN nurses and Pharmacists. Lorn & Island hospital and Mid Argyll hospital are the randomly chosen sites for Argyll & Bute. Data will be submitted to Health Protection Scotland by 9 December and following analysis a national report published by March 2017, with each hospital receiving a more detailed analysis of local data. **The Integrated Joint Board :** • **Noted** the report content.	
9	**A&B HSCP RISK STRATEGY & GUIDANCE**	
	The Chief Officer outlined that although NHS Highland and Argyll & Bute Council have existing Risk Management Policies, there is a requirement for the partner bodies to develop a shared risk management strategy which identifies, assesses and prioritises risks related to the delivery of services under integration functions. The Risk Management Strategy will provide the IJB with an agreed risk monitoring framework and arrangements for reporting risks and risk information to relevant parties. The IJB should note page 3 of the policy which outlines responsibility, accountability, assurance and governance. The reporting timescale is 6 monthly to the IJB and annually to the Health Board and the Council. Risk Management was noted as a topic for a future IJB Development Session. **The Integration Joint Board :** • **Approved** the Risk Management Strategy which has the approval of Argyll and Bute Council and NHS Highland. • **Noted** the associated guidance for managers.	**CW**
10	**PERFORMANCE REPORT**	
	The Head of Strategic Planning & Performance presented the report providing the IJB with a snapshot of the HSCP performance against National Health & Wellbeing Outcomes indicators as at March 2016.	

	The overall performance is flagged red as only 67 indicators are on track and 28 indicators are not on track. The Lead AHP advised that Outcome 6, Support to Carers, will be part of the discussions with the Carers Network and will inform the local performance framework. Outcome 8, Adult Care Attendance (Staff Absence), locality information is available to review any connections and issues contributing to absence, pertinent for the IJB to be aware of. As previously agreed, the first quarterly HSCP performance exception report will be presented to the IJB at the September meeting, coinciding with validation and release of information for 2016/17. Actions required to ensure delivery and impact will be monitored via the changes in the trajectory trend graph, detailing improvements in performance at an operational level. **The Integration Joint Board :** • **Noted** the progress in producing the HSCP performance report from the pyramid performance system as at Q4 2016 and June 2016. • **Noted** the areas identified which will require an exception report. • **Noted** the lead officers responsible for production of the report.	
11	**CLARITY OF ROLE BETWEEN ARGLL & BUTE COUNCIL AREA COMMITTEES & ARGYLL & BUTE HSCP** The Head of Strategic Planning & Performance summarised the paper, clarifying the IJB's relationship with the Area Committees and Community Planning Partnerships. Councillor Robertson expressed concern regarding the different locality plans. The Chief Officer advised that there is a legislative framework for Locality Planning Groups (LPGs) and Community Planning Groups (CPGs). Reporting on arrangements in relation to community engagement will be part of the HSCP Annual Report. Councillor Horn commented on the requirement for clarity on the roles and responsibilities of the LPGs and CPG and information to be available to the public on local outcomes. Heather Grier agreed, stating that the current level of engagement and communication needed to be improved. **The Integration Joint Board :**	

	• **Noted** the statutory relationship of the IJB to Argyll and Bute Council and NHS Highland and their relevant committees. • **Noted** the agreed performance reporting process to its host bodies and stakeholders. • **Noted** the role of HSCP Locality Managers and Area Managers who will be attending the Area Committees.	
12	**NOTING** **Realistic Medicine** – Dr Michael Hall, Associate Medical Director referred to a report recently submitted to NHS Highland Board. He provided a comprehensive explanation of Realistic Medicine, which requires a new way of thinking for clinicians; patients and the wider public. There is an increasing number of older people with co-morbidity issues, resulting in challenges in the use of progressively expensive but effective interventions in the context of increasingly limited resources. There is an increasing requirement for a preventative approach, with emphasis on a primary community care-based approach with involvement from a wide range of professionals in the improvement process. **The Integration Joint Board** : • **Noted** the summary report. **Staff Governance** – the Chief Officer gave a verbal update, advising that discussions are ongoing to determine the format and content of the Argyll & Bute Joint Partnership Forum. A report will be submitted to the IJB meeting in September. **The Integration Joint Board** : • **Noted** the verbal update.	
13	**AOCB** **Motion from Bute & Cowal Area Committee** – the Chair referred to the tabled Motion, requesting the Chief Officer to progress discussions with the Chief Executives of NHS Highland and Argyll & Bute Council and the Scottish Government, for the purpose of considering putting in place transitional arrangements for funding for the Argyll & Bute HSCP. The Vice-Chair expressed his concern at the apparent intervention into the legitimate decision making of the IJB. Councillor Horn stated that she was unclear from the narrative in the	

	paper if the proposal referred to transitional arrangement for funding for all of the Health & Social Care Partnership or solely for Struan Lodge and Thomson Court, and her concern regarding equity of provision throughout Argyll & Bute. The Chief Officer's interpretation of the detail was that the request to the Scottish Government was to be for transitional funding for Argyll & Bute HSCP as a whole to support change and shift in delivery of services. She informed the IJB that there was already a scheduled partnership engagement meeting with representatives of Scottish Government on 24 August. The Vice-Chair requested clarity from the IJB Standards Officer on whether or not in considering the Motion, the IJB would be setting a precedent in relation to any future Area Committee Motions being submitted. The Standards Officer advised that in considering the Motion tabled today, it did not set a precedent for the IJB to consider any future Motions submitted by any Area Committees. Councillor Robertson asked if the HSCP budget would be discussed at the meeting with the Scottish Government. The Chief Officer confirmed that it is on the agenda. Following a lengthy discussion the IJB rejected the tabled motion. **Venue for Future Meetings** – it was suggested that 25% of the meetings should be in other localities. It was acknowledged that venues in other areas may not have VC availability. **Chair of IJB** – Councillor Corry advised that this was his last meeting as Chair of the IJB and the replacement Chair will come into post on 1 September 2016. **Date and time of next meeting: Wednesday 28 September 2016 at 1.30pm, J03-J07, MACHICC, Lochgilphead**	

ACTION LOG – INTEGRATION JOINT BOARD 04-08-16

	ACTION	LEAD	TIMESCALE	STATUS
1	IT support to be looked at regarding Webex use for IJB meetings.	C West		Ongoing
2	Equalities Outcome Framework to be included in Comms & Engagement Strategy	D Ritchie / J Jarvie	August 16	Ongoing
3	Implementation of Living Wage by Homecare Providers - Update	A Stevenson	September 16	
4	Progress service redesign proposals as detailed in the templates.	Heads of Service	Ongoing	
5	Equality Impact Assessments as noted.	Heads of Service	Ongoing	
6	Advise NHS Head of Finance of the request from Carer Rep to discuss increase in acute care hospital activity and impact on savings.	C Whyte	September 16	
7	Include mandatory and statutory training in future C&CG Report	E Higgins	Ongoing	
8	Report on SAS triaging to C&CG Committee	E Higgins / S Whiston	Ongoing	
9	Risk Management as a Development Session topic	C West	Ongoing	

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5i

Date of Meeting : **28 September 2016**

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

Presented by : **Anne MacColl-Smith, Procurement and Commissioning Manager, and**
Caroline Whyte, Chief Financial Officer

The Integration Joint Board is asked to :

- **Note** progress on the work required to deliver the Scottish Living Wage since the previous report submitted to Integrated Joint Board on 22nd June 2016.
- **Approve** the implementation of the rates assessed and agreed in principal with the local suppliers, which deliver the Fair Work Practices and Scottish Living Wage requirements.
- **Agree** to initiate discussions with Argyll and Bute Council around the additional funding provided for the Living Wage and the budget shortfall of £0.1m required to fund implementation.
- **Note** the ongoing requirement to continue to monitor and report on the financial impact for the IJB of the decision to pay the Living Wage from 1 October 2016.

1. EXECUTIVE SUMMARY

1.1 The Argyll and Bute Health and Social Care Partnership have been working with the Adult Care Providers who employ care workers to ensure that they will be able to pay the Scottish Living Wage from 1st October 2016, along with meeting the various requirements of Fair Work Practices. A detailed financial assessment process has been carried out with providers to ensure they are in a position to commit to paying care workers a minimum of £8.25 from 1 October 2016.

1.2 The Living Wage commitment was one of the conditions attached to the Local Government Finance Settlement for 2016-17 and additional funding was allocated to Integration Joint Boards to deliver on this commitment. The financial assessment of the actual cost of implementation indicates that this will exceed the set aside amount for the Living Wage by around £0.1m.

1.3 There is uncertainty over the funding availability for 2017-18 and beyond to accommodate the full year cost of implementation and any associated future rate uplifts. The IJB will be updated as part of the budget process as to the position with future years funding and cost pressures.

2. INTRODUCTION

2.1 This report provides the Integration Joint Board with an update on the work carried out to date with our providers to ensure that they meet the requirements of Fair Work Practices including paying the Scottish Living Wage from 1st October 2016. The Argyll and Bute Council Procurement and Commissioning and Strategic Finance teams have been working closely with providers to reach agreements in principal over uplift rates to achieve this.

3. DETAIL OF REPORT

3.1 APPROACH

3.1.1 The approach taken to ensure the IJB are in a position to meet the Living Wage commitment from 1 October 2016 is outlined below:

1. Consulting with the providers around the work that needs to be done to deliver the Scottish Living Wage for 1st October 2016
2. Gathering information from suppliers regarding their current pay rates and all the hours worked by their care staff
3. Assess the uplift required by each provider to ensure that the Health and Social Care Partnership provides adequate funding to each provider to ensure that they can pay their care staff the Scottish Living Wage from 1st October 2016
4. Determine the cost to the Health and Social Care Partnership of the uplifts necessary to deliver the policy objective
5. Advise providers of proposed rates and enter into negotiations
6. Seek final approval from Integration Joint Board to agree uplifts with providers
7. Implement the new rates as early as possible during October 2016 in conjunction with providers.

3.1.2 The actual "go live" date for the new rates will be Monday 3rd October 2016. This is due to the technical requirements of the Carefirst system but adjustments will be made to compensate for the shortfall arising from the short delay. Rates will be implemented in partnership with providers who will have to amend these rates on their invoices, in conjunction with changes to the Carefirst system.

3.2 OUTCOME OF PROCESS

3.2.1 Appendix 1 outlines the overall financial impact of implementation of the Living Wage from 1 October, and details the basis of the financial cost for each element of service provision. The total estimated cost is £1.410m, this exceeds the original estimate of £1.3m by £0.110m.

3.2.2 There are services which are provided to clients out with the Argyll and Bute area, these rates will be set by their host local authority. This includes some services for supported living and care at home where there are 13 providers outwith the area, and all care home placements for younger adults are outwith

the area. We have not yet had confirmation of these rates, an estimated uplift of 10.22% has been included for these services as this is the average uplift for providers in Argyll and Bute. The total estimated impact of the outwith Argyll and Bute provided services is £240k so any variation on the 10.22% estimated may not have a significant financial impact.

3.2.3 Negotiations with local providers were conducted over the 7th and 8th of September. Overall the negotiations were positive with all providers agreeing in principal to their offered rates. It should be noted that although successful overall, every provider expressed deep concern regarding the 25/75 funding split between providers and the IJB and although all have accepted the arrangement for 2016-17, it is extremely unlikely that they will do so in future negotiations.

3.2.4 During the process of assessing and proposing the new provider rates, three providers asked for separate assessments of their existing rate to be conducted on the basis that their services were not sustainable at the existing level of funding. These providers could not pay the 25% contribution to the Living Wage on the grounds of financial sustainability. In all three cases, the problem was a direct result of no inflationary uplifts having been applied to provider rates for several years, and the resulting rates being significantly below other providers in the same area. Further negotiations have been carried out with these providers and new rates have been proposed with a total additional cost of £63k to implement. This cost is included in the overall cost of implementing the living wage. If their service provision was to become financially unsustainable the cost of service provision would increase as the rates are still below those of other providers in the area. All other providers have agreed in principal to the rates offered which reflect the IJB funding 75% of the costs.

3.2.5 The Council's Procurement and Commissioning Team are in the process of drafting contract variations for providers, based on the agreements in principal and negotiations that have taken place. The contract variations will be issued on approval by the IJB, and will note that the IJB has agreed to support the delivery of the Living Wage commitment until 31 March 2017, as there is uncertainty over the available funding beyond this.

3.3 FINANCIAL IMPACT

3.3.1 The total estimated cost of implementation is £1,409,777. The Integration Joint Board has £1.3m set aside for this purpose, leaving a funding gap of £110k.

3.3.2 The £1.3m set aside to fund the Living Wage was based on a high level estimated cost drafted in February 2016, this was before any detailed financial information was available from providers. The increase in actual costs is due to:

- The increase in rates for three providers on service sustainability grounds;
- A lower than expected starting point for some suppliers leading to the need for larger than expected uplifts to ensure the payment of the National Living Wage from April and Scottish Living Wage from October. The original estimate assumed that all providers were already paying at least £7.00 per hour to staff but several were later found to be below this level; and

- An increase in overall service levels since the £1.3m estimate was calculated at the beginning of the year.

3.3.3 The IJB was allocated additional funding as a share of the additional £250m provided by the Scottish Government, half of this was to meet the costs of the Living Wage for social care workers and to meet a range of existing costs by local authorities. For the IJB additional funding of £2.290m was allocated to meet the cost of the Living Wage and Councils were permitted to retain any unrequired element of this funding. When determining the financial allocation to the IJB the Council allocated £1.3m to the IJB to fund the Living Wage. It is recommended that discussions should be initiated with the Council over the funding passed to the IJB in relation to the resulting gap between the original estimated cost and the updated financial impact. This should also take into account the fact that some providers are not in the financial position to fund 25% of the costs.

3.3.4 In the meantime a decision requires to be taken by the IJB whether to approve the payment of the uplifts to ensure providers can be financially supported to deliver on the commitment from 1 October 2016. This includes a decision as to whether to support the three providers who are unable to contribute the 25% contribution to costs.

3.3.5 There is uncertainty over the funding availability for 2017-18 and beyond to accommodate the full year cost of implementation and any associated future uplifts. The IJB will be updated as part of the budget process as to the position with future years funding and cost pressures. It is likely that the position will be clearer in December when the outcome of the Local Government spending review is known.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

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

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

The total estimated cost of implementation is £1.410m, this exceeds the available budget of £1.3m by £0.110m.

5.2 Staff Governance

None

5.3 Clinical Governance

None

6. EQUALITY & DIVERSITY IMPLICATIONS

None

7. RISK ASSESSMENT

There is a financial risk in relation to the rates agreed for providers out-with the Argyll and Bute area, this will be closely monitored with the implications reported back to the IJB.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

All our adult care providers have been involved and engaged in the process, the Council's Procurement and Commissioning and Strategic Finance teams have met with them, held workshops and provided guidance where required.

9. CONCLUSIONS

9.1 The partnership approach that the Procurement and Commissioning and Strategic Finance teams have used in engaging with our Adult Care Providers has resulted in an open and transparent discussion with them. This has ensured that providers have an understanding of what is expected of them from 1 October 2016, and that the IJB are in a position of being able to implement the required policy in the timescale required by the Scottish Government.

9.2 There are financial risks in relation to the services provided out with the Argyll and Bute area, the sustainability of the Living Wage commitment in future years and the funding of the additional cost in 2016-17. These issues will be closely monitored and progress will be reported back to the IJB.

APPENDIX 1

2016-17 Living Wage Financial Impact Summary

Service Area	Detail	Estimated Cost
Commissioned Care at Home and Supported Living Services	Argyll and Bute based provider's uplifts are based on an individual assessment of each provider's funding requirement to ensure sufficient funds are in place to deliver the National Living Wage requirement from 1 April 2016 and the Scottish Living Wage requirement from 1 October 2016. The uplifts for providers based out-with Argyll and Bute will be set by each provider's host HSCP but an estimate is included based on the weighted average of the assessed uplifts identified for providers based within Argyll and Bute (10.22%). There a range of uplifts agreed for providers from 0% for some to a maximum of 17.6% for one provider, based on affordability.	£774,316
Commissioned Care Home Placements for Older People	The National Care Home Contract uplifts were agreed by the relevant stakeholders earlier this year on the basis of HSCPs funding 75% of the uplift required to meet the cost of the National Living Wage from April and the Scottish Living Wage from October. This was agreed at a 2.5% increase from April and a further 4% increase from October. There is no scope to apply a different uplift in this area.	£305,000
Direct Payment Recipients	This relates to funding provided to service users to enable them to purchase care from agencies of their choice in their area and/or to employee their own personal assistants. Standard rates are paid for personal assistants and a best rate for agencies in each area. The rate for personal assistants has been recalculated based on £8.25 per hour and 100% funding of the uplift. The rate for agencies has been uplifted based on the weighted average of the uplifts assessed for Argyll and Bute based providers.	£87,954
Commissioned Learning Disability Day Services	This relates to Day Services purchased from external providers in the Helenburgh and Lomond area. The uplifts are based on a mixture of specific provider proposed rates and equivalent uplifts to those assessed for Care at Home and Supported Living.	£32,925
Commissioned Care Home Placements for Younger Adults	This relates to care home places purchased for younger adults, not children. All of these places are out-with the Argyll and Bute area and will be agreed in discussion with host HSCPs. An estimate is included based on the weighted average of the assessed uplifts identified for Care at Home and Supported Living providers based within Argyll and Bute at 10.22%.	£201,362
Commissioned Day Services for Older People	This relates to day services purchased from external providers in the Helenburgh and Lomond area. The uplifts are based on a submission from the supplier involved.	£6,177
Commissioned Overnight Response Services	This relates to overnight responder services provided in 7 areas by a single provider and is based on an assessment of this specific service type.	£2,043
	Total Estimated Cost	**£1,409,777**

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5(ii)

Date of Meeting: **28 September 2016**

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

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

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

The Integrated Joint Board is asked to :

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

1. EXECUTIVE SUMMARY

Report detailing:

1. Violence and Aggression (Restraint) Training in Argyll and Bute Hospital (update)
2. HSCP Complaints
3. Prevention of Pressure Ulcers: Provision of Mattresses
4. Delayed Discharge
5. Moving and Handling Training

2. INTRODUCTION

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

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

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

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

3. DETAIL OF REPORT

3.1 Violence and Aggression (V&A) Restraint Training Argyll and Bute Hospital (Update from previous report)

The programme of restraint training for Argyll and Bute Hospital Ward staff is now underway and on target to ensure that all staff will be up to date with restraint training by the 31 October 2016.

3.2 Argyll and Bute Complaints

3.2.1 Health Complaints

Table 1: Health Complaints May – July 2016

HSCP Health Complaints	Expected Number	AMBER	RED	MAY	JUNE	JULY
No complaints received	7	8	9 and over	8	8	7
No investigated				8	8	7
Overall - achievement against 20 days	100%	90 - 99 %	89 % and under	0%	13%	14%
Number of high risk complaints received	1	2	3 and over	0	0	1

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

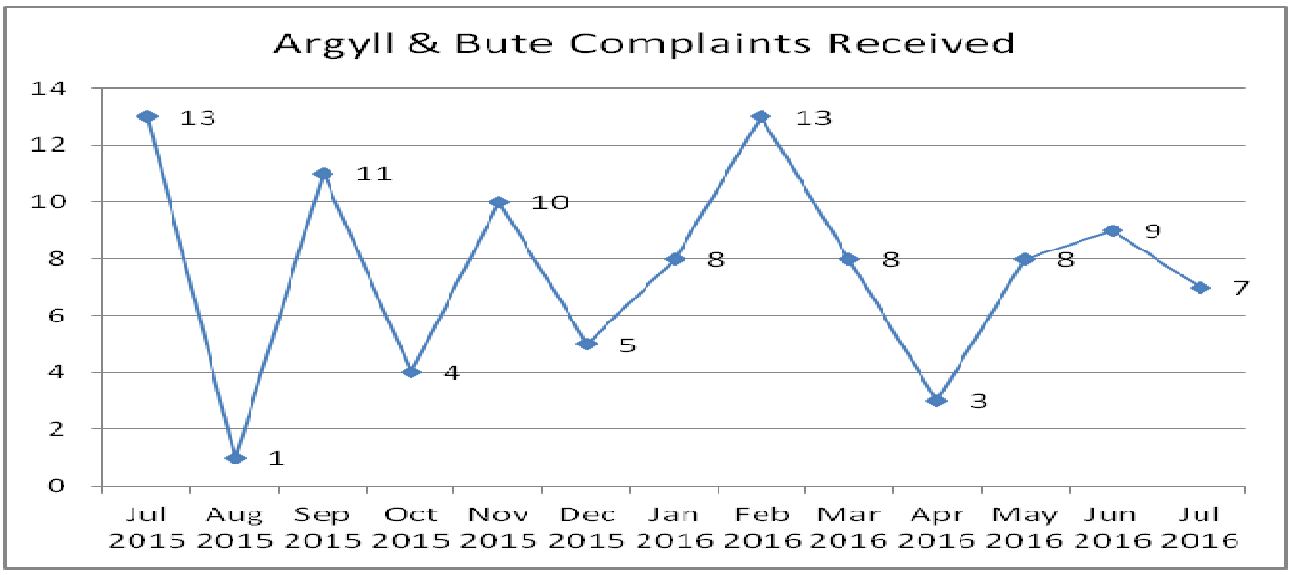


Figure 2: Grade of Health Complaints July 2015- July 2016

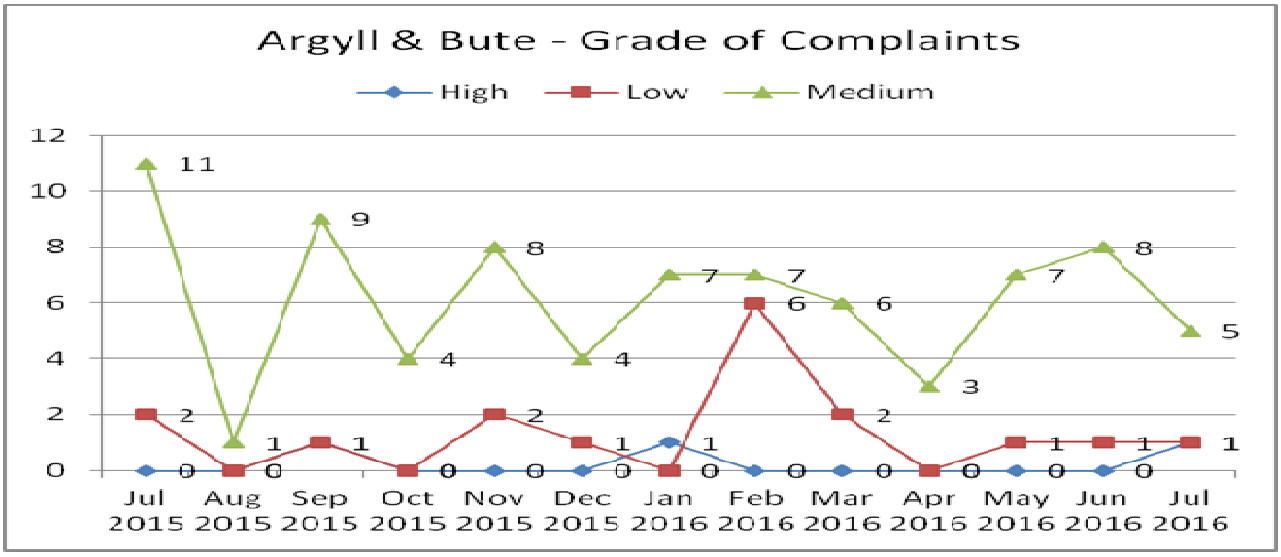


Figure 3: Health Complaint Issues July 2015 – July 2016

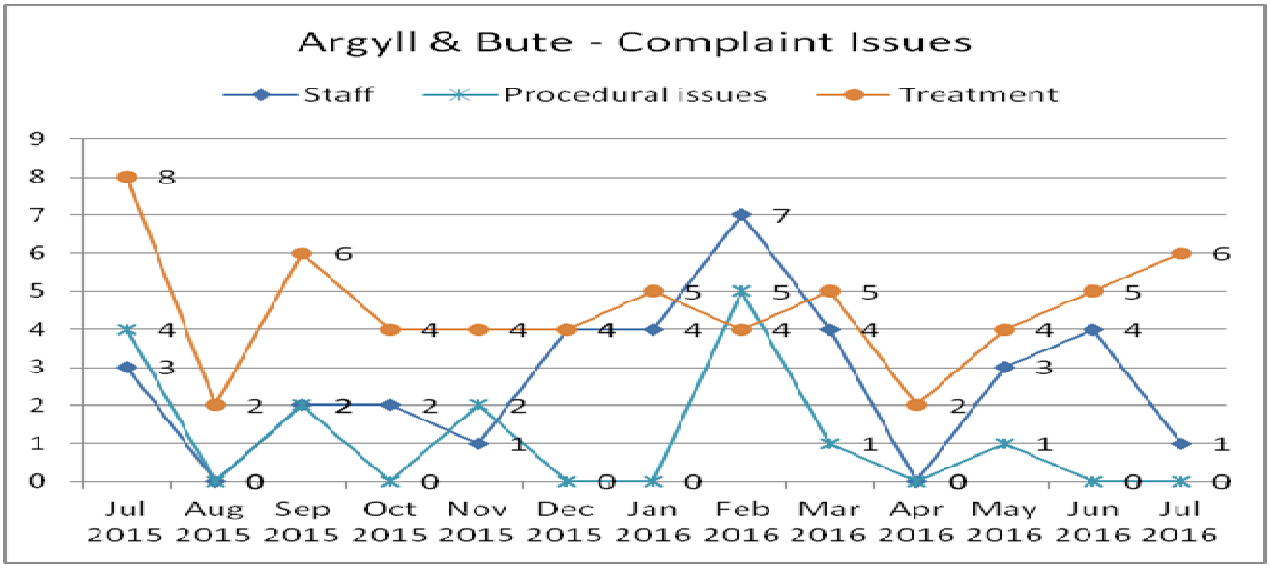
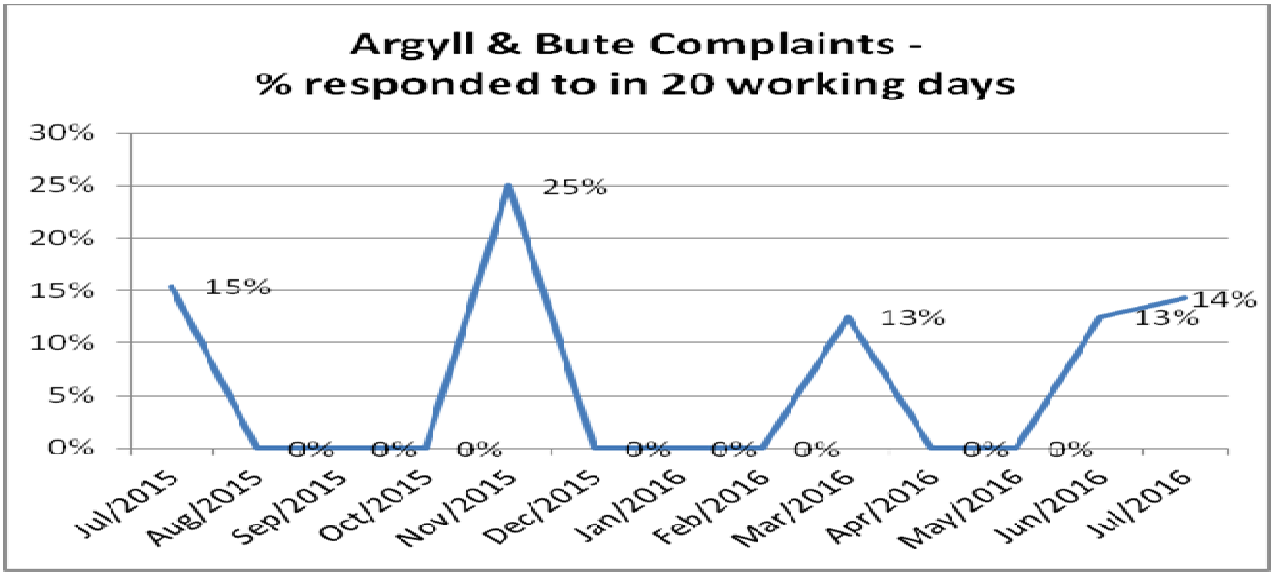


Figure 4: Health Complaints Achievement of 20 Working Day Response Target July 2015 – July 2016



Although efforts are being made to improve compliance with the 20 day response target, performance remains challenging. Planning, information gathering and preparation for a Rapid Process Improvement Work (RPIW) event on 31/10/16-4/11/16 is currently in progress. It is anticipated that this work will contribute to an improvement in performance.

3.2.2 Social Work Complaints

Table 2: Social Work Complaints May – July 2016

HSCP Social Work Complaints	MAY	JUNE	JULY
Stage 1	0	2	1
Stage 2	3	3	1
Overall - achievement for Stage 2 against 4 week target	33%	0%	0%
Total	3	5	2

Work is continuing in relation to developing reporting for HSCP Health complaints and Social Work complaints.

Achievement in relation to the response time target for Social Work complaints also remains challenging and the RPIW event referred to will contribute to learning to improve compliance with the target.

3.3 Prevention of Pressure Ulcers: Provision of Mattresses

There are demands on the service due to a constant and increasing requirement for category A mattresses in the community across Argyll and Bute. This is unsustainable with the current equipment stock and within budget.

During the first four months of this financial year (April-July 2016) the Integrated Equipment Store (IES) increased its delivery and collections by 36% from the same time last year. However, for every 3 pieces of equipment going out there is only one item being returned and the equipment is being used for longer periods in the community than previously.

The current budget covers the purchase of 12 mattresses annually. Additional funding was made available at the end of the last financial year and additional mattresses were purchased then.

The Scottish Government National Aim is a 50% reduction in Pressure Ulcers, grade 2-4 across all care settings by December 2017.

The Associate Lead Nurse met with all the District Nurse team leads to discuss approaches to practice and explore alternatives to the current mattresses available.

The following recommendations outline the actions being taken to test the different models :

- Test the use of the Standard Operating Procedure (SOP) and repose mattresses and cushions
- Implement tested SOP with associated education for staff
- Complete the test and evaluation of Sumed Integrity mattress, with potential to switch product to more cost effective product
- Consider testing Apollo Healthcare products
- Add Waterlow score to Equipment Loans Management System (ELMS) form
- A recall system could be developed through the Integrated Equipment Store to prompt ongoing assessment of need for category A equipment and promote its early return to the store.
- Recruit Tissue Viability advanced nurse - vacancy papers being prepared

3.4 Delayed Discharge (DD) in Argyll and Bute 2016

In the July 2016 census return to Scottish Government there were 16 people delayed in hospital over 72 hours. The two main reasons for the delays related to the following:

- completion of assessment work
- availability of care at home places

The HSCP recognises the scale of the challenge relating to meeting the 72 hour target and there are a number of key activities being progressed to ensure we move towards achieving this target. People are being supported to stay at home or return home without delay after admission to hospital.

Current Actions and Activity

1. Administrative and operational changes have successfully been made to the reporting timescales and reporting of DD internally as per instructions of the Scottish Government. Staff completed the necessary activity on the Edison system as per new timescales and this is now embedded in practice.
2. Unscheduled care improvement work and continuous improvement activity around delayed discharge have merged with the management teams to ensure there is no duplication of effort as we go forward.
3. In May AWI guidance was updated and re-launched, which includes the use of 13ZA guidance. This has had a positive effect on exemption coded delays with only one person currently delayed as a result of AWI.
4. Work is being completed relating to the new Universal Adult Assessment and will be using two localities in the West by the end of September to roll this out. This will start to address the issue of people waiting for assessments.
5. Work is being undertaken with commissioning staff to develop alternative ways to deliver care at home in some of our remote and rural communities. In Appin, North Argyll a social enterprise model using Self Directed Support is being developed.

6. Commissioning staff are attending workforce fairs with providers to highlight the benefits of careers in social care. Last month providers worked with DWP with a potential group of 12 people who have expressed an interest in working with care at home providers. These people are currently unemployed.
7. Patients in Glasgow Hospitals are being identified before they breach the 72 hour target and July performance indicates this is having a very positive effect on performance. Only one person was delayed in Glasgow during the very busy summer period of July.
8. The Lead AHP is currently scoping the work of the Extended Community Care Teams across Argyll and Bute to ensure re-ablement is being targeted at the most appropriate older people to build their confidence and maximise their independence.
9. Benefits are being noted following the recent RPIW improvement workshop in Oban hospital which has had a positive impact on multi-disciplinary working and shortened the length of staff for people admitted to hospital.

3.5 Moving and Handling Training

Currently there are two separate approaches to the provision of moving and handling training, one for Health staff and another for Social Work staff. There is no risk associated with people receiving different training and working together to perform moving and handling tasks.

Work is progressing to agree a single approach to training, which once agreed, will have a number of benefits including a larger pool of trainers; and increased opportunity for staff to attend training. The intended outcome is a more effective and efficient use of resource.

A proposal paper and action plan is being developed and will be presented at the next HSCP Health and Safety Group on 8 November 2016.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

Robust governance arrangements are key in the delivery of strategic priorities

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

Possible financial implications in ensuring staff are released and trainers available for Violence & Aggression training.

Potential to manage pressures on IES budget as the result of more cost effective equipment choices.

Potential for more efficient and effective use of resource associated with moving and handling training.

5.2 Staff Governance

Significant staff governance concerns if issues not addressed.

5.3 Clinical Governance

Significant if issues identified not addressed urgently

6. EQUALITY & DIVERSITY IMPLICATIONS

There are no equality and diversity implications

7. RISK ASSESSMENT

Risks articulated within the report.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

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

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

9. CONCLUSIONS

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

Argyll & Bute Health & Social Care Partnership

Integration Joint Board **Agenda item : 5 iii)**

Date of Meeting : **28 September 2016**

Title of Report : **Infection Prevention and Control**

Report compiled by: **Sheila Ogilvie, IPC Nurse**

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

The Integrated Joint Board is asked to :
Note content of report, the risks identified and the risk management plans

1. EXECUTIVE SUMMARY

This report covers the period from April- July 2016 and details the following;

- Infection surveillance reports within the named period
- Current Staffing Issues
- Argyll & Bute Cleanliness, Hygiene and Infection Control Meeting
- Recent Developments
- Risk management

2. INTRODUCTION

Staphylococcus aureus bacteraemia(SAB)

Staphylococcus aureus is an organism carried by about 30% of the population in whom it is normally harmless. It can however be a cause of infection in some situations, and bacteraemia (blood infection) caused by the organism carries a mortality of 25-30%. *S. aureus* bacteraemia (SAB) is subject to a HEAT target because some SAB infections arising in a hospital setting are considered preventable. It is therefore important than accurate surveillance and investigation is undertaken with any lessons learned being actioned and shared across clinical teams.

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

Clostridium difficile infection (CDI)

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

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

3. DETAIL OF REPORT

3.1 INFECTION SURVEILLANCE

SABs

There is one SAB to report in Lorn & Islands Hospital since the last (June) bulletin. The infection was community acquired and the patient subsequently died following transfer to Intensive Care in NHS Greater Glasgow & Clyde. The infection was not considered to be preventable and there were no learning points identified. There has been a total of 3 SABs (2 patients) in Argyll & Bute in this reporting year.

CDI

Since the last report, 1 patient was admitted to Islay hospital with CDI symptoms following antibiotic treatment in the community. The patient recovered well and no learning points were identified.

There have been no other CDI infections in Argyll & Bute in this reporting year.

Any learning points identified from reviews of all SAB and CDI infections and outbreaks are shared via the Cleanliness, Hygiene and Infection Control (CHIC) meeting and distributed to all hospital and community teams.

Other Alert Organism Surveillance

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

have the ability to spread rapidly in healthcare settings or in the wider community. Patients admitted to hospital in NHS Highland from outwith the NHSH area are routinely screened for a number of antibiotic resistant organisms, in order that these are identified early and spread minimised.

A press release was issued on 12 September 2016 advising that a ward in Mid-Argyll Community Hospital, Lochgilphead, was closed to new admissions due to four patients being affected by norovirus symptoms, two of whom tested positive.

The receiving team in Lorn & Islands hospital was notified and alerted that patients may be transferred to Oban from Mid Argyll Hospital A&E.

A deep clean was undertaken and the ward reopened thereafter.

Staff involved in helping to control this outbreak are to be praised, in particular the ward staff for their pro-active approach.

At the time of issuing this report, three patients tested positive for norovirus.

3.2 IPC Staffing and Cleanliness, Hygiene & Infection Control (CHIC) Meetings

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

CHIC meetings are scheduled and are currently held monthly. Whilst two meeting have been cancelled since January 2016 (April and July due to number of apologies) there have been a total of 6 meeting this year that have been well attended. The feeling from the group is that we should move to bi-monthly meetings in line with the other operational units within NHS Highland. Catherine Stokoe, Infection Control Manager and Dr Jonty Mills, Consultant Microbiologist are both members of the Argyll & Bute group. Minutes from these meetings are tabled at Infection Control Improvement Group.

3.3 Developments and risks

National HAI and Antimicrobial Prescribing Prevalence Survey 2016

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

Data collection will be undertaken by Infection Control Nurses and Pharmacists in randomly chosen hospitals throughout NHSH. Sites identified for this area are *Lorn & Islands Hospital and Mid Argyll Community Hospital*. Some of the

data collection team have already undergone training by HPS staff, with further dates identified over the next few weeks. Each hospital requires to be surveyed on a single day and data will be submitted to HPS by 9th December. Once data is analysed, a national report will be published by March 2017, with each hospital receiving a more detailed analysis of local data.

IC Net

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

Unfortunately we are still awaiting the automatic data upload from microbiology laboratories, so the risk of missed alert reports remains while this development is outstanding. The NHS Highland Infection Control Manager is in communication with the team in NHS GGC and updates regularly.

Microbiology Advice

There remain concerns regarding the difficulties in untangling Microbiology and Infection Control advice. The pathways for Infection Control support sit within NHS Highland whilst the Microbiology advice pathway is via GG&C Health Board. Currently, validated results go onto IC Net and Raigmore/NHSH consultants do not have access to the system to see results. At present, they contact GG&C who relay the results. The risk therefore is that the advice from Glasgow may differ from NHSH advice and that any advice given from NHSH Consultants may be based on incomplete information.

There is a potential that this may delay the treatment plan for patients. Risk mitigation measure as above. This risk is recorded on the HSCP risk register.

Current risk management of issue highlighted above includes;

a. Manual entry of relevant microbiology results on to ICNet as soon as possible by ICNs
b. Paper copies of all relevant micro from Oban lab to ICNs daily.
c. Email notification of Electronic Communication of Surveillance in Scotland (ECOSS) results from NHSH Health protection Team to A&B Infection Control Nurses.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

Robust infection control arrangements are key in the delivery of safe and appropriate care.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

Inadequate infection control governance has a potential financial impact in respect of avoidable treatments and lengths of stay in hospitals.

5.2 Staff Governance

Significant staff governance concerns if issues not addressed

5.3 Clinical Governance

Significant if risks identified not addressed urgently.

6. EQUALITY & DIVERSITY IMPLICATIONS

None.

7. RISK ASSESSMENT

Risks articulated within the report.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Public involvement on CHIC meetings and in peer audits

9. CONCLUSIONS

The Infection Prevention and Control service within Argyll &Bute ensures there is a robust system in place for infection surveillance and support. The risks within the service are well articulated and managed and this is borne out by the current infection rates and response to incidents.

The team have integrated well with the NHSH wide team and work together to mitigate for risks created by the lack of IT system to support practice.

Argyll & Bute Health & Social Care Partnership

Strategic Management Team **Agenda item : 5 iv)**

Date of Meeting : 28 September 2016

Title of Report : Staff Governance Report

Prepared by : Moira Newiss, Senior Manager Business Transformation & Strategic HR

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

The Integration Joint Board is asked to :

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

1. EXECUTIVE SUMMARY

This paper sets out the initial framework for a report on staff governance in the Health & Social Care Partnership. As the IJB is aware the HSCP does not employ staff, this remains the statutory responsibility of Argyll and Bute Council and NHS Highland respectively.

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

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

2. INTRODUCTION

This report will be used to provide an overview of the staff governance issues identified above as raised and discussed at the Strategic Management Team. The expectation is that this report will be presented to the IJB on a quarterly basis.

Standing items on the report are suggested as:

- Staff Experience & iMatter (NHS)
- Employee redundancy and redeployment position
- Roll out of eEES, the electronic employment support system (NHS)
- Workforce Planning
- Terms & Conditions e.g. band 1 review, PVG checks, new policies.
- Workforce performance - attendance management, workforce turnover, vacancies and locums etc
- Other key issues such as organisational change issues

3. DETAIL OF REPORT

3.1 Staff Experience & iMatter

iMatter, the new NHS staff experience survey, is due to be rolled out to Argyll & Bute HSCP in July 2017. Argyll & Bute council are due to undertake an employee survey in November 2016.

3.2 Statutory & Mandatory Training

The NHS Highland HR team are responsible for the roll out of the Oracle Learning Management System which will record all training undertaken by NHS staff, with initial priority being given to statutory and mandatory training. In Argyll & Bute there is a plan being implemented over the next six months to get all trainers using the system to make bookings and record attendance. In future this will link to LearnPro. The e-learning system and eventually to OPM, the Oracle Performance Module

The Council has been making Argyll & Bute Manager Training available to NHS Managers since 2015 in preparation for integration. This will continue and is moving more towards e learning. The Council has a large library of e-learning courses which are available to employees at any time and cover a wide range of policies, procedures and national guidance. The Social Work training board oversees all mandatory training in relation to SSSC registration, Social Work degree students and the social care programme of Growing Our Own. The Council's SVQ centre delivers a range of service specific and generic SVQs.

Work is ongoing to improve moving and handling training. Both employers deliver this important training in slightly different ways which have developed specifically to support the types of services delivered. Each of the training approaches meets the national passport standard. As the balance of care continues to shift this area of training will become more important to the partnership.

3.3 Workforce Planning

This is a key performance area for the HSCP with Locality Planning Groups tasked to develop workforce plans to meet the expectation of what services will look like in 3 years time. Work is ongoing to support the Locality Planning Groups with workforce planning and the national iHub (http://ihub.scot/) Team have agreed to provide support for each locality at a development session in September/October/November to facilitate and develop this work over the next 6 months.

The Council uses workforce planning to inform its strategic decision making and high level analysis has informed service redesign to date. In order to develop this into

more accurate future-proofed workforce planning, the HR team are carrying out detailed discussions with Heads of Service to analyse their existing workforce and future, potential skills gaps. This will result in comprehensive workforce plans for each area of service. This will be aligned with the work of the Locality Planning Groups.

3.4 NHS and Council Terms & Conditions

3.4.1 NHS Terms and Conditions Issues New Policies

There is an updated NHS PIN policy on flexible working and additional employment expected soon.

3.4.2 NHS Band 1 Review

The band 1 review work is ongoing and there is a local project team in Argyll & Bute which is meeting regularly, developing local job descriptions for band 2 posts which will go for evaluation. Staff meetings have been arranged in each locality with HR support to explain the planned transition and involve staff in the process. All band 1 staff need to transition to band 2 by 1st October and will be paid accordingly. If additional training is needed, this will be completed by October 2017. There is an option for staff to remain on band 1 if they do not feel able to take on the additional duties or complete the training.

3.4.3 Council Terms and Conditions issues

Savings as agreed by the IJB in June 2016 identify a number of Council posts at risk of redundancy. The Council's redundancy policy seeks to achieve voluntary severance or redeployment as the preferred option when a redundancy situation arises. Statutory redundancy consultation on the posts at risk will take place in October 2016 with the Joint Trades Unions. Statute states that this must last for 45 days, during which all possible alternative options to redundancy will be considered. Thereafter any employees whose posts remain at risk will be issued with a termination notice in January 2017.

3.4.4 PVG (Protecting vulnerable Groups) Checks

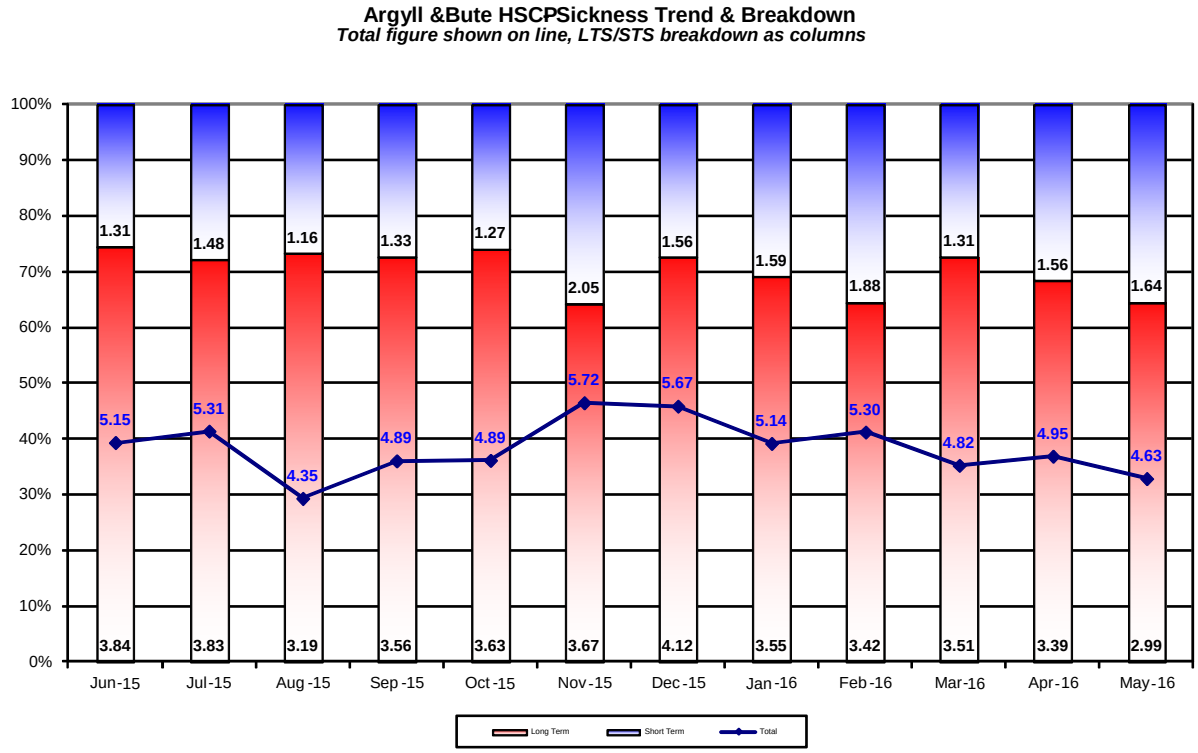
The retrospective PVG checks are complete in Argyll & Bute, with a total of 816 staff being checked. The national extension had been until the end of September 2016 after which staff who had not completed the checks would have been unable to carry out registered duties.

The situation is the same for council employees

3.5 Workforce (NHS only but will be jointly presented in future)

3.5.1 Attendance Management (NHS)

The NHS Staff Sickness Report is in the process of being updated to represent the three operating management units. The latest data available from payroll is for June 2016. The roll out of the Scottish Standard Time System, which has begun in Oban, Lorn & Isles Locality, will improve reporting to near real time, this will hopefully be complete by March 2017. All Operating Management Units remain above the national target of 4%.



June 2016	STS	LTS	Total
Adult West	1.03%	4.93%	5.96%
Adult East	1.33%	3.43%	4.76%
C&F	1.33%	3.43%	4.76%

STS = Short Term Sickness, LTS = Long Term Sickness

3.5.2 Recruitment (NHS)

Employment Services reported 21 vacancies being advertised as at 16-08-16. There are 124 vacancies currently being processed by department (recruitment process started but not yet complete).

3.5.3 Redeployment (NHS)

There are current 27 staff on the primary re-deployment register and 28 on the secondary re-deployment register.

3.5.4 Fixed Term contracts (NHS)

There are 44 staff currently on fixed term contracts.

3.5.5 KSF

Percentage of reviews completed and recorded on e-KSF from 1 April 2016 to 31-07-16 was **4.9%** (across A&B HSCP for NHS staff covered by Agenda for Change).

For a rolling 12 month period the figures were **33.06%.**

(figures based on local analysis from e-KSF)

3.7 Mid-Argyll Property Short Life Working Group

Work is continuing in Mid-Argyll to plan for the closure of the A&B Hospital and Aros HQ, with up to 200 staff requiring to be relocated.

The focus for the work is to provide good quality accommodation based on smart, agile and flexible working principles and to maximise use of the Mid-Argyll Community Hospital & Integrated Care Centre.
There is significant work ongoing to assess the risks and cost of the project as well as supporting staff with cultural change.

The first of several staff consultation events took place at the end of August, there was a good attendance and significant feedback reflecting staff concerns and issues. This is a significant change for staff in the way they will have to work as we move to mobile and agile working practices. The SMT have acknowledged this and this initial piece of work will be followed up with conversations at team level to scope out requirements in more detail and enable a final design to be developed.

This will lead into an implementation plan, with further organisational support for staff. The HSCP is accessing external support from NSS and is also using Argyll and Bute Councils extensive experience in implementing this in its services, most recently in Helensburgh.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

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

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact – N/A
5.2 Staff Governance – this is the staff governance report.
5.3 Clinical Governance – N/A

6. EQUALITY & DIVERSITY IMPLICATIONS

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

7. RISK ASSESSMENT

Will be addressed at individual project level, for example with the Mid-Argyll Property Short Life Working Group.

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

9. CONCLUSIONS

Further work is required to present an integrated approach to staff governance across Council and NHS employed staff groups. The aim will be to present a joined up report to the December IJB meeting.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5v(a)

Date of Meeting : **28th September 2016**

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

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

The Integration Joint Board is asked to :

- **Note** the overall Integrated Budget Monitoring report for the August 2016 period, including:
  - Integrated Budget Monitoring Summary
  - Quality and Financial Plan Progress
  - Financial Recovery Plan
  - Financial Risks
  - Reserves
  - Other Project Funding
- **Note** that as at the August period there is a projected year-end overspend of £1.0m primarily in relation to the deliverability of the Quality and Financial Plan, the cost of medial locums and increased demand for social care services.
- **Agree** that the previously approved financial recovery plan requires to continue to be implemented to ensure the delivery of a balanced integrated budget for the 2016-17 financial year.

1. EXECUTIVE SUMMARY

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

- Robust budget monitoring processes are key to ensure that the expenditure incurred by the IJB partners is contained within the approved budget for 2016-17 and that overall the partnership delivers a balanced year-end outturn position.
- This report provides information on the financial position of the Integrated budget as at the end of August 2016. The projected year-end outturn position is an overspend of £1.0m, the Integration Joint Board requires assurance that this position can be brought brought back into line with the available budget by the financial year-end. A financial recovery plan was approved by the IJB on 4 August to address the then forecast £1.5m year-end overspend, this position has reduced by £0.5m to a projected overspend of £1.0m from the June to August periods indicating that progress is being made to bring this position back into line.

- There are significant financial risks in terms of service delivery for 2016-17 and there are mitigating actions in place to reduce or minimise these, these risks should continue to be closely monitored together with the delivery of the Quality and Financial Plan and financial recovery plan.

2. INTRODUCTION

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

3. DETAIL OF REPORT

3.1 INTEGRATED BUDGET MONITORING SUMMARY

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

Year to Date Position – YTD Underspend - £0.486m

3.1.2 The main areas to note from this are:

- The overall Year to Date variance is an underspend of £0.486m. This consists of an underspend of £0.998m in Council delivered services and an overspend of £0.512m in Health delivered services.
- Within Health provided services the overspend is mainly in relation to the budget profile of savings for 2016-17 which have not yet been implemented and additional costs in relation to locums, the year to date position is in line with the forecast outturn position noted below.
- Within Council provided services the year to date underspend is mainly in relation to delays in receipt and processing of supplier payments. This year to date underspend position is not necessarily an indication of the likely year-end outturn position.

3.1.3 Although there is a year to date underspend of £0.486m this should not be relied upon as an indication of the likely year-end outturn position. Council and Health partners use different financial systems and treatments for the monthly profiling of budgets and recording of actual costs which results in financial information relating to the year to date position for the integrated budget not being a reliable indicator of the year-end position.

Forecast Outturn Position – Projected Overspend - £1.022m

3.1.4 The year-end forecast outturn position for the August period is a projected overspend of £1.022m. The main areas are noted below:

- Adult Care – projected overspend £3.1m:
  - Anticipated shortfall of £2.6m in the delivery of savings as part of the Quality and Financial Plan, further detail is included in section 3.2.
  - Budget overspends in relation to locum cover for vacancies and sickness absence, the combined overspend on locums is £0.5m to the August period.

- Projected overspends for additional demand for services including care home placements, supported living and joint residential budgets, due to new clients and the increasing needs of existing clients.

- Children and Families – projected underspend £0.6m:
  - Underspend of £0.2m in relation to vacancy savings in Health posts.
  - Projected underspends in relation to residential placements due to lower than expected demand, children's houses due to reduced dependency of children placed in the units and lower levels of occupancy, underspend in supporting young people leaving care due to the delay in the development of a new multi-disciplinary team to support young people leaving care.
  - These are partly offset by projected overspends in children and families area teams due to agency staff and the criminal justice partnership share of the partnership shortfall.

- Budget Reserves – projected underspend £1.0m – represents the uncommitted element of budget reserves which can be utilised to offset the overall projected outturn position. This projected outturn position is based on an assessment of the likely outturn informed by financial performance in previous years.

3.1.5 There is an overall increase in funding of £1.004m compared to the approved budget. There is an increase in available funding from £256.001m to £257.005m, these in-year changes in funding are also noted in Appendix 1. This relates to an overall increase in Health Funding, mainly relating to allocations of funding from the Scottish Government partly offset by a transfer to NHS Highland for centrally provided services. There is an overall increase in Council funding reflecting the amounts drawn down from reserve balances, partly offset by budget transferred out with Integration Services.

3.2 QUALITY AND FINANCIAL PLAN PROGRESS

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

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

3.2.3 There are budget reductions totalling £8.498m required to produce a balanced partnership budget. These savings have all been previously approved by the Integration Joint Board for implementation.

3.2.4 Progress on the delivery of savings is summarised below:

Risk Category	Number	Budget Reduction £000	Achieved to August 2016 £000	Remaining £000
RED	8	2,250	262	1,988
AMBER	24	3,712	343	3,369
GREEN	31	2,536	1,522	1,014
TOTAL	**63**	**8,498**	**2,127**	**6,371**

3.2.5 As at the end of August 2016 recurring budget reductions of £2.127m have been achieved, this compares to a total of £1.458m at the previously reported June 2016 reporting period, an increase of £0.669m. This demonstrates the progress in delivering savings.

3.2.6 Additional savings in social care services were approved by the Integration Joint Board on 22 June 2016. Plans to deliver these savings are in place however it is unlikely these will all be fully delivered in 2016-17 given the timescales around engagement and there are likely to be delays with releasing some of the savings. The services have plans in place to monitor these through the operational management teams and will use these forums in the first instance to identify other opportunities for balancing the budget if there are any undeliverable savings. An updated position on the social care services budget savings is included within the overall savings monitoring in Appendix 2.

3.2.7 The risk category attached to each of the savings is an assessment of the deliverability. At this stage the focus should be on those which have been highlighted as red risk, there are eight of these and they account for £2.250m of the total savings, as at the August period £0.262m of this total has been achieved. The red risk savings are noted below:

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

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

3.2.9 There is a reported forecast overspend of £1.022m as at the August 2016 period, this is primarily in relation to the expected shortfall in the delivery of the Quality and Financial Plan. The estimate is that £2.623m of the savings will not be deliverable in 2016-17, services are working to address that position and underspends in other service areas have been forecast to reduce this expected year-end overspend position.

3.3 FINANCIAL RECOVERY PLAN

3.3.1 The Integration Joint Board has a responsibility to ensure a balanced year-end budget position and there will be financial consequences for the partner bodies and the IJB if this not delivered. Therefore a recovery plan was approved by the IJB on 4 August to address the reported forecast overspend of £1.5m as at the June period.

3.3.2 The plan included management actions to bring the projected spend back into line with budget. The actions do not have any policy implications, will have limited impact on the day to day delivery of services and can be delivered in the normal course of business. The areas identified included:

- Review of the payment to Greater Glasgow and Clyde – initial analysis of the most recent iteration of the financial model indicates that the saving in relation to this included in the Quality and Financial Plan is achievable. There may be a further opportunity to reduce the payment by negotiation.
- Review spending plans against non-recurring funding allocations with a view to removing uncommitted elements of any non-recurring resource allocations. Depending on the nature of the funding there be a requirement to re-instate funding in 2017-18.
- Further efficiencies and cost reduction through vacancy management, management of sickness absence and standardisation of procurement processes.
- Drive forward the re-design of community pathways and community hospital services to shift the balance of care as a result of reduced length of stay, reduced delayed discharges and reduced emergency admissions.
- Review of future commitments on non-pay non-essential expenditure budgets, for example furniture replacement.
- Restricting new investment to core service delivery.

3.3.3 The Strategic Management Team has been adhering to this recovery plan, the forecast overspend position has reduced from £1.5m in June to £1.0m as at the August financial monitoring period. The SMT are clear that the focus should be directed to actions that will deliver recurring savings, the main area being the driving forward the delivery of the Quality and Financial Plan. Any other actions will assist in producing an overall balanced year-end position for 2016-17 but will lead to a greater budget gap to address on a recurring basis from 2017-18.

3.4 FINANCIAL RISKS

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

3.4.2 There are 15 financial risks with a potential financial impact of £4.8m noted at the August 2016 period. These are assessed in terms of likelihood and a summary of the risks is noted in the table below:

Likelihood	Number	Potential Financial Impact £000
Almost Certain	0	0
Likely	4	1,375
Possible	7	2,450
Unlikely	4	1,000
TOTAL	**15**	**4,825**

The potential financial impact represents the estimated full year impact on the budget, this value will reduce as we progress through the financial year.

3.5 RESERVES

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

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

3.6 OTHER PROJECT FUNDING

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

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

4. CONTRIBUTION TO STRATEGIC PRIORITIES

4.1 The Integration Joint Board has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and to ensure the financial decisions are in

line with priorities and promote quality service delivery, monitoring this budget through the financial year is key to ensuing a balanced budget position.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

5.1.1 The monitoring of the budget is key to ensure the delivery of the financial plans for 2016-17, as at the August 2016 monitoring period significant financial risks have been identified and services are forecasting a year-end overspend of £1.0m. The recovery plan requires to continue to be implemented and monitored to ensure this can be brought back into line with the delegated budget.

5.2 Staff Governance

None

5.3 Clinical Governance

None

6. EQUALITY & DIVERSITY IMPLICATIONS

None

7. RISK ASSESSMENT

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

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

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

9. CONCLUSIONS

9.1 This report summarises the financial position of the Integrated Budget as at August 2016. The forecast year-end outturn position is a projected overspend of £1.0m, the previously approved financial recovery plan requires to continue to be implemented and monitored to ensure the delivery of a year-end balanced budget. The focus should be placed on the delivery of the savings from the Quality and Financial Plan to reduce expenditure on a recurring basis.

9.2 The forecast overspend position has decreased from June by £0.5m as a result of progress with the recovery plan, this has however been partly offset by additional demand pressures and a forecast shortfall in the delivery of savings previously approved from social care services.

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

APPENDICES:

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

INTEGRATED BUDGET MONITORING SUMMARY - AUGUST 2016

	Year to Date Position				Forecast Outturn			Previous Period	
	YTD Actual £000	YTD Budget £000	YTD Variance £000	Variance %	Annual Budget £000	Forecast Outturn £000	Forecast Variance £000	Forecast Variance £000	Movement in month £000
Service Delegated Budgets:									
Adult Care	48,721	48,229	(492)	-1.0%	125,143	128,254	(3,111)	(3,190)	79
Alcohol and Drugs Partnership	448	448	0	0.0%	1,349	1,299	50	0	50
Chief Officer	223	226	3	1.3%	2,391	2,399	(8)	(15)	7
Children and Families	7,341	7,676	335	4.4%	19,841	19,201	640	413	227
Community and Dental Services	1,712	1,712	0	0.0%	4,108	4,108	0	0	0
Integrated Care Fund	330	330	0	0.0%	2,090	1,803	287	0	287
Lead Nurse	532	565	33	5.8%	1,348	1,318	30	30	0
Public Health	526	530	4	0.8%	1,264	1,264	0	0	0
Strategic Planning and Performance	1,210	1,245	35	2.8%	3,343	3,313	30	30	0
	61,043	60,961	(82)	0%	160,877	162,959	(2,082)	(2,732)	650
Centrally Held Budgets:									
Budget Reserves	0	417	417	100.0%	2,333	1,333	1,000	800	200
Depreciation	1,081	1,089	8	0.7%	2,649	2,629	20	20	0
General Medical Services	6,178	6,182	4	0.1%	15,329	15,329	0	0	0
Greater Glasgow & Clyde Commissioned Services	24,278	24,200	(78)	-0.3%	58,082	58,173	(91)	0	(91)
Income - Commissioning and Central	(546)	(525)	21	-4.0%	(1,160)	(1,160)	0	0	0
Management and Corporate Services	456	547	91	16.6%	1,793	1,662	131	(20)	151
NCL Primary Care Services	3,705	3,705	0	0.0%	8,350	8,350	0	0	0
Other Commissioned Services	1,502	1,607	105	6.5%	3,855	3,855	0	0	0
Resource Release	2,041	2,041	0	0.0%	4,897	4,897	0	0	0
	38,695	39,263	568	1%	96,128	95,068	1,060	800	260
Grand Total	**99,738**	**100,224**	**486**	**0%**	**257,005**	**258,027**	**(1,022)**	**(1,932)**	**910**

Reconciliaton to Council and Health Partner Budget Allocations:

	Year to Date Position				Forecast Outturn			Previous Period	
	YTD Actual £000	YTD Budget £000	YTD Variance £000	Variance %	Annual Budget £000	Forecast Outturn £000	Forecast Variance £000	Forecast Variance £000	Movement in month £000
Argyll and Bute Council	19,019	20,017	998	5.0%	55,658	55,880	(222)	(432)	210
NHS Highland	80,719	80,207	(512)	-0.6%	201,347	202,147	(800)	(1,500)	700
Grand Total	**99,738**	**100,224**	**486**	**0%**	**257,005**	**258,027**	**(1,022)**	**(1,932)**	**910**

INTEGRATION JOINT BOARD

APPENDIX 1

FUNDING RECONCILIATION - AUGUST 2016

Partner	£000	£000	£000
Argyll and Bute Council:			
Opening Funding Approved		55,553	
Annual Budget at August 2016		55,658	55,610
Movement		**105**	
Details:			
Non-recurring drawdown of budget from Reserves			167
Reduction due to re-alignment of Utility Budgets across the Council			(54)
Transfer of Budget outwith Integration for Helensburgh Office receptionist			(8)
			105
NHS Highland:			
Opening Funding Approved:			
Core NHS Funding	195,868		
Additional SG Funding	4,580		
Opening Funding Approved		200,448	
Annual Budget at August 2016		201,347	
Movement		**899**	
Details:			
Budget Carry Forwards (ICT, TEC & ADP)			716
New Medicines Funding			1,000
Other SG funding increases/decreases			1,255
Transfer to Health Board for Central Services			(2,072)
			899

INTEGRATION JOINT BOARD **APPENDIX 2**

QUALITY AND FINANCIAL PLAN PROGRESS - AUGUST 2016

					TARGET 2016-17		Achieved August 2016	Remaining		
New Ref	**Service Area**	**Description**	**Lead**	**Key Date**	**Budget Reduction £000**	**FTE Reduction**	**£000**	**£000**	**Progress Update**	**Risk of Delivery (RAG)**
1	Prescribing	Targeted focus on safe, effective, appropriate cost effective prescribing, as well as reducing waste. Argyll and Bute Medicines Management Group re-established to take forward actions.	Fiona Thomson	Sep-16	500	0.0	215	285	High risk area in terms of delivery of savings as there have been failures in the past in delivering savings in prescribing.	RED
2	NHS GG&C Service Level Agreement	Participate in a review of the costing and activity model to review tariff and activity levels. Take action to reduce admission rates and speed discharge up to local services and reduce outpatient follow up appointments.	Stephen Whiston	Jun-16	500	0.0	0	500	Initial analysis suggests that this target may be possible.	AMBER
3	Commissioned Services	Review individual placements out of the area and where possible re-negotiate tariffs/contracts.	Stephen Whiston	Sep-16	250	0.0	250	0	Achieved.	GREEN
4	Speech & Language Therapy Services	Re-align services to focus on delivering capacity building and a universal approach in partnership with Education.	Linda Currie	Sep-16	140	3.2	125	15	On track to be fully delivered.	GREEN
5	Rural Cowal Out of Hours Service	Carry out review of service delivery model and implement service re-design.	Allen Stevenson	Sep-16	300	2.9	0	300	Commenced medical staff review and there are options to scrutinise and develop further. It is expected that there may be resistance from medical staff and rural communities.	RED
6	Re-design Community Hospital - Cowal	Re-design provision of services across the Argyll and Bute area, with a focus on quality outcomes and aligning service provision to capacity and current service delivery requirements. By shifting the balance of care as a result of reduced length of stay, reduced Delayed Discharges and reduced energy admissions.	Allen Stevenson	Sep-16	500	6.7	0	500	Pathway re-design and bed modelling in progress.	RED
7	Re-design Community Hospital - Victoria Hospital, Bute		Allen Stevenson	Sep-16	250	4.1	0	250		RED
8	Re-design - Lorn and Islands Hospital		Lorraine Paterson	Sep-16	500	11.5	151	349		AMBER
9	Re-design Community Hospital - Mid Argyll		Lorraine Paterson	Sep-16	500	22.0	300	200		GREEN
10	Re-design Community Hospital - Kintyre		Lorraine Paterson	Sep-16	250	3.8	18	232		RED
11	Re-design Community Hospital - Islay		Lorraine Paterson	Sep-16	250	5.5	29	221		RED
12	Argyll and Bute Hospital Staffing	Transfer of inpatient mental health services from Argyll and Bute Hospital to MACHICC.	Lorraine Paterson	Sep-16	300	8.4	112	188	On track to be fully delivered.	GREEN
13	Closure of West House	A number of support services for Argyll and Bute Hospital are provided from this building, staff would be relocated to other available accommodation.	David Ross	Dec-16	500	0.0	6	494	In progress.	AMBER
14	Closure of AROS	A number of support services including HR and Finance are provided from this building, staff would be relocated to other available accommodation.	David Ross	Dec-16	150	0.0	0	150	High risk as substantial amount of work remaining to arrange re-location of staff and services from the building.	RED
15	Kintyre Medical Group	In the longer term it is anticipated that the operation of the services will be taken on by Campbeltown Medical Practice, a transitional plan is in development to support this change.	Lorraine Paterson	Sep-16	75	2.0	0	75	On track to be fully delivered.	GREEN
16	Management & Corporate Staffing	Level of staffing review, reduced with no or limited impact on service delivery.	George Morrison	Sep-16	200	5.0	0	200	In progress.	AMBER
17-20	Locality General Savings 1%	Efficiency savings target applied across localities.	Allen Stevenson/ Lorraine Paterson/ Louise Long	Sep-16	602	0.0	170	432	In progress.	AMBER
21	Review Day Hospital Services for Older People with Dementia	Re-design of traditional day services.	Lorraine Paterson	Sep-16	25		0	25	In progress.	AMBER
22	IT Services	Productivity gains and telephony cost reduction.	Stephen Whiston	Sep-16	50	0.0	0	50	Business case being developed for longer term savings in telephones and IT, unlikely that any savings will be delivered this financial year.	RED
23	AHP Service Redesign Helensburgh for Dietetics and Podiatry	Identify opportunities and deliver re-design within the community mental health team.	Allen Stevenson	Sep-16	42	0.0	0	42	In progress.	AMBER
24	CMHT Nursing Redesign Helensburgh		Allen Stevenson	May-16	11		11	0	Achieved.	GREEN
25	Islay - Reduction in Patient Travel	Investigate and where possible provide appropriate services locally to reduce travel.	Lorraine Paterson	May-16	30		30	0	Achieved.	GREEN
26	Public Health Services Redesign		Elaine Garman	Sep-16	35		35	0	Achieved.	GREEN
27	Kintyre Patient Transport Redesign	Investigate and where possible provide appropriate services locally to reduce travel.	Lorraine Paterson	Sep-16	25		6	19	In progress.	AMBER
28	Mid Argyll/A&B Hospital Catering Services	Relocation and Conversion to Cook/Freeze	Lorraine Paterson	Sep-16	50		50	0	Achieved.	GREEN
29	Mid Argyll Operational Teams Redesign	Re-design and restructure community teams to deliver single system approach to care delivery	Lorraine Paterson	Sep-16	20		0	20	In progress.	AMBER

INTEGRATION JOINT BOARD **APPENDIX 2**

QUALITY AND FINANCIAL PLAN PROGRESS - AUGUST 2016

					TARGET 2016-17		Achieved August 2016	Remaining		
New Ref	Service Area	Description	Lead	Key Date	Budget Reduction £000	FTE Reduction	£000	£000	Progress Update	Risk of Delivery (RAG)
30	Child Health	Review of child health medical staffing levels.	Louise Long	May-16	10		10	0	Achieved.	GREEN
31	Learning Disabilities	Review the provision of day services considering external provision.	Lorraine Paterson	Sep-16	25		0	25	In progress.	AMBER
32	Clinical Governance	Review of clinical governance team workload and staffing.	Liz Higgins	Sep-16	20		0	20	In progress.	AMBER
33	Infection Control	Review of infection control team workload and staffing.	Liz Higgins	Sep-16	10		10	0	Achieved.	AMBER
34	Child Protection Services	Review of child protection services budget.	Liz Higgins	May-16	20		20	0	Achieved.	GREEN
35	Medical Physics	Review provision of medical physics services to Argyll and Bute.	Lorraine Paterson	May-16	15		15	0	Achieved.	GREEN
36	Community Dental Service	Review of community dental services and staffing levels.	Euan Thomson	Sep-16	25		0	25	On track to be fully delivered.	GREEN
37	Custodial Healthcare	Anticipated cost reduction in the provision of out of hours services in the Cowal and Helensburgh areas.	George Morrison	Aug-16	20		0	20	On track to be fully delivered.	GREEN
38	Review of Budget Reserves	Review of uncommitted and discretionary spend budgets held in reserve. This relates to budgets where either Scottish Government funding has been received and not yet allocated or locally established budgets relating to forecast cost increases or service developments. For these monies the funds aren't released to managers until there is a clear spending plan, where these do not come forward the budget reserves can be undercommitted.	George Morrison	Dec-16	300		140	160	On track to be fully delivered.	GREEN
39	Older People's Services	Undertake a longer term review of Council owned care homes across Argyll and Bute during 2016-17 with a view to reducing placement costs.	Allen Stevenson/ Lorraine Paterson			tbc		0	No specific target. References 55 to 57 are options to take this work forward.	
40	Learning Disabilty Service	Undertake a longer term review of Council run Learning Disability Day Services/Resource Centres during 2016-17 to establish demand in each locality and develop options for person-centred service re-design.	Allen Stevenson/ Lorraine Paterson			tbc		0	No specific target.	
41	Social Work Administration Staffing	Removal of vacant and temporary posts, will be implemented as part of a review of the administration services across the whole partnership.	Louise Long	May-16	100	5.0	100	0	Achieved.	GREEN
42	Reduce Printing and Postage Costs	Will be delivered through increased use of electronic communication such as email	Stephen Whiston	May-16	18	0.0	18	0	Achieved.	GREEN
43	Public Dental Service	Recurring allocations are included in the Health offer of funding. There has been a confirmed reduction to the Public Dental Service allocation which represents a 5% reduction. There has been a roll back of provision in advance of this reduction and the budget is forecast to be underspent by £205k in 2015-16. The reduction can be met through non-filling of vacant posts.	Euan Thomson	Jun-16	176	tbc	175	1	Achieved.	GREEN
44	Reduction to Outcomes Framework Allocations	Recurring allocations are included in the Health offer of funding. A number of previous allocations issued separately have been rolled up into a new Outcomes Framework Allocation. This includes for example eHealth, Effective Prevention, GIRFEC, Policy Custody, Dental Services. The total funding was £2.2m in 2015-16 and the reduction represents a 5.5% reduction. A plan will be drafted for a targeted approach to a reduction from the Outcomes Framework allocations with a focus on reducing discretionary/non-recurring costs.	Liz Higgins Stephen Whiston Euan Thomson Elaine Garman	Sep-16	124		131	-7	Achieved.	GREEN
45	Ardlui Respite Facility	Services at Ardlui have consistently been charged for at the intensive service cost rate. Cost reductions could be achieved by reviewing the rates paid to the supplier to ensure that the appropriate rate is paid for each child.	Louise Long	Sep-16	10	0.0	0	10	Unlikely to be achieved in 2016-17.	GREEN
46	Other Residential Respite	Although an unpredictable budget, regular monitoring and control of services and costs could yield a cost saving over the year unless a high dependency case arises which uses up the funds available.	Louise Long	Sep-16	10	0.0	0	10	On track to be fully delivered.	GREEN
47	Adoption	Review the payments made to adoptive parents where they are continuing to receive payments equivalent to the foster care rates in order to produce cost savings.	Louise Long	Sep-16	10	0.0	0	10	On track to be fully delivered.	GREEN
48	Children's Houses	Review the rotas operating in the children's houses to negate the affect of absence and assist with the additional support required by several high dependency young people. One area to consider is increasing the pool of staff to avoid anyone working beyond 37 hours per week drawing overtime costs.	Louise Long	Sep-16	30	0.0	0	30	On track to be fully delivered.	GREEN
49	Foster Care	Review one external foster care placement and move child to Shellach View/internal foster carer in order to reduce costs.	Louise Long	Sep-16	30	0.0	0	30	On track to be fully delivered.	GREEN

QUALITY AND FINANCIAL PLAN PROGRESS - AUGUST 2016

New Ref	Service Area	Description	Lead	Key Date	TARGET 2016-17 Budget Reduction £000	TARGET 2016-17 FTE Reduction	Achieved August 2016 £000	Remaining £000	Progress Update	Risk of Delivery (RAG)
50	Residential Placements	Arrange to transfer three existing externally placed young people into the Council's children's houses at the earliest opportunity in order to reduce costs. Additional savings may be available within this activity but may be required to support Kinship Care Payments dependant upon the uptake of the new Kinship Care Orders.	Louise Long	Sep-16	22	0.0	0	22	On track to be fully delivered.	GREEN
51	Supporting Young People Leaving Care	Likely cost avoided from lead time to implement Alternatives to Care project.	Louise Long	Sep-16	17	0.0	0	17	Unlikely to be achieved in 2016-17.	GREEN
52	Consultation Support Forum	Likely cost avoided from lead time to implement revised service model.	Louise Long	Sep-16	5	0.0	0	5	Unlikely to be achieved in 2016-17.	GREEN
53	Children Affected by Disability	Cost avoided due to clients transferring to Adult Services.	Louise Long	Sep-16	15	0.0	0	15	Unlikely to be achieved in 2016-17.	GREEN
54	Homecare Review	Comprehensive re-design to incorporate: - Integrating reablement services for assessment and care management - homecare procurement and external providers - change delivery model from time and task to outcome focussed - integrate external providers into assessment and care management process - delivering services on a patch basis to reduce unproductive time	Allen Stevenson/ Lorraine Paterson		375	0.0	0	375	In progress.	AMBER
55	Struan Lodge Service Re-design	Re-design the service provided by the teams at Struan Lodge Care Home and Struan Day Service to end residential care on the site and instead create a community support hub which provides reablement, drop-in, assessment and review and day/social support to older people, including people with dementia, in the Cowal area. This would include a review of the vehicles used by the new service to support the provision of a community transport service for all client groups across Cowal (for example taking patients home from hospital etc.). As staff turnover allows, divert funds to support befriender schemes in Cowal to improve services in the community, supported from the hub. The lead in time for delivering on this could be significant as the service is re-designed.	Allen Stevenson		175	14.0	0	175	Unlikely to be achieved in 2016-17.	AMBER
56	Thomson Court Day Service	Review model of dementia day service provision including the balance of funding to provide befriender services in and around Rothesay.	Allen Stevenson		10	3.0	0	10	In progress.	AMBER
57	Tigh a Rudha Care Home	Realign capacity to match the level of service provision required, staffing is reduced in a stepped basis based on registration requirements. Review will look at usage of Hospital beds and will ensure that there is capacity for an element of growth.	Lorraine Paterson		18	1.5	0	18	In progress.	AMBER
58	Gortonvogie Care Home	Realign capacity to match the level of service provision required, staffing is reduced in a stepped basis based on registration requirements. Review will look at usage of Hospital beds and will ensure that there is capacity for an element of growth.	Lorraine Paterson		18	1.5	0	18	On track to be fully delivered.	GREEN
59	Bowman Court Progressive Care Centre	Review overnight provision to share staffing resource across the progressive care centre and adjoining hospital. Increase the pool of bank staff based at the unit/work jointly with external providers to provide absence cover, eliminating unfunded overtime and mileage costs. Review grades and tasking of existing staff group to bring them into line with agreed homecare grades.	Lorraine Paterson		80	0.0	0	80	In progress.	AMBER
60	Sleepover Provision	Review overnight support services where it is deemed safe to do so and replace with telecare equipment and the local responder provision.	Allen Stevenson/ Lorraine Paterson		150	0.0	0	150	In progress.	AMBER
61	Internal Mental Health Support Team	Review the level of provision available from the community support team and the role of the internal mental health support worker to consider it if meets the requirements of the service and provides best value. Proposed saving reflects the underspend produced in 2015/16, this is expected to be recurring.	Allen Stevenson/ Lorraine Paterson	Sep-16	60	0.0	0	60	On track to be fully delivered.	GREEN
62	Assessment and Care Management Financial Assessments	Replace four para-professional LGE8 care managers with four LGE6 finance assistants and transfer responsibility for the completion of all financial assessments to the new staff group. Review of current posts including opportunities for accomodating through vacancies or natural turnover.	Allen Stevenson/ Lorraine Paterson	Sep-16	12	0.0	0	12	Unlikely to be achieved in 2016-17.	AMBER

QUALITY AND FINANCIAL PLAN PROGRESS - AUGUST 2016

					TARGET 2016-17		Achieved August 2016	Remaining		
New Ref	**Service Area**	**Description**	**Lead**	**Key Date**	**Budget Reduction £000**	**FTE Reduction**	**£000**	**£000**	**Progress Update**	**Risk of Delivery (RAG)**
63	Assessment and Care Management Reduction	Remove 2 FTE para-professional care managers across Argyll to reflect the increased pool of staff within the partnership available to undertake assessment and care management work. This would also allow us to protect professional grade staff to ensure that there is capacity to meet the partnership's obligations in relation to adult protection. This cost reduction would capitalise on the benefit of Integration and economies of scale in terms of the staff resource, there would be training requirements but these would be addressed during implementation.	Allen Stevenson/ Lorraine Paterson		30	2.0	0	30	Unlikely to be achieved in 2016-17.	**AMBER**
64	Mid Argyll Dementia Day Service	Review service management arrangements for the Dementia Day Service in Mid Argyll and transfer responsibility to the manager at Ardfenaig. This could be achieved by temporarily redeploying the postholder to the MAKI HCPO post to cover 1 year secondment or into the Kintyre HCO post - both have been advertised.	Lorraine Paterson	Jun-16	18	1.0	0	18	In progress.	**AMBER**
65	Support for Carers	Review the allocation of funding to carers support groups, establish how the funding is used, identify what supports are provided, ensure resources are targeted to support vulnerable carers, establish if best value is being delivered, disinvest during 2016/17 to gather resources for use in 2017/18 to support the introduction of the Carers Act. This would be a review of how this money is currently invested to ensure that value for money is being achieved and potentially achieving efficiencies.	Allen Stevenson/ Lorraine Paterson		75	0.0	0	75	In progress.	**AMBER**
66	Supported Living Services	Review existing supported living services to ensure that services are providing best value, are consistent with the partnership's priority of need eligibility criteria and that the non-residential care charging policy is being applied appropriately and consistently. Re-assessments would be carried out to ensure the appropriate level of service is being delivered, it is expected that this would deliver efficiencies and cost reductions.	Allen Stevenson/ Lorraine Paterson		100	0.0	0	100	In progress.	**AMBER**
67	Learning Disability Day Services	Review internal day support provision for learning disabled clients.	Allen Stevenson/ Lorraine Paterson	Jun-16	110	0.0	0	110	On track to be fully delivered.	**GREEN**
68	Homecare Packages	Review small number of high cost homecare packages to ensure that person centred care needs and outcomes are met but on an affordable basis through packages that provide value for money. This would involve looking at packages on a case by case basis and ensuring that processes are put in place to ensure best value whilst balancing this with meeting the need of individual clients.	Allen Stevenson/ Lorraine Paterson		200	0.0	0	200	In progress.	**AMBER**
				Total Budget Reduction	**8,498**	**103.1**	**2,127**	**6,371**		

INTEGRATION JOINT BOARD **APPENDIX 3**

FINANCIAL RISKS - AUGUST 2016

				LIKELIHOOD		
Ref	**TITLE OF RISK**	**DESCRIPTION OF RISK**	**MITIGATIONS/ACTIONS IN PLACE**	**SCORE**	**OVERALL LIKELIHOOD**	**POTENTIAL FINANCIAL IMPACT £000**
1	Prescribing	Costs increase through national pricing agreements, new drugs are introduced, volumes dispensed increase.	Closer working with prescribers to ensure formulary compliance and Best Value.	4	Likely	500
2	Quality and Financial Plan	Risk if savings plan is not achieved - risk represents a 5% shortfall for illustrative purposes. Residual risk mainly in relation to social care services.	Close monitoring of savings plan, reporting to SMT and IJB, recovery plans are developed. Expenditure controls put in place and a project management approach to delivering savings.	4	Likely	425
3	Commissioned Services	The volume of high cost care packages increases	Closer scrutiny of applications for care packages.	4	Likely	250
4	Integrated Equipment Service	Demand for the community equipment service continues to grow and budget is under pressure, this is expected to increase with the shift in the balance of care.	Efficient running of Integrated Equipment Service, prioritisation of need and procurement processes.	4	Likely	200
5	Adult Care - Older People Service Demand	Demand for services for older people (ie over 65s) exceeds the demand pressure already factored into the budget.	Ongoing monitoring and reporting of service demand and provision costs to IJB management team.	3	Possible	600
6	Medical Locums	Need for use of locums continues in A&B Hospital, Lorn & Islands hospital and Mull GP services, and risk in other areas.	Pursue new models of service provision with NHS Glasgow and Greater Clyde and the local teams.	3	Possible	500
7	Adult Care - Younger Adult Service Demand	Demand for services for younger adults (ie under 65s) exeeds the demand pressure already factored into the budget.	Ongoing monitoring and reporting of service demand and provision costs to IJB management team.	3	Possible	300
8	Children and Families - Continuing Care	Relatively new area of support for Looked After Children introduced under the Children and Young People Act. Unclear as to the expectations / wishes of the affected young people in relation to the support they need / want over the next year.	Ongoing monitoring and reporting of service demand and provision costs to IJB management team. Ensure that Argyll and Bute responds to any information requests from COSLA or the Scottish Government in relation to funding allocations for this service area.	3	Possible	300
9	Adult Care - Living Wage Provision	The costs incurred in implementing the Scottish Living Wage for all social care workers from October 2016 exceeds the funding set aside.	Detailed costing exercise to be undertaken in consultation with suppliers. Costs implication clearly established before any new cost rates are agreed with providers.	3	Possible	300

INTEGRATION JOINT BOARD **APPENDIX 3**

FINANCIAL RISKS - AUGUST 2016

				LIKELIHOOD		
Ref	**TITLE OF RISK**	**DESCRIPTION OF RISK**	**MITIGATIONS/ACTIONS IN PLACE**	**SCORE**	**OVERALL LIKELIHOOD**	**POTENTIAL FINANCIAL IMPACT £000**
10	Greater Glasgow & Clyde SLA	Charges from GG&C increase due to growth in activity levels, risk that GG&C revisit financial model to pass on activity changes to other Health Boards in-year.	Management of contract, monitoring of cases that are passed onto IJB on a cost basis, information flows in place with GG&C.	3	Possible	250
11	Local Healthcare Treatments	Activity levels of locally provided treatments, eg urology, are not contained and grow significantly	Management of volume of service provided locally and re-design of pathways.	3	Possible	200
12	Children and Families - Children's Houses	Impact of additional staffing required to support young people with highly complex needs.	Intensive review of the needs and support requirements of the young people involved.	2	Unlikely	100
13	Children and Families - Children's Houses	Service unable to access and use all of the available capacity within the three children's houses due to the potential risks to others posed by specific existing residents.	Continuous review of the support required by and risks posed by the young people involved.	2	Unlikely	500
14	Children and Families - Kinship Care	Demand for Kinship Care Allowances exceeds the budget provision and / or the awaited Scottish Government guidance leads to an increase in allowance values or the number of people who qualify for support.	Ensure that Argyll and Bute responds to any information requests from COSLA or the Scottish Government on the implications of any changes to guidance and / or funding allocations.	2	Unlikely	300
15	Children and Families - Child Protection	Inability to recruit suitably qualified and experienced social workers to manage and deliver child protection services.	Backfill vacant posts with agency staff where required. Adjust the hours worked by agency staff to contain costs within the budget available for the vacant post. *Agency staff may be required to provide full cover where the risks associated with partial replacement of vacant posts are too high and the Partnership is unable to meet its statutory child protection obligations.*	2	Unlikely	100
					TOTAL	**4,825**

INTEGRATION JOINT BOARD APPENDIX 4

OTHER PROJECT FUNDING - AUGUST 2016

Integrated Care Fund				
Project	**Lead Officer**	**15/16 Carry Forward £'000**	**16/17 Allocation £'000**	**16/17 Budget £'000**
Scottish Care Local Integration Leads	Liz Higgins		64	64
Business Transformation Officer Post (50% contribution)	Stephen Whiston		30	30
Project Manager	Stephen Whiston		36	36
Commissioning Posts x 2	Anne MacColl-Smith		96	96
Reablement Service	Linda Currie		234	234
Public Health Post	Alison McGrory		52	52
Care & Repair Team	Allen Stevenson		80	80
Oban, Lorn & Isles Locality Allocation	Lorraine Paterson	39	182	221
Mid Argyll, Kintyre & Islay Locality Allocation	Lorraine Paterson	82	201	283
Cowal & Bute Locality Allocation	Allen Stevenson	77	221	298
Helensburgh & Lomond Locality Allocation	Allen Stevenson	58	196	254
Integrated Equipment Store	Allen Stevenson		138	138
Management and Prevention of Falls	Linda Currie		41	41
Self Management Programme	Alison McGrory		14	14
Support Community Reablement & Intermediate Care	Locality Managers	40		40
Helensburgh block purchase of care at home for reablement	Linda Currie	20		20
Advanced Healthcare Monitoring System for Reablement Teams	Linda Currie	31		31
Increased Weekend Discharges	Viv Hamilton	0		0
X-PERT training programme for type 2 diabetes	Lorraine Paterson		9	9
Uncommitted Balance		41	246	287
TOTAL		**388**	**1,840**	**2,228**

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

Technology Enabled Care			
Project	**Lead Officer**	**16/17 Allocation £'000**	**17/18 Allocation £'000**
Home Health Monitoring		117	116
Digital Platforms / Living It Up		50	0
Telecare		180	124
Programme Management Costs		66	0
Telehealth Support Costs		21	0
Uncommitted Balance		151	0
TOTAL		**585**	**240**

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda Item : 5v(b)

Date of Meeting : **28th September 2016**

Title of Report : **Audited Annual Accounts 2015-16**

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

The Integration Joint Board is asked to:

- **Note** that Audit Scotland have completed their audit of the annual accounts for 2015-16 and have issued an unqualified independent auditor's report
- **Approve** the Audited Annual Accounts for 2015-16 to be signed for issue
- **Note** the challenging timescale in future years in terms of producing accounts and the requirement to plan with the Health and Council partners to achieve this

1. EXECUTIVE SUMMARY

1.1 The Integration Joint Board were required to produce a set of annual accounts for 2015-16. These accounts were produced within the statutory timescale and have been subject to independent audit by the Integration Joint Board's external auditors, Audit Scotland. The audit process has been completed and Audit Scotland have issued an unqualified independent auditors report.

1.2 The timescales for producing accounts for future years will be very challenging given the differing financial year-end timetables of the Health and Council partners and adequate planning will be required to ensure the accounts can be produced on time. A draft year-end plan will be presented to the Audit Committee in December 2016.

2. INTRODUCTION

2.1 The Integration Joint Board were required to produce a set of annual accounts for 2015-16. The unaudited accounts for 2015-16 were produced in line with the agreed timetable and statutory timescales. The accounts were approved by the IJB on 22 June 2016 for submission to external audit, the audit process is complete and the audited accounts require to be approved by the Integration Joint Board prior to 30 September 2016.

3. DETAIL OF REPORT

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

3.2 The annual accounts have been subject to independent audit by Audit Scotland and there were some minor changes required to the accounts as a result of this. The changes were mainly presentational and there were no changes required to any of the financial information in the accounts. The majority of changes are to the remuneration report which included for example including a list of all voting members of the Integration Joint Board for transparency.

3.3 The Annual Accounts for 2015-16 were prepared in accordance with the additional guidance issued by the Scottish Government Integrated Resources Advisory Group (IRAG) and CIPFA LASAAC. There is currently a consultation from CIPFA to update the LASAAC guidance in advance of the 2016-17 year-end and feedback will be submitted in relation to this.

3.4 The Audited Annual Accounts for 2015-16 are included as Appendix 1, these incorporate the independent auditors report. Audit Scotland are able to conclude that that Integration Joint Board's accounts present a true and fair view of the IJB. There is a separate item on the agenda with the External Audit Annual Audit Report for 2015-16 to be presented by Audit Scotland.

3.5 The Integration Joint Board is required to formally approve the Audited Annual Accounts prior to 30th September.

3.6 The annual accounts for 2015-16 were successfully produced on time and the audit process was fairly straightforward. The timely production of accounts in future years will be more challenging as there will be transactions in relation to service delivery and the agreement of these balances between the partners may be a challenging timescale given the differing financial year-end timetables of Health and the Council. A detailed year-end plan will be developed with both partners to agree the approach to this for the 2016-17 year-end. This plan will be presented to the Audit Committee in December 2016.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

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

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

5.1.1 The Integration Joint Board is required to consider and approve the Audited Annual Accounts for 2015-16 by 30th September 2016.

5.2 Staff Governance

None

5.3 Clinical Governance

None

6. EQUALITY & DIVERSITY IMPLICATIONS

None

7. RISK ASSESSMENT

None

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

8.1 The unaudited annual accounts were advertised and made publicly available for inspection, the audited accounts will require to be published by 30 September 2016.

9. CONCLUSIONS

9.1 The Audited Annual Accounts for 2015-16 require to be approved by the IJB by 30 September 2016, these were submitted to Audit Scotland, the IJB external auditors and an unqualified independent auditors report has been received. There were a small number of changes required to the accounts as part of the audit process and these were in main presentational.

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

ARGYLL AND BUTE

INTEGRATION JOINT BOARD

AUDITED ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

ARGYLL AND BUTE INTEGRATION JOINT BOARD

ANNUAL ACCOUNTS CONTENTS

ARGYLL AND BUTE INTEGRATION JOINT BOARD

Management Commentary

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

1. PURPOSE AND OBJECTIVES

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

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

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

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

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

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

2. FINANCIAL REVIEW

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

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

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

	2016-17 £m	**2017-18 £m**	**2018-19 £m**
Baseline Budget	249.162	264.499	272.393
Pay Cost Increases	2.447	1.793	1.808
Non Pay Inflation & Cost/Demand Pressures	12.890	6.100	5.153
Total Forecast Expenditure	264.499	272.392	279.354
Total Estimated Funding	(256.001)	(257.294)	(258.638)
Budget Gap (Cumulative)	**8.498**	**15.098**	**20.716**
Budget Gap (In-Year)	**8.498**	**6.601**	**5.617**

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

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

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

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

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

3. OPERATIONAL REVIEW

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

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

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

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

Kieron Green	**Christina West**	**Caroline Whyte**
Chair	**Chief Officer**	**Chief Financial Officer**

ARGYLL AND BUTE INTEGRATION JOINT BOARD

Statement of Responsibilities

THE INTEGRATION JOINT BOARD'S RESPONSIBILITIES:

The Integration Joint Board is required:

- to ensure the Annual Accounts are prepared in accordance with the legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government Act 2003);
- to manage its affairs to achieve economic, efficient and effective use of its resources and safeguard its assets; and
- to approve the statement of accounts at a meeting of the Integration Joint Board.

I confirm that these Annual Accounts were approved for signature by the Argyll and Bute Integration Joint Board at its meeting on 28 September 2016.

Signed on behalf of the Integration Joint Board:

Kieron Green
Chair
28 September 2016

ARGYLL AND BUTE INTEGRATION JOINT BOARD
Statement of Responsibilities

THE CHIEF FINANCIAL OFFICER RESPONSIBILITIES:

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

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

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

The Chief Financial Officer is also required to:

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

STATEMENT OF ACCOUNTS

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

Caroline Whyte
Chief Financial Officer
28 September 2016

ARGYLL AND BUTE INTEGRATION JOINT BOARD

Annual Governance Statement

SCOPE OF RESPONSIBILITY

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

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

GOVERNANCE FRAMEWORK

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

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

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

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

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

INTERNAL AUDIT

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

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

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

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

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

REVIEW OF EFFECTIVENESS

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

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

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

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

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

Kieron Green
Chair
28 September 2016

Christina West
Chief Officer
28 September 2016

ARGYLL AND BUTE INTEGRATION JOINT BOARD

The Remuneration Report

1. INTEGRATION JOINT BOARD

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

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

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

On 31 March 2016 the voting members of the Integration Joint Board were as follows:

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

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

2. SENIOR OFFICERS

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

contract of employment is with Argyll and Bute Council. The Chief Officer is employed by Argyll and Bute Council and seconded to the Integration Joint Board.

3. REMUNERATION POLICY

The Integration Joint Board does not pay allowances or remuneration to the voting Board members, they are remunerated by their relevant Integration Joint Board organisation.

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

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

4. REMUNERATION

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

Board Member/Senior Officer	**Salary (Including Fees and Allowances)** **£**	**Taxable Expenses** **£**	**Total Remuneration 2015-16** **£**
Chief Officer – Christina West *(Full Year Equivalent)*	73,460 *(95,905)*	0	73,460 *(95,905)*
Chair – Douglas Philand, Argyll and Bute Council (from 27/06/15 to 10/02/16)			
Chair – Maurice Corry, Argyll and Bute Council (from 11/02/16)	-	-	-
Vice Chair – Robin Creelman, NHS Highland	-	-	-

5. PENSION BENEFITS

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

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

	In-year Pension Contributions £	**Accrued Pension Benefits £**
Chief Officer – Christina West	14,113	2,478

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

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

Kieron Green
Chair
28 September 2016

Christina West
Chief Officer
28 September 2016

STATEMENT OF INCOME AND EXPENDITURE

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

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

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

BALANCE SHEET

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

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

The unaudited accounts were authorised for issue on 22 June 2016 and the audited accounts were authorised for issue on 28 September 2016.

Caroline Whyte
Chief Financial Officer
28 September 2016

ARGYLL AND BUTE INTEGRATION JOINT BOARD
Notes to the Financial Statements

1. ACCOUNTING POLICIES

1.1. General Principles

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

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

1.2 Accruals of income and expenditure

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

1.3 VAT Status

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

1.4 Provisions, contingent liabilities and assets

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

1.5 Events after the reporting period

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

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

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

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

1.6 Debtors and creditors

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

1.7 Reserves

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

2. RELATED PARTY TRANSACTIONS

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

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

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

3. CORPORATE SERVICES

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

4. SHORT TERM DEBTORS

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

5. SHORT TERM CREDITORS

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

6. MOVEMENT IN RESERVES

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

7. CONTINGENT LIABILITIES

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

8. POST BALANCE SHEET EVENTS

The unaudited Annual Accounts were authorised for issue on 22 June 2016 at the meeting of the Integration Joint Board. Where events took place before the date provided information about conditions which existed at 31 March 2016, the Annual Accounts and notes have been adjusted in all material respects to reflect the impact of this information. Events taking place after this date have not been reflected in the Annual Accounts and notes.

9. CORRESPONDING AMOUNTS

The Integration Joint Board was formally established on 27 June 2015 and hence the period to 31 March 2016 is the first year of operation. Consequently there are no corresponding amounts for previous years to be shown.

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

I certify that I have audited the financial statements of Argyll and Bute Integration Joint Board for the year ended 31 March 2016 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Statement of Income and Expenditure, Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2015/16 (the 2015/16 Code).

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 125 of the Code of Audit Practice approved by the Accounts Commission for Scotland, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Respective responsibilities of the Chief Financial Officer and auditor

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland) as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Those standards require me to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the circumstances of Argyll and Bute Integration Joint Board and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Chief Financial Officer; and the overall presentation of the financial statements. In addition, I read all the financial and non-financial information in the Annual Accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Opinion on financial statements

In my opinion the financial statements:

- give a true and fair view in accordance with applicable law and the 2015/16 Code of the state of the affairs of Argyll and Bute Integration Joint Board as at 31 March 2016 and of the income and expenditure of Argyll and Bute Integration Joint Board for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2015/16 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Opinion on other prescribed matters

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014; and
- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I am required to report by exception

I am required to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the part of the Remuneration Report to be audited are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- the Annual Governance Statement has not been prepared in accordance with Delivering Good Governance in Local Government; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

Fiona Mitchell-Knight FCA
Assistant Director, Audit Services
Audit Scotland
4th Floor, The Athenaeum Building
8 Nelson Mandela Place,
Glasgow, G2 1BT

28 September 2016

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Argyll and Bute Integration Joint Board 28 September 2016

Argyll and Bute Integration Joint Board Annual Audit Report

1. International Standard on Auditing (UK and Ireland) 260 (ISA 260) requires auditors to report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We are drawing to your attention matters for your consideration before the financial statements are approved and certified. The section headed "Significant findings from the audit in accordance with ISA260" in the attached annual audit report advises that we have no issues to report to you. This report will be issued in final form after the financial statements have been certified.

2. Our work on the financial statements is now complete. Subject to the satisfactory conclusion of any outstanding matters and receipt of a revised set of financial statements for final review, we anticipate being able to issue an unqualified auditor's report on 28 September 2016 (the proposed report is attached at Appendix A). There are no anticipated modifications to the audit report.

3. In presenting this report to the Integration Joint Board we seek confirmation from those charged with governance of any instances of any actual, suspected or alleged fraud; any subsequent events that have occurred since the date of the financial statements; or material non-compliance with laws and regulations affecting the entity that should be brought to our attention.

4. We are required to report to those charged with governance all unadjusted misstatements which we have identified during the course of our audit, other than those of a trivial nature and request that these misstatements be corrected. We have no unadjusted misstatements to bring to your attention.

5. As part of the completion of our audit we seek written assurances from the Accountable Officer on aspects of the financial statements and judgements and estimates made. A draft letter of representation under ISA580 is attached at Appendix B. This should be signed and returned by the Accountable Officer with the signed financial statements prior to the independent auditor's opinion being certified.

Outstanding matters

6. There are no outstanding matters

Appendix A – Proposed Independent Auditors Report

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

I certify that I have audited the financial statements of Argyll and Bute Integration Joint Board for the year ended 31 March 2016 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Statement of Income and Expenditure, Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2015/16 (the 2015/16 Code).

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 125 of the Code of Audit Practice approved by the Accounts Commission for Scotland, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Respective responsibilities of the Chief Financial Officer and auditor

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland) as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Those standards require me to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the circumstances of Argyll and Bute Integration Joint Board and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Chief Financial Officer; and the overall presentation of the financial statements. In addition, I read all the financial and non-financial information in the Annual Accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Opinion on financial statements

In my opinion the financial statements:

- give a true and fair view in accordance with applicable law and the 2015/16 Code of the state of the affairs of Argyll and Bute Integration Joint Board as at 31 March 2016 and of the income and expenditure of Argyll and Bute Integration Joint Board for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2015/16 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Opinion on other prescribed matters

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014; and
- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I am required to report by exception

I am required to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the part of the Remuneration Report to be audited are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- the Annual Governance Statement has not been prepared in accordance with Delivering Good Governance in Local Government; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

Fiona Mitchell-Knight FCA
Assistant Director, Audit Services
Audit Scotland
4th Floor, The Athenaeum Building
8 Nelson Mandela Place,
Glasgow, G2 1BT

28 September 2016

Appendix C: ISA 580 - Letter of Representation

28 September 2016

Fiona Mitchell-Knight
Assistant Director
Audit Scotland
4th Floor, South Suite
The Athenaeum Building
Nelson Mandela Place
Glasgow
G2 1BT

Dear Fiona

Argyll and Bute Integration Joint Board

Annual Accounts 2015/2016

1. This representation letter is provided in connection with your audit of the financial statements of the Argyll and Bute Integration Joint Board for the year ended 31 March 2016 for the purpose of expressing an opinion as to whether the financial statements properly present the financial position of the Board as at 31 March 2016, and its income and expenditure for the year then ended.

2. I confirm to the best of my knowledge and belief, and having made appropriate enquiries of the Board, Argyll and Bute Council and NHS Highland, the following representations given to you in connection with your audit for the year ended 31 March 2016.

General

3. I acknowledge my responsibility for the financial statements. All the accounting records requested have been made available to you for the purposes of your audit. All material agreements and transactions undertaken by Argyll and Bute Integration Joint Board have been properly reflected in the financial statements. All other records and information have been made available to you, including minutes of all management and other meetings.

4. The information given in the Annual Accounts, including the Management Commentary and Remuneration Report, presents a balanced picture of the Board and is consistent with the financial statements.

5. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements.

Financial Reporting Framework

6. The financial statements have been prepared in accordance with Code of Practice on Local Authority Accounting in the United Kingdom 2015/16 and in accordance with the requirements of Local Government (Scotland) Act 1973 including all relevant presentation and disclosure requirements.

7. Disclosure has been made in the financial statements of all matters necessary for them to show a true and fair view of the transactions and state of affairs of Argyll and Bute Integration Joint Board for the year ended 31 March 2016.

Accounting Policies and Estimates

8. All material accounting policies adopted are as shown in the Statement of Accounting Policies included in the financial statements. The appropriateness of these policies has been reviewed, and takes account of the requirements set out in the Code of Practice on Local Authority Accounting in the United Kingdom 2015/16.

9. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. There are no changes in estimation techniques which should be disclosed due to their having a material impact on the accounting disclosures.

Going Concern

10. The Senior Officers have assessed the ability of the Integration Joint Board to carry on as a going concern and have disclosed, in the financial statements, any material uncertainties that have arisen as a result.

Related Party Transactions

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

Remuneration Report

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

Events Subsequent to the Statement of Balances Date

13. There have been no material events since the date of the balance sheet which necessitate revision of the figures in the financial statements or notes thereto including contingent assets and liabilities.

14. Since the date of the balance sheet no events or transactions have occurred which, though properly excluded from the financial statements, are of such importance that they should be brought to your notice.

Corporate Governance

15. I acknowledge, as Section 95 Officer, my responsibility for the corporate governance arrangements of the Board. I confirm that I have disclosed to the auditor all deficiencies in internal control of which I am aware.

Fraud

16. I have considered the risk that the financial statements may be materially misstated as a result of fraud. I have disclosed to the auditor any allegations of fraud or suspected fraud affecting the financial statements. There have been no irregularities involving management or employees who

have a significant role in internal control or that could have a material effect on the financial statements.

Provisions and Contingent Liabilities

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

Yours sincerely

Caroline Whyte
Chief Financial Officer

Argyll and Bute Integration Joint Board

2015/16 Annual Audit Report for members of Argyll and Bute Integration Joint Board and the Controller of Audit

Date: September 2016

Key contacts

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Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. We help the Auditor General for Scotland and the Accounts Commission check that organisations spending public money use it properly, efficiently and effectively (www.audit-scotland.gov.uk/about/).

Fiona Mitchell Knight, Assistant Director, Audit Scotland is the engagement lead of Argyll and Bute Integration Joint Board for the 2015/16 year.

This report has been prepared for the use of Argyll and Bute Integration Joint Board and no responsibility to any member or officer in their individual capacity or any third party is accepted.

Contents

Key messages

Audit of financial statements	• We have completed our audit of the Argyll and Bute Integration Joint Board and issued an unqualified independent auditor's report on the 2015/16 financial statements.
Financial management & sustainability	• The Board was formally established on 27 June 2015. The costs of providing services and managing the Board in the period from establishment to 31 March 2016 totalled £104,000. • The Board requires to make savings of £8.498 million in 2016/17 and has savings plans in place for this amount. However some £2.275 million of the planned savings are considered to be high risk and may not materialise. • The Board requires to agree a recovery plan to ensure that services are delivered within the available budget.
Governance & transparency	• The Board approved a number of governance arrangements in 2015/16 (financial regulations, standing orders, Code of Conduct, risk management strategy). These will be subject to further development and refinement going forward. • The meetings of the Board are open to the public who also have access to minutes and supporting papers via partners' websites.
Best Value	• The Board has approved a planning and performance management framework. • The Board has yet to develop performance measures aligned to the Board's Strategic Plan and which focus on core priorities.
Outlook	• The Board will continue to operate in a period of austerity with reduced funding in real terms, increasing cost pressures and a growing demand for services. All integration authorities need to continue to shift resources, including the workforce, towards a more preventative and community based approach. • It is important that the Board can demonstrate that these changes, which may take several years to fully evolve, are making a positive impact on service users and improving outcomes.

Introduction

1. In October 2015 the Accounts Commission approved the appointment of Audit Scotland's Audit Services Group as external auditors of Argyll and Bute Integration Joint Board (the "Board"). Our audit appointment is for one year, covering the 2015/16 financial year, the first accounting period for which the Board is required to prepare financial statements.

2. This report is a summary of our findings arising from the 2015/16 audit of Argyll and Bute Integration Joint Board. The report is divided into sections which reflect our public sector audit model.

3. The management of the Board is responsible for:
   - preparing financial statements which give a true and fair view
   - implementing appropriate internal control systems
   - putting in place proper arrangements for the conduct of its affairs
   - ensuring that the financial position is soundly based.

4. Our responsibility, as the external auditor of Argyll and Bute Integration Joint Board, is to undertake our audit in accordance with International Standards on Auditing, the principles contained in the Code of Audit Practice issued by Audit Scotland in May 2011 and the ethical standards issued by the Auditing Practices Board.

5. An audit of financial statements is not designed to identify all matters that may be relevant to those charged with governance. It is the auditor's responsibility to form and express an opinion on the financial statements; this does not relieve management of their responsibility to prepare financial statements which give a true and fair view.

6. Appendix I lists the audit risks that we identified in the annual audit plan we issued in March 2016. It also summarises the assurances provided by management to demonstrate that risks are being addressed and the conclusions of our audit work.

7. Appendix II is an action plan setting out our recommendations to address the high level risks we have identified during the course of the audit. Officers considered the issues and agreed to take steps to address them. The Board should ensure it has a mechanism in place to assess progress and monitor outcomes.

8. We have included in this report only those matters that have come to our attention as a result of our normal audit procedures; consequently, our comments should not be regarded as a comprehensive record of all deficiencies that may exist or improvements that could be made.

9. The cooperation and assistance afforded to the audit team during the course of the audit is gratefully acknowledged.

Audit of the 2015/16 financial statements

Audit opinion	• We have completed our audit and issued an unqualified independent auditor's report.
Going concern	• The financial statements were prepared on the going concern basis. • The Board had to set its 2016/17 budget in advance of the health board's budget. However we do not feel this or any other events or conditions cast significant doubt on the Board's ability to continue as a going concern.
Other information	• We review and report on other information published with the financial statements, including the management commentary, annual governance statement and the remuneration report. We consider whether these reports have been properly prepared, comply with extant guidance and are consistent with the financial statements. • We report any material errors or omissions, any material inconsistencies with the financial statements or any otherwise misleading content. Amendments were made to the remuneration report after the audit. We have nothing else to report in respect of the other information published as part of the annual report and accounts.

Submission of financial statements for audit

10. The financial statements of the Board are prepared in accordance with the 1973 Act and the 2015/16 Code of Practice on Local Authority Accounting in the United Kingdom (the Code).

11. We received the unaudited financial statements of the Board on 27 June 2016. This was before the proposed date of 30 June 2016 that was set out in our 2015/16 Audit Plan. We were aware of the minimal transactions recorded through the 2015/16 financial statements.

12. However, going forward it is important that the financial statements are produced promptly particularly as the Argyll and Bute Integration Joint Board will be fully operational in 2016/17 and figures will be required by the NHS Highland and Argyll and Bute Council for inclusion in their group accounts. In particular, NHS Highland's Audit Committee is due to meet in June 2017 to consider the health board's 2016/17 accounts.

Recommendation 1

Overview of the scope of the audit of the financial statements

13. Information on the integrity and objectivity of the appointed auditor and audit staff, and the nature and scope of the audit, were outlined in our Annual Audit Plan presented to the Argyll and Bute Integration Joint Board on 18 May 2016 for consideration by members.

14. As part of the requirement to provide full and fair disclosure of matters relating to our independence, we can confirm that we have not undertaken non-audit related services. The 2015/16 agreed fee for the audit was set out in the Annual Audit Plan and as we did not carry out any work additional to our planned audit activity, the fee remains unchanged.

15. During the planning phase of our audit we identified a number of risks and reported these to you in our Annual Audit Plan along with the work we proposed doing in order to obtain appropriate levels of assurance. Appendix I sets out the significant audit risks identified and how we addressed each risk.

16. Our audit involved obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error.

Local Authority Accounts (Scotland) Regulations 2014

17. These regulations apply to the statutory annual accounts. Local Government Finance Circular 7/2014 provides guidance on how these regulations should apply. We have concluded that the Board complies with the regulations.

18. The statement of responsibilities and balance sheet were signed by the proper officer prior to the submission of the unaudited accounts to the auditor.

19. The regulations require those charged with governance to consider the unaudited accounts at a meeting no later than 31 August. In ABIJB's case a meeting was held on 22 June 2016 to formally consider and approve the unaudited annual accounts prior to submitting them to the auditor, and making them available for public inspection.

20. The regulations also require those charged with governance to approve the audited accounts. The board is to do this at its September 2016 meeting, when this report is to be considered.

Materiality

21. Materiality can be defined as the maximum amount by which auditors believe the financial statements could be misstated and still not be expected to affect the decisions of users of financial statements. A misstatement or omission, which would not normally be regarded as material by amount, may be important for other reasons (for example, an item contrary to law).

22. We summarised our approach to materiality in our 2015/16 Annual Audit Plan. Based on our knowledge and understanding of Argyll and Bute Integration Joint Board we set our planning materiality for 2015/16 at £1,000 (or 1.0% of gross expenditure). In our judgement we decided that any errors in excess of £1,000 could be considered material and therefore we would report all misstatements greater than this amount.

Evaluation of misstatements

23. The audit identified some presentational adjustments which were discussed and agreed with management. None of these had an impact on the statement of income and expenditure presented to the Audit Committee on 3 August 2016.

Significant findings from the audit

24. International Standard on Auditing 260 requires us to communicate to you significant findings from the audit, including:

- the auditor's views about significant qualitative aspects of the entity's accounting practices, including accounting policies, accounting estimates and financial statement disclosures
- significant difficulties encountered during the audit
- significant matters arising from the audit that were discussed, or subject to correspondence with management
- written representations requested by the auditor
- other matters which in the auditor's professional judgment are significant to the oversight of the financial reporting process.

We have nothing to report in respect of these matters.

Future accounting and auditing developments

Audit appointment from 2016/17

25. External auditors are appointed for a five year term either from Audit Scotland's Audit Services Group or private firms of accountants. The procurement process for the new round of audit appointments was completed in March 2016. As a result of this process, Audit Scotland will be the appointed auditor for the Board for a five year period commencing in 2016/17.

Code of Audit Practice

26. A new Code of Audit Practice applies to public sector audits for financial years starting on or after 1 April 2016. It replaces the Code issued in May 2011. It outlines the objectives and principles to be followed by auditors.

27. The new Code increases the transparency of our work by making more audit outputs available on Audit Scotland's website. In addition to publishing all annual audit reports, annual audit plans and other significant audit outputs will be put on the website for all audited bodies. This is irrespective of whether the body meets in public or makes documents.

Health and Social Care Integration

28. The ABIJB became fully operational on 1 April 2016 when delegated services transferred to the Board from NHS Highland and Argyll and Bute Council. Therefore, the financial results of integration joint board will require to be consolidated into Argyll and Bute Council and NHS Highland's accounts in 2016/17 on the basis of materiality.

29. The Board will require to ensure that procedures are in place for it to provide financial and non-financial information by a mutually agreed date to allow the council and health board to meet their statutory reporting obligations. In addition, the integration joint board will need to consider what assurances they are required to provide to the council and health board to support disclosures in their annual governance statements.

Financial management and sustainability

Financial management

30. In the period to 31 March 2016, the Board did not have any assets, nor did it directly incur expenditure or employ staff, other than the Chief Officer. All funding and expenditure relating to services managed by the Board was incurred by partner bodies and processed in their accounting records.

Financial performance 2015/16

31. The Board's annual accounts include only limited financial information. In the period from the date of establishment (27 June 2015) to 31 March 2016 the Board incurred total running costs of £104,000. This expenditure was fully funded by payments from its partners.

Integration joint board budget 2016/17

32. The process for determining the first year budget for the Board is set out in the integration scheme agreed between Argyll and Bute Council and NHS Highland. A process of due diligence was carried out on budgets to be transferred to the Board.

33. The Board allocates the resources it receives from the Health Board and Local Authority in line with the Strategic Plan. The council element of the budget (£55.553m) was approved in February 2016. The health board budget was not formally set until 5 April 2016. During the intervening period the Board approved a budget of £262.919m, based on assumed funding (£195.868m) from the health board.

Financial management arrangements

34. Financial monitoring reports submitted to the Board feature as a standing item. The reports follow a standard format with council and health budget elements separately analysed. They detail the annual budget, compare actual expenditure against budget for the year to date, highlight variances and include a projected out-turn position for the year.

35. The reports also provide details of significant financial pressures facing the Board, budget recovery plan / savings updates and information on funding strands.

36. It is too early to assess the effectiveness of these arrangements given their recent introduction although the format and content of monitoring reports is consistent with expected practice.

Conclusion on financial management

37. We have concluded that the Board had appropriate financial management arrangements in place during 2015/16.

Financial sustainability

38. Financial sustainability means that the Board has the capacity to meet its current and future plans.

Financial planning

39. As set out in para 32, the Board approved a budget for 2016/17 on 23 March 2016. At the meeting, the Board also noted indicative 2017/18 and 2018/19 budgets and a resulting cumulative funding gap of £20.716m for the three year period 2016/17 to 2018/19.

40. The 2016/17 budget was based on expenditure of £262.919m to deliver partnership services, with Argyll and Bute Council contributing £55.553m and NHS Highland contributing £195.868m. After including Scottish Government funding of £4.580m, there existed a £6.918m funding gap. The main contributing factor to the funding gap was reported as the level of cost and demand pressures outstripping any funding uplifts. At its meeting in March 2016, the Board also approved a Quality and Financial Plan to deliver a balanced partnership budget. The Plan detailed 44 individual savings to be delivered, the key date for delivery and a risk assessment (Red, Amber or Green) of the deliverability of the individual savings. The savings include:

- re-design provision of services at community hospitals across the Argyll and Bute area – saving £2.25m
- participate in a review of the costing and activity model to review tariff and activity levels for NHS Greater Glasgow and Clyde Service Level Agreement – saving £0.5m
- closure of West House – saving £0.5m

41. The due diligence process carried out in respect of the historical budget provision, costs and financial offers from the Council and Health partners was revisited during April 2016 at the 2015/16 financial year-end. The overspend position for Council provided Social Work services resulted in an additional projected savings requirement of £1.580m to deliver a balanced partnership budget. An updated Quality and Financial Plan detailing a total revised savings requirement of £8.498m and comprising 63 individual savings to be delivered, was approved by the IJB Board on 22 June 2016. The largest (by value) additional savings include:

- re-design how homecare services are provided – saving £0.375m
- re-design the service provided by the teams at Struan Lodge Care Home and Struan Day Service – saving £0.175m
- review a small number of high cost homecare packages – saving £0.2m.

42. At the Board meeting in August 2016, the Chief Financial Officer (CFO) provided an update on Quality and Financial Pan progress as at the end June 2016 which included an updated risk assessment of the deliverability of the individual savings (see Table 1 below). The CFO also reported that it was estimated that £2.275m of the required savings will not be deliverable in 2016/17.

Table 1: Risk assessment of the deliverability of individual savings

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

43. In her Budget Monitoring Summary to the Board in August 2016, the CFO reported a year-end forecast overspend of £1.5m as at June 2016, primarily due to the expected shortfall in the delivery of the Quality and Financial Plan, and that a recovery plan requires to be put into place to ensure that services are delivered within the available budget.

44. The CFO has confirmed that a financial recovery plan is being finalised which includes management actions to bring the projected spend back into line with budget. The CFO has also confirmed that a medium term financial model will require to be developed to plan for the longer term, using scenario planning based on the best available information.

Conclusion on financial sustainability

45. On the basis of limited evidence we have concluded that the Board's financial position is sustainable currently. Due diligence has been carried out on the Board's budget while a recovery plan is currently being put in place to address a forecast overspend.

Outlook

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

47. Strategic plans, while setting out the broad direction, will need to be clear regarding the Board's priorities and the financing and staff that will be available over the longer term to match these priorities. It is important that they provide detail on the level of resources required in each key area and how they will shift resources towards preventative and community based care.

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

Recommendation 2

Governance and transparency

49. Good governance is vital to ensure that public bodies perform effectively. This can be a particular challenge in partnerships, with Board members drawn from a wide range of backgrounds.

Governance structures

50. The Argyll and Bute Integration Joint Board was formally established on 27 June 2015 but did not have operational responsibility in year for delegated services. These services were delegated to the Board on 1 April 2016. The Board has representation from a wide range of service users and partners including four elected councillors nominated by Argyll and Bute Council and four directors nominated by NHS Highland.

51. The Board is responsible for the management and delivery of health and social care services in the Argyll and Bute area and is supported by an audit committee and strategic planning group.

52. The Board is also supported in its work by a Chief Officer (appointed in June 2015) and Chief Financial Officer (appointed in March 2016). The former provides strategic and operational advice to the Board while the latter is responsible for financial management including budget monitoring reports.

Strategic Plan

53. The legislation required the Board to approve a Strategic Plan by the deadline date of 31 March 2016 before it could take operational responsibility for delegated services. The Plan was duly approved at the Board meeting on 23 March 2016. As a result the Board will now oversee the delivery of the Strategic Plan for the integrated functions and budgets delegated to it.

54. A number of other important strands of the Board's governance framework were put in place in 2015/16. These include:

- approval of standing orders (August 2015)
- the appointment of internal auditors (June 2016)
- Code of Conduct (May 2016)
- financial regulations approved (December 2015)
- approval of a risk management strategy (August 2016)
- planning and performance management framework (May 2016)
- equalities framework (June 2016).

55. On the basis of the evidence available to us we concluded that the Board had appropriate governance arrangements in place commensurate with its responsibilities in 2015/16.

Internal control

56. All financial transactions of the Board are processed through the financial systems of the partner bodies – Argyll and Bute Council and NHS Highland - and are subject to the same controls and scrutiny of the council and health board, including the work performed by internal audit.

57. As the external auditor for Argyll and Bute Council and from assurance given by NHS Highland external audit we were able to confirm that there were no weaknesses in the systems of control of the partner bodies that we require to bring to the attention of members.

58. Based on the available evidence we concluded that appropriate controls were established during the period of the IJB's existence in 2015/16. It is too early to assess their effectiveness but going forward they will help support the Board's governance arrangements.

Internal audit

59. Internal audit provides the Board and Chief Officer with independent assurance on the Board's overall risk management, internal control and corporate governance processes. The Board meeting in June 2016 agreed that the internal auditor role would be undertaken by the internal auditors of NHS Highland.

60. We did not place any formal reliance on internal audit work.

Arrangements for the prevention and detection of fraud and corruption

61. The Board has approved a Code of Conduct for members based on the model code and statutory requirements set out in the Ethical Standards in Public Life etc. (Scotland Act 2000).

62. We concluded that in 2015/16 the Board had put in place appropriate arrangements for the prevention and detection of fraud (and corruption) commensurate with its responsibilities at that time.

Transparency

63. Transparency means that the public have access to understandable, relevant and timely information about how the Board is taking decisions and how it is using its resources.

64. Members of the public can attend meetings of the Board. Minutes and related papers for the Board are available on both the council and health board websites.

65. We concluded that the Board has put in place arrangements that support openness and transparency.

Outlook

66. Embedding robust governance arrangements will be an essential element to ensuring the Board performs effectively and is held to account for its decisions. Governance arrangements will require further development and refinement as the Board evolves.

67. The Board has established an Audit Committee with the first meeting held on 3 August 2016. This will further strengthen governance arrangements within the Board.

Best Value

68. Accountable officers have a specific responsibility to ensure that arrangements have been made to secure Best Value. IJBs need to establish effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives, and holding partners to account.

Performance management

69. The Public Bodies (Joint Working) (Scotland) Act 2014 and the Integration Scheme for the Board set out the legislative changes required to implement adult health and social care both operationally and financially. One of these is in respect of performance management arrangements.

70. The Chief Officer submitted a paper to the Board meeting on 24 March 2016 outlining a proposed performance management framework including a sample performance scorecard.

71. The scorecard is focused on the Scottish Government's nine national health and wellbeing outcomes supported by a core indicator set. From this, local indicators will be derived from current plans and measures e.g. the Single Outcome Agreement for the Argyll and Bute area, NHS Highland's local delivery plan and the Board's Strategic Plan.

Recommendation 3

72. The Chief Officer has been given delegated authority to oversee the implementation of the performance framework and ensure that processes are in place to fulfil legislative requirements (e.g. preparation of an annual performance report). Further reports on progress will be provided to the Board as the performance management system evolves.

73. We concluded that the Board has put in place arrangements to address performance management arrangements as set out in the 2014 Act. However, these arrangements are still at the early stages of development and a number of core performance measures have yet to be agreed.

National performance audit reports

74. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2015/16, a number of reports were issued which are of direct interest to the Board as outlined below.

75. **Changing models of health and social care report (March 2016):** This report says that transformational change is required to meet the Scottish Government's vision to shift the balance of care to more homely and community-based settings. One of the key findings in the report was that the shift to new models of care was not happening fast enough to meet the growing need, and the new models of care that are in place are generally small-scale and are not widespread.

76. The report did highlight NHS Highland's new model of delivering healthcare for the Small Isles initiative as an example of innovative practice. This is a combination of telehealth facilities and improving local skills to deal with healthcare needs. This is alongside a visiting service provided through NHS Highland's new rural support team that includes GPs, nurse practitioners and paramedics.

77. **Health and Social Care Integration (December 2015):** This report reviewed the progress made to establish new integration authorities, which will be responsible for planning joint health and social care services and managing a budget totalling over £8 billion by 1 April 2016. The report highlighted that evidence suggests that integration joint boards (IJBs) will not be in a position to make a major impact during 2016/17. The report highlighted that there is broad agreement on the principles of integration, but many IJBs have still to set out clear targets and timescales showing how they will make a difference to people who use health and social care services.

78. Audit Scotland plans to re-visit health and social integration in future years to assess progress and impact.

Outlook

79. Demands on health and social care services are increasing because of demographic changes. People are living longer often with complex health and care needs. At the same time, NHS boards and councils are facing increasingly difficult financial challenges.

80. There is a general recognition that current models of care are unsustainable. New models of care are needed. With the right services many people could avoid unnecessary admissions to hospital, or be discharged more quickly when admission is needed.

81. The Board, working with Argyll and Bute Council and NHS Highland, has a key role to play in ensuring delivery of the Scottish Government's 2020 Vision. This aims to enable everyone to live longer, healthier lives at home or in a homely setting.

82. It is also important that the Board identifies appropriate performance measures and tracks cost savings and outcomes when implementing new models of care.

Appendix I: Significant audit risks

The table below sets out the audit risks we identified during the course of the audit and how we addressed each risk in arriving at our opinion on the financial statements.

Audit Risk	Assurance procedure	Results and conclusions
Risk of material misstatement in the financial statements		
Financial statements Financial statements are being prepared under the 2015/16 Code of Practice on Local authority accounting in the United Kingdom for the first time in 23015/16. **Risk:** The Argyll and Bute Integration Joint Board's 2015/16 accounts do not fully comply with the requirements of the 20151/16 Code.	• Review the ABIJB accounts for completeness. • Check the ABIJB's accounts against the requirements of the Code.	• Reviewed accounts against Integrated Resources Advisory Group (IRAG) finance guidance for completeness. • Checked the ABIJB's accounts against the Code requirements, as appropriate. The 2015/16 audited accounts comply with the Code and relevant guidance.
Local Authority Accounts (Scotland) Regulations 2014 The Argyll and Bute Integration Joint Board (ABIJB), as a new body, will be required to comply with the 2014 Accounts regulations. They deal with the publication and approval of the local authority bodies accounts. **Risk:** There is a risk that the Board may not have adequate arrangements in place to meet the requirements of the 2014 Regulations.	• Review the arrangements for publicising and approving the ABIJB accounts. • Check that the publication, and approval, of the accounts is in line with the 2014 regulations.	• Reviewed the Board's public inspection advert and the Board's website. • Checked that the approval process was in line with 2014 Regulations. The Board complies with the 2014 regulations.

Audit Risk	Assurance procedure	Results and conclusions
Management override ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. ISA 240 states that audit procedures should be responsive to risks related to management override of controls. **Risk:** This is a standard risk and relates to management manipulation of the position disclosed in the financial statements by overriding controls that would otherwise apply.	• Review financial governance procedures • Review financial monitoring and budgetary control. • Review of any accounting estimates for bias, if applicable.	• Financial governance arrangements reported to the board and key elements (e.g. financial regulations) approved in December 2015. • Financial transactions substantively checked by external audit • No estimates used in compiling the 2015/16 accounts. Our testing did not identify any issues for reporting to those charged with governance.
Risks identified from the auditor's wider responsibility under the Code of Audit Practice		
Strategic Plan The Strategic Plan has yet to be finalised and approved pending agreement of the ABIJB budget. The health board have raised concerns about uncertainties surrounding the allocation of additional Scottish Government funding for health and social care integration. Also, there is a lack of clarity about the national outcomes framework which will impact on health budgets. **Risk: -** In the absence of an agreed strategic plan, the ABIJB may not have sufficient resources to fund its delegated functions going forward.	• Reviewed the outcome of the Board meeting in March 2016 and assess its implications. The meeting was convened to and approve the Strategic Plan including the budget. • Consider due diligence work carried out by internal audit.	• The Argyll and Bute Partnership Strategic Plan was approved on the 23 March 2016 and the Board will now oversee the delivery of the Strategic Plan. • Due diligence work was carried by internal audit. We confirmed that the Strategic Plan was approved by the statutory deadline date of 31 March 2016.

Audit Risk	Assurance procedure	Results and conclusions
Governance arrangements Argyll and Bute Integration Joint Board are still to approve many of the arrangements and regulations for ABIJB to run effectively when it becomes fully operational on 1 April 2016, such as financial regulations, sub committees, and internal audit arrangements. **Risk:** Effective governance arrangements are not in place to support the operation to the IJB when it becomes fully operational.	• Monitored and reviewed governance arrangements for progress and implementation. • Reviewed disclosures in the governance statement, included within the annual accounts, for progress on governance matters. • Considered due diligence work carried out by internal audit.	• The Board approved a number of governance arrangements including financial regulations and standing orders before March 2016 while others (e.g. establishment of an audit committee, internal audit arrangements and risk management strategy) were approved in 2016/17. • The governance disclosures in the accounts are consistent with audit evidence on file. • The auditors of the council and health board carried out due diligence on the budgets to be transferred to the Board from partners. The Board approved a number of governance arrangements in 2015/16 but these are subject to ongoing review and development.

Appendix II: Action plan

No. AS ref.	Para ref	Issue/risk/Recommendation	Management action/response	Responsible officer/ Target date
1.	12	**Issue** The Board became fully operational on 1 April 2016 and its full year financial results for 2016/17 will require to be included in the consolidated accounts of NHS Highland. Any delays in the accounts production process in 2016/17 could impact on the health board's ability to finalise its accounts especially as the health board's audit committee is due to meet on the June 2017. **Risk** The audit of the Board's accounts is delayed and NHS Highland may not have the financial data required to finalise its 2016/17 accounts. **Recommendation** A timetable for preparing the accounts should be agreed in consultation with partners to ensure that all deadlines are achieved.	The IJB and Audit Committee are aware of the requirement to commence planning at an early stage to achieve the production of accounts for 2016-17 within the required timescale. A commitment has been provided to the IJB Audit Committee that a timetable for the production of the accounts will be presented at the next Audit Committee in December. This will require working closely with Council and Health partners and finance colleagues to ensure the delivery of the required information on time at the year-end.	Chief Financial Officer. Draft timetable to Audit Committee for approval in December 2016.

No. AS ref.	Para ref	Issue/risk/Recommendation	Management action/response	Responsible officer/ Target date
2.	**48**	**Issue** The Board requires to make savings of £8.498 million in 2016/17 and has savings plans in place for this amount. However, of those planned savings some £2.275 million are considered to be high risk and may not materialise. **Risk** The board may not be able to deliver all the savings required in 2016/17 to maintain financial balance. **Recommendation** The Board requires to agree a recovery plan to ensure that services are delivered within the available budget.	There is a significant financial risk in relation to the delivery of the Quality and Financial Plan which the IJB and Strategic Management Team are well sighted on. A financial recovery plan to address the projected overspend as a result of this was approved by the IJB on 4 August, this contained management actions to bring spend back into line with budget. To date there has been progress in reducing the overall projected overspend. This plan will continue to be progressed with the financial position and progress with savings monitored on a monthly basis. Further actions will be included within the plan, if and when required, to ensure a balanced year-end budget position.	Chief Financial Officer, Ongoing monthly position reported to IJB.

No. AS ref.	Para ref	Issue/risk/Recommendation	Management action/response	Responsible officer/ Target date
3.	**71**	**Issue** The Board has approved a performance management framework to comply with guidance set out in the Public Bodies (Joint Working) (Scotland) Act 2014. However, performance measures for use in monitoring against the Board's Strategic Plan and core priorities have yet to be fully developed. **Risk** The board cannot effectively monitor the delivery of its Strategic Plan and core priorities. **Recommendation** The Board should develop and agree key performance measures to be used in monitoring performance against its core priorities.	The IJB developed its indicator and performance measures in 15/16 and approved them for quarterly reporting subject to availability of validated data. The first formal report on quarter 1 2016/17 will be presented to the IJB in September. The Board can effectively monitor performance against the NHWBO indicators and IJB Strategic priorities "6 areas of focus" using the Pyramid performance management system. The IJB is also aligning its ICF and TEC initiatives outcomes and performance to meet these strategic objectives. Locality planning groups are also being developed with local "core performance reports" through 16/17 to inform service redesign/transformation and performance improvement n in Argyll and Bute. Identification and development of additional A&B performance indicators such as Carers support and workforce development plan measures are ongoing in 16/17. This work will also take account of the national review of outcomes and targets announced in September 2016.	Head of Strategic Planning and Performance. Ongoing to 2018/19

Argyll & Bute Health & Social Care Partnership

Integrated Joint Board

Agenda item : 5 vi)

Date of Meeting : 28 September 2016

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

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

The Integrated Joint Board is asked to:

- Note the HSCP performance against the 9 National Health and Well Being Outcome Indicators.
- Note the progress in with regard to the HSCP performance against Outcome 1 and 2
- Note the action identified to address deficiencies in performance as detailed in the exception report
- Note the national review NHS targets and the Health and Wellbeing integration indicators

1. Background

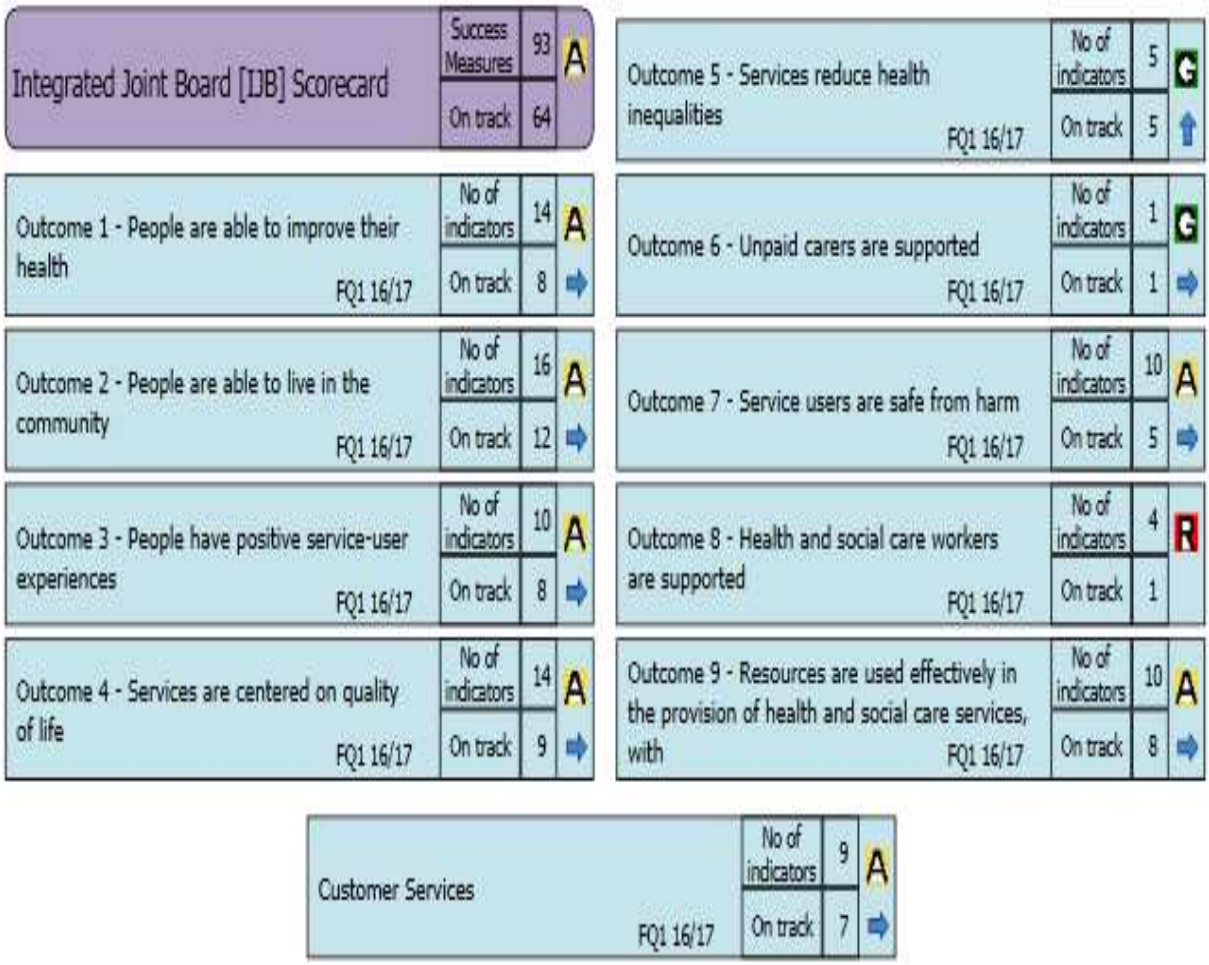
The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. These suites of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes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

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

The IJB requested a detailed examination of progress against two of the NHWBO indicators at each of its Board meeting. This report presents information on Outcomes 1 and 2.

2. HSCP Performance against the NHWB outcomes for Financial Quarter one 2016/17

Table 1 below provides a Pyramid summary notes there are currently 93 success measures and of these 64 are currently reported as being on track.



Please note that there is a reduction in the overall number of scorecard measures from the original 95 measures reported for FQ4 15/16 to 93 for FQ1 16/17. This reduction has occurred due to a rationalisation by the Argyll and Bute Council Pyramid Team of reporting of both sickness and absence attendance and PRD measures within Outcome 8.

Previously there had been separate performance reporting of Adult Care and Childrens and Families this has now been made a single cumulative total. This has effectively resulted in a reduction to 4 measures in Outcome 8 for 16/17 against the previous 6 reported for FQ4 15/16.

3. Detailed Performance Report Outcome Indicators 1 and 2

Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.

There are 14 indicators being measured against this outcome, 8 are on track, 6 are off track.

The performance and exception report attached provides the detail of the indicators and the work in hand to bring them back onto target. The six off track indicators are listed below:

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

Outcome 2 - People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

There are 16 indicators being measured against this outcome, 12 are on track and 4 are off track.

The performance and exception report attached provides the detail of the indicators and the work in hand to bring them back onto target. The four off track indicators are listed below:

- Emergency Admissions bed day rate
- AC5 - Total No of Delayed Discharge Clients from A&B
- CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS
- % of patients who wait no longer than 18 wks for Psychological therapies

4 National Review of NHS targets and the Health and Wellbeing integration indicators

The Scottish Government has appointed Former Chief Medical Officer Sir Harry Burns (9th September 2016) as the independent chair of the national review into targets and indicators for health and social care.

The review will work with service users, staff, professional bodies, and providers, to ensure targets and performance indicators lead to the best outcomes for people being cared for, whether in hospital, primary care, community care or social care services.

The expectation is the measurement framework will support delivery of the Scottish Government strategic priorities around improving population health and shifting resources towards more community-based and preventative approaches.

The review is expected to deliver a single suite of indicators across health and social care simplifying the measurement landscape and providing an important overview of the difference the health and social care system is making to the lives of the people of Scotland.

The review is expected to report its initial recommendations by the spring 2017.

5 Governance Implications

5.1 Contribution to IJB Objectives

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

5.2 Financial

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

5.3 Staff Governance

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

5.4 Planning for Fairness:

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

5.5 Risk

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

5.6 Clinical and Care Governance

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

5.7 Public Engagement and Communication

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

Argyll & Bute Health and Social Care Partnership

Performance Exception Report for Integrated Joint Board 28th September 2016

Performance & Improvement Team

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

Exception Reporting & Briefing Frequency

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

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

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

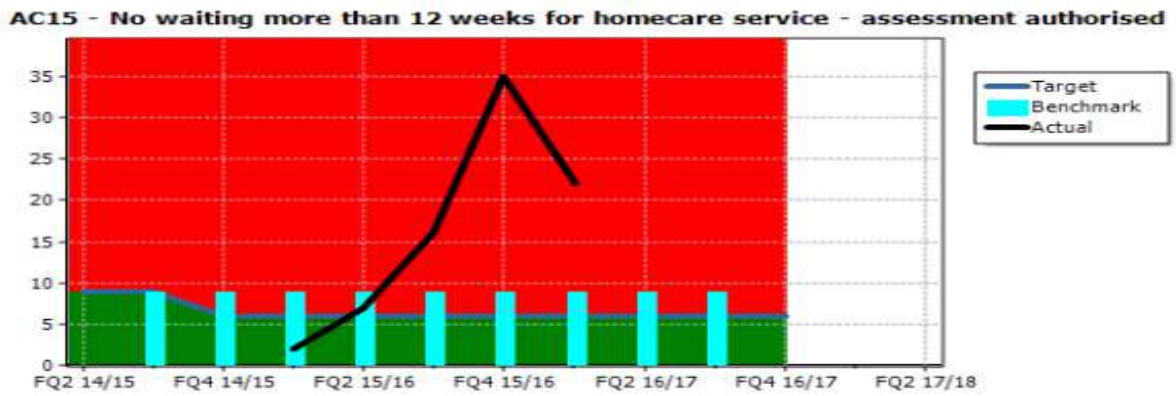
Performance Measure / Outcome		Target	Actual	Trend	Period	Responsible Manager
1	AC15 - No waiting more than 12 weeks for homecare service - assessment authorised.	6	22	↑	FQ1 16/17	Allen Stevenson
1	AC1 - % of Older People receiving Care in the Community	80%	76%	↓	FQ1 16/17	Allen Stevenson
1	No of alcohol brief interventions in line with SIGN 74 guidelines	255	164	↑	FQ1 16/17	Lorraine Paterson
1	NHS-H7 - Proportion of new-born children breastfed	33.3%	26.8%	↔	FQ1 16/17	Louise Long
1	No of ongoing waits >4 wks for the 8 key diagnostic tests	0	3	↓	FQ1 16/17	Lorraine Paterson
1	% >18 type 1 Diabetics with an insulin pump	12%	4%	↔	FQ1 16/17	Lorraine Paterson
Performance Measure / Outcome		**Target**	**Actual**	**Trend**	**Period**	**Responsible Manager**
2	Emergency Admissions bed day rate	73597	77,924	↔	FQ1 16/17	Lorraine Paterson
2	AC5 - Total No of Delayed Discharge Clients from A&B	12	19	↓	FQ1 16/17	Allen Stevenson
2	CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS	90%	75%	↓	FQ1 16/17	Louise Long
2	% of patients who wait no longer than 18 wks for Psychological therapies	90%	62%	↑	FQ1 16/17	Lorraine Paterson

Management Exception Reporting

Performance Indicator: Outcome 1 AC15 - No waiting more than 12 weeks for homecare service - assessment authorised	Responsible Manager: Allen Stevenson
Target: 6 Actual: 22	Date of Report: FQ1 16/17

Description of Exception

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



Actions Identified to Address Exception and Improve Performance

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

This target relates to new service users waiting for packages of care at home. We have particular pressures in the west relating to care at home.

Actions Identified to Address Current /Future Barriers

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

We are actively working to address this issue by working with providers in Oban to move from time and task to agreeing outcomes with service users and giving providers the opportunity to work more flexibly with people to meet their agreed outcomes.

We are also working with providers to patch work and reduce travel and crossover of providers in our localities.

Additional Support Requirements Identified

Continue to develop new ways of delivering care and support at home and in community settings. As the re-design work moves forward opportunities will be created to invest more in community services.

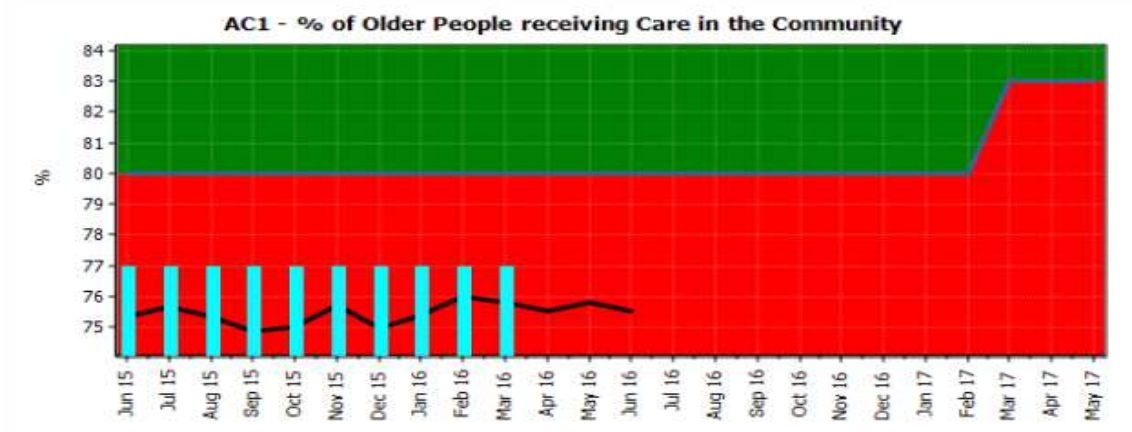
Improvement Forecast Date:	Review Date:
This work is on-going and should be reviewed regularly.	Monthly

Management Exception Reporting

Performance Indicator: Outcome 1 AC1 Care in the Community	**Responsible Manager:** Allen Stevenson
Target: 80% Actual: 76%	Date of Report: FQ1 16/17

Description of Exception

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



Actions Identified to Address Exception and Improve Performance

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

The work on the new HSCP quality and finance plan is now underway. To help us achieve our target of 80% we need to follow through on our re-design proposals as detailed in the quality and finance plan.

It will take a further period of time across both East and West and will be led by the Heads of Service Adult Care and with the support of Locality Managers and Local Area Managers.

Actions Identified to Address Current /Future Barriers

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

The aim is clearly to shift resources from hospital and care home beds to supporting older people to live at home or in community settings.

Reduce the number of hospital beds across East and West through re-design.

Improve the process around the collation of data in relation to the balance of care ensuring improved accuracy.

Additional Support Requirements Identified

The balance of care across the HSCP will improve as we deliver on our ambitious plans to re-design services and meet the increased expectations of older people and their families/carers.

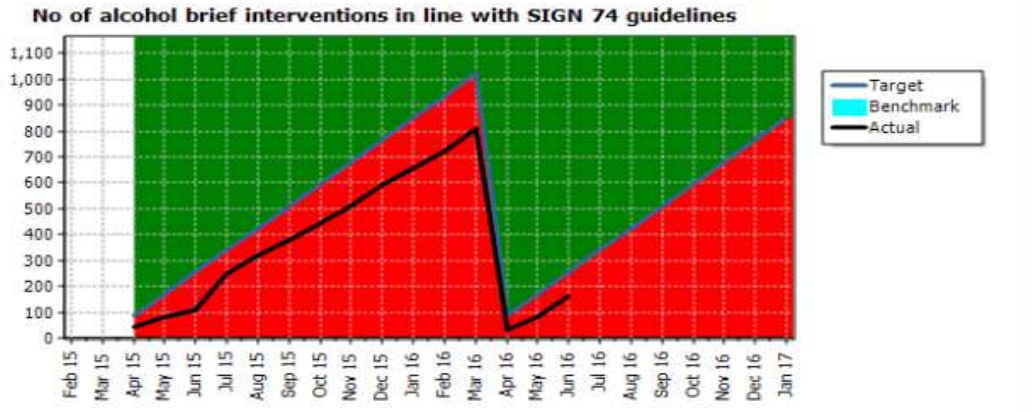
Additional Scottish Government monies for funding the DD, ICF and TEC workstreams will help to shift the balance of care further.	
Improvement Forecast Date:	**Review Date:**
The work around the balance of care will be on-going with no specific end date. It is more important to review our progress on a regular basis.	Quarterly

Management Exception Reporting

Performance Indicator: Outcome 1 No of alcohol brief interventions in line with SIGN 74 guidelines	**Responsible Manager:** Lorraine Paterson
Target: 1024 (Cumulative) (250 by June) Actual: 164	Date of Report: FQ1 16/17

Description of Exception

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



Actions Identified to Address Exception and Improve Performance

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

Locality Planning groups, utilising their locality profiles are identifying alcohol concerns as a priority. As part of the action plans, Alcohol Brief Interventions (ABI) will be promoted across services, which includes GP surgeries, A&E departments and maternity clinics.

Actions Identified to Address Current /Future Barriers

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

Barriers to progression are;
Cultural Perception of level of alcohol problems in the community.
Reluctance of individuals to admit need for help.

LPG's will identify actions to change perception, and encourage uptake of ABI.
Locality managers and Local area managers will work with staff to promote uptake.

Additional Support Requirements Identified

Further work required to identify any gaps.

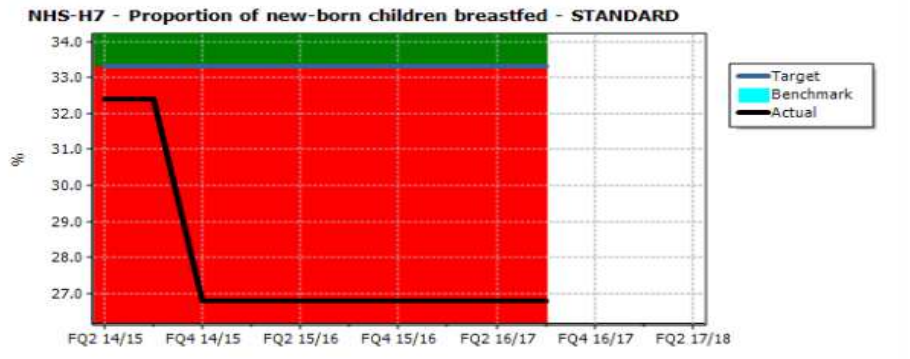
Improvement Forecast Date:	**Review Date:**
This work is a continuing process.	Monthly

Management Exception Reporting

Performance Indicator: Outcome 1 NHS-H7 - Proportion of new-born children breastfed	**Responsible Manager:** Louise Long
Target: 33.3% Actual: 26.8%	Date of Report: FQ1 16/17

Description of Exception

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



Actions Identified to Address Exception and Improve Performance

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

This is a national indicator which is updated in October each year when ISD publish the data set.
This data is recorded for the quarter before and there has been a steady increase from 21.8% in March 2015 to the current 37.2% however, this is variable across the HSCP linked to areas of greater deprivation. To address this, Peer volunteers have been trained in Campbeltown, Helensburgh, Oban, Dunoon and Bute, with attendance at groups reaching the average of 25-30 facilitated with a focus on wellbeing and rather than problem focussed. Key workers have been trained in each locality. Social media by the infant feeding co-ordinator to communicate with all Peers. Data is available at locality and GP practice level to facilitate targeted interventions. Actions identified to address current/future barriers - - Maintaining peers and setting up new groups in all areas. - Implementing school breastfeeding awareness sessions due to work capacity and staffing levels. - Engage GPs with training due to workload and time limitations. - UNICEF on-line learn-pro breastfeeding management, training has been brought in for all GPs and face to face training in some areas. - Breastfeeding awareness sessions have been delivered in nurseries across Argyll and Bute.

Actions Identified to Address Current /Future Barriers

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

Maintaining UNICEF baby friendly status, a national requirement, which requires all venues: hospitals, clinics to adhere to World Health Organisation/UNICEF baby

friendly status. - Promoting baby friendly sticker scheme in public venues within HSCP. - Training of wider HSCP teams in social work and supported services. - Developing the 'don't lag behind project', this was a scheme piloted in Cowal to proactively address infants with identified risk factors for weight lag. While a small project, results were encouraging and will continue to be monitored.
Additional Support Requirements Identified
Currently, the activities to support breastfeeding, the training and co-ordination of 57 peers supporters, training of 12 key workers and engaging with communities to increase the profile of breastfeeding within the SCP is undertaken by the HSCP infant breastfeeding co-ordinator. This is a temporary post funded out of non-recurring MINF fund. The equivalent post in highland is a permanent senior health promoting role. To sustain this change the wider remit of this role within the HSCP working across health, adult and children's services needs recognised.

Improvement Forecast Date:	**Review Date:**
Ongoing monitoring	Quarterly

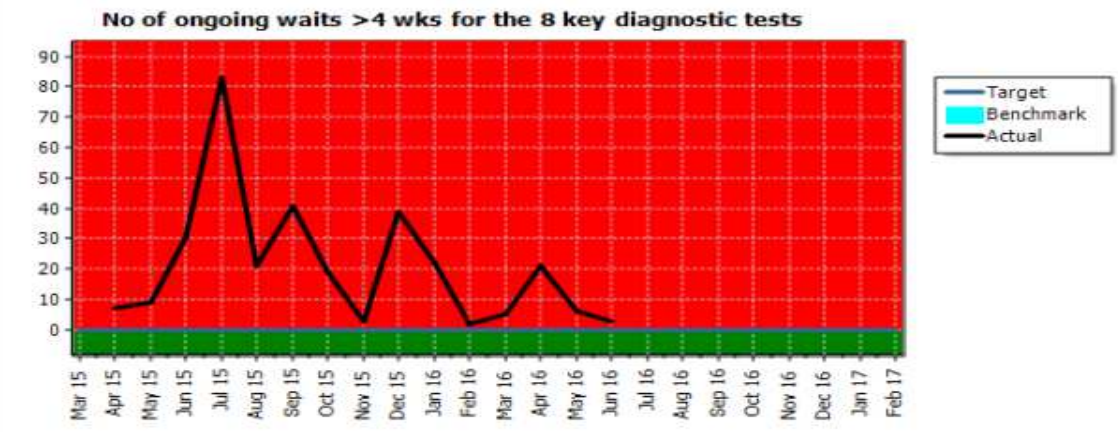
Management Exception Reporting

Performance Indicator: Outcome 1 The number of people waiting more than 4 weeks for the eight key diagnostic tests at the end of the month	**Responsible Manager:** Lorraine Paterson
Target: 0 Actual: 3	Date of Report: FQ1 16/17

Description of Exception

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

Latest status
Jun 16
3



Actions Identified to Address Exception and Improve Performance

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

The 8 key diagnostic tests are:

Endoscopy

- Upper Endoscopy
- Lower Endoscopy (excluding Colonoscopy)
- Colonoscopy
- Cystoscopy

Radiology

- CT Scan
- MRI Scan
- Barium Studies
- Non-obstetric ultrasound

Peak in waiting time in 2015 was due to gaps in the establishment due to sickness and absence and vacancies in diagnostic services specifically ultrasound.

Actions Identified to Address Current /Future Barriers
(Consideration should be given when describing barriers with regards to, how are the barriers going to be managed, who will take this work forward) Vacancies in service considered difficult to fill posts. Immediate external advertising of vacancies. Oban Locality manager and medical records manager continue to work on ensuring forward prediction of breaches and putting in place action to mitigate this which has seen the significant improvement in performance.
Additional Support Requirements Identified

Improvement Forecast Date:	**Review Date:**
This is subject to ongoing review.	Monthly

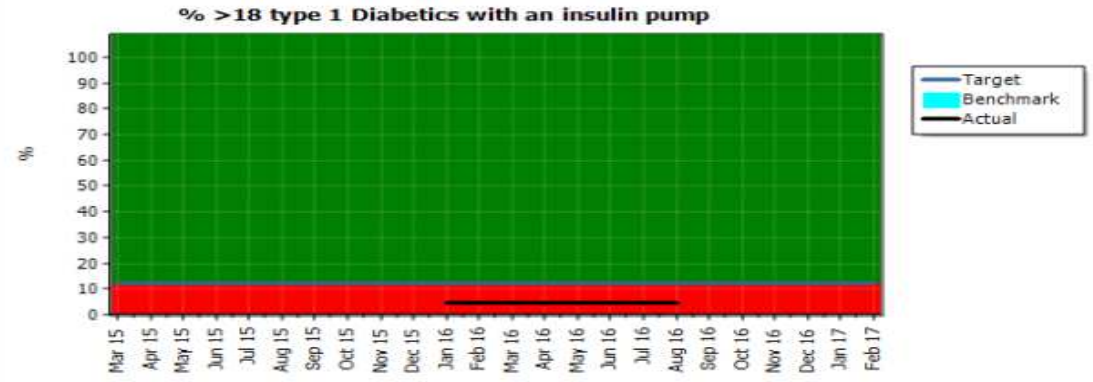
Management Exception Reporting

Performance Indicator: Outcome 1 % >18 type 1 Diabetics with an insulin pump	**Responsible Manager:** Lorraine Paterson
Target: 12% Actual: 4% (15 people)	Date of Report: FQ1 16/17

Description of Exception

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

Latest status
Aug 16
4 %



Actions Identified to Address Exception and Improve Performance

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

This measure will see a slow increase to reach the target of 12% due to the process under taken. Heidi courses are offered to diabetics to address their understanding of the condition and to monitor the condition effectively. From the courses, people may feel that the insulin pump might be the way forward and then they are referred to GGHB for assessment for the insulin pump. N.B. not all people are suitable for a pump. Some people feel that they have been educated to manage their condition without a pump for the time being. The process can take from 3 to 6 months to be fitted with a pump.
At the moment, four people are going through this process and if all are successful, we will see a slight increase of around 2% within the next few months. This measure has a longer term goal which gives flexibility and choice to diabetic adults over 18.

Actions Identified to Address Current /Future Barriers

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

Promotion of the use of a pump.
Further roll out of Heidi training.

Additional Support Requirements Identified

Funding to support training.

Improvement Forecast Date:	Review Date:
March 17	Jan 17

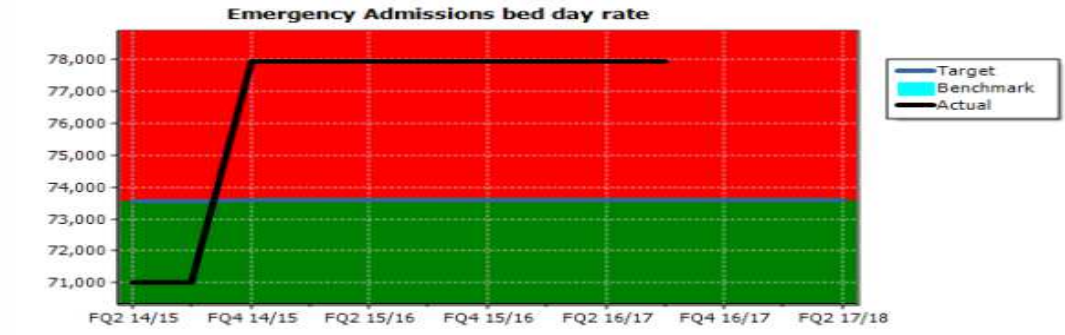
Management Exception Reporting

Performance Indicator: Outcome 2 Emergency Admissions bed day rate	**Responsible Manager:** Lorraine Paterson
Target: 73,597 Actual: 77,924	Date of Report: FQ1 16/17

Description of Exception

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

Latest status	FQ2 16/17	77,924



Actions Identified to Address Exception and Improve Performance

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

All areas are currently undertaking a self-assessment against the Scottish Government 6 essential actions for unscheduled care. This will inform the winter plan, and actions for prevention of admission strategies.

Actions Identified to Address Current /Future Barriers

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

Implementation of robust Anticipatory Care Plans (ACP's).
Community and AHP response to Emergency Departments.
Short term assessment beds.
Community "pull through" from assessment beds.
Step up/down beds implemented.
Single Point of Access to community teams.
Community (virtual) Wards in place.
Lead professional in place.
Rollout of Universal Adult assessment (UAA).

Additional Support Requirements Identified

Pump priming resource for community teams from ICF funding

Improvement Forecast Date:	Review Date:
March 17	Dec 16

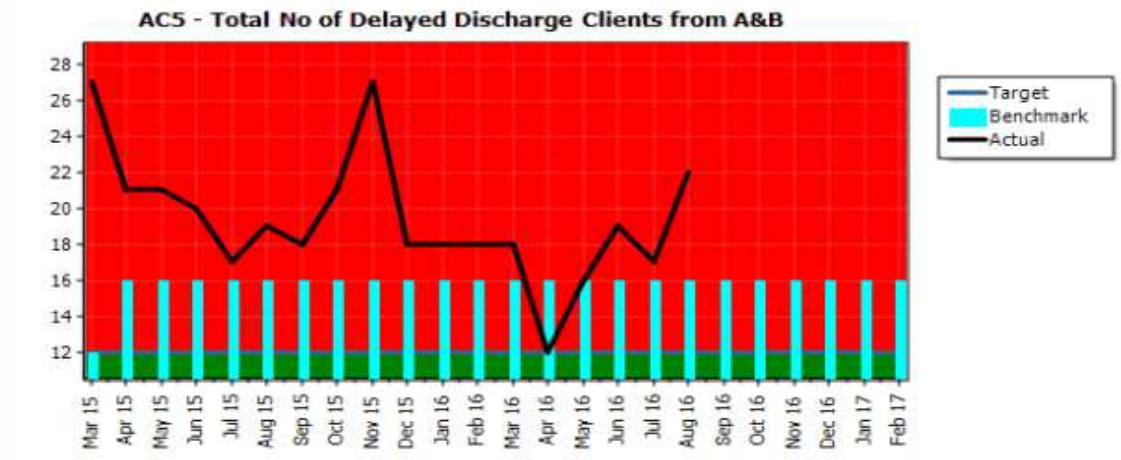
Management Exception Reporting

Performance Indicator: Outcome 2 AC5 - Total No of Delayed Discharge (DD) Clients from A&B	**Responsible Manager:** Allen Stevenson
Target: 12 Actual: 22	Date of Report: FQ1 16/17

Description of Exception

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

Latest status
Aug 16
22



Actions Identified to Address Exception and Improve Performance

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

The August performance in relation to delayed discharge is a total of 22 delays within Argyll and Bute. The actions below describe some of the current actions we are undertaking to improve our performance. There are two key areas of interest currently and they are
1/ increasing our pool of assessment staff and
2/ increase availability of care at home packages in the west

Actions Identified to Address Current /Future Barriers

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

1. We have successfully made the administrative and operational changes to the reporting timescales and reporting of DD internally as per instructions of the Scottish Government. Our staff completed the necessary activity on the Edison system as per new timescales and this is now embedded in practice.
2. We have merged our unscheduled care improvement work and continuous improvement activity around delayed discharge with our management teams to ensure there is no duplication of effort as we go forward.
3. In May we updated our guidance and re-launched our AWI guidance which includes the use of 13ZA guidance. This has had a positive effect on our exemption coded delays with only one person currently delayed as a result of AWI.
4. We are completing our work relating to our new Universal Adult Assessment and will be using two localities in the West by the end of October to roll this out. This will start to address the issue of people waiting for assessments.
5. We are working with commissioning staff to develop alternative ways to deliver care at home in

some of our remote and rural communities. In Appin, near Oban we are developing a social enterprise model using SDS.
6. Our commissioning staff are attending workforce fayres with our providers to promote the benefits of careers in social care. Last month our providers worked with DWP with a potential group of 12 people who have expressed an interest.
7. Delayed Discharge report attached within this measure on Pyramid for IJB members to scrutinise.
8. NHS GG&C have indicated that they wish to see a 75% reduction in occupied bed days due to Delayed Discharges in its hospitals and has requested that all its HSCPs including Argyll and Bute detail this in their commissioning intentions of their Service Level Agreements (SLAs). This is to support a shift in the resource from acute to community for 2017/18.

Additional Support Requirements Identified

Locality Managers/Local Area Managers to ensure a sense of urgency around DD is required to ensure patients are discharged from hospital timeously.

Ensure ADT policy is followed by hospital and community staff.

Heads of Service to monitor progress weekly to ensure scrutiny across all locality teams.

Staff in Helensburgh; continue to liaise and proactively identify people delayed in Glasgow hospitals.

Commissioning team to assist in the development of new ways of delivering care at home through SDS options.

Developing access to NHSGG&C “Orion” IT system to allow real time identification of A&B patients admitted to NHSGG&C hospitals to aid discharge planning. Adjustments to the SLA with NHSGG&C activity and finance schedules and transfer of resources to localities. Financial planning of the HSCP to action this.

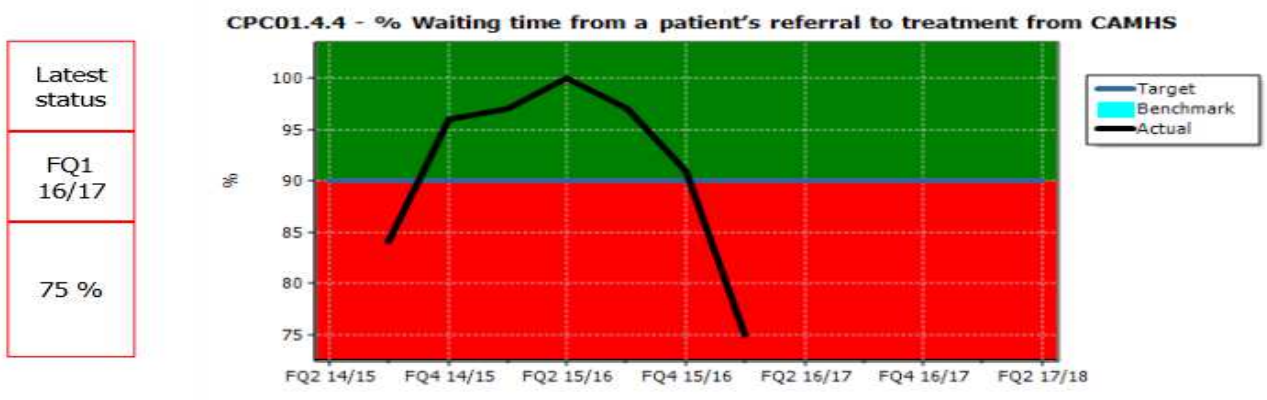
Improvement Forecast Date:	Review Date:
Ongoing monitoring of performance on a weekly basis to ensure a sense of urgency is created and maintained across all localities.	Monthly

Management Exception Reporting

Performance Indicator: Outcome 2 CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS	**Responsible Manager:** Louise Long
Target: 90% Actual: 75% (12 people)	Date of Report: FQ1 16/17

Description of Exception

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



Actions Identified to Address Exception and Improve Performance

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

One consultant is absent due to maternity leave and the Service has been unable to recruit a locum to cover the specialised work.

Actions Identified to Address Current /Future Barriers

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

There are no funds for a locum, however, given the priority additional funding has been allocated. The team lack resilience due to the size of the teams and the geography of Argyll and Bute. The consultant posts is specialised and despite approaching other health boards neither Glasgow or NHS Highland can offer any additional consultant support. An advert has been placed in market however has attracted no interest.

Additional Support Requirements Identified

Improvement Forecast Date:	**Review Date:**
Ongoing Monitoring	Monthly

Management Exception Reporting

Performance Indicator: Outcome 2 % of patients who wait no longer than 18 wks for Psychological therapies	**Responsible Manager:** Lorraine Paterson
Target: 90% Actual: 62%	Date of Report: FQ1 16/17

Description of Exception

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

Actions Identified to Address Exception and Improve Performance

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

The remains a significant ongoing recruitment and availability issues for psychological therapies in Argyll and Bute. A review of current services is to be undertaken in line with mental health review over the next 6 months

Actions Identified to Address Current /Future Barriers

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

Process mapping exercise for access to psychological services.
Caseload Review.
Potential RPIW process application for Feb 2017
Roll out of Mastermind programme as part of national Technology enabled Care programme to improve access to Cognitive Behavioural Therapies from October 2016.

Additional Support Requirements Identified

Improvement methodologies and DCAQ analysis.

Improvement Forecast Date:	**Review Date:**
On-going review	March 17

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5(vii)

Date of Meeting: **28 September 2016**

Title of Report: **Public Health – Alcohol Morbidity and Mortality Position**

Presented by: **Elaine C Garman**
(prepared by Craig McNally Interim ADP Co-ordinator)

The Integrated Joint Board is asked to :

- Note this paper
- Receive a presentation on the full range of Alcohol & Drug Partnership interventions in early 2017

1. EXECUTIVE SUMMARY

Alcohol use continues to cause ill health and social problems in Argyll & Bute. The complex work to resolve and prevent the problems is undertaken by Argyll & Bute Alcohol & Drug Partnership (ADP) of which the HSCP is a partner. Whilst waiting times for alcohol treatment have generally been met over recent years the target for Alcohol Brief Interventions has not. Work to increase responsibility for delivery of ABIs is suggested to improve this position.

2. INTRODUCTION

Argyll & Bute has seen an increase in alcohol related deaths for the last two years. The pattern over the last ten years has been irregular with 257 alcohol related deaths recorded between 2001 and 2015. By contrast the number of alcohol related hospitalisations between 2007 and 2014 has shown a steady decrease from 1005.6 (per 100,000) in 2007/08 to 703.9 in 2013/14.

The Argyll & Bute Alcohol & Drug Partnership oversees the delivery and management of the ADP's strategy and targets and is developing a more robust locality structure, increasing service user involvement and family support structure and greater input from service providers. In addition to local multi-agency partners the ADP has a strong working relationship with a number of nationally commissioned organisations such as Scottish Drugs Forum (SDF), Scottish Families Affected by Alcohol & Drugs (SFAD), Scottish Recovery Consortium (SRC) as well as working closely with the Scottish Government ADP Support Team. The ADP has commissioned work from several of these organisations and from Figure 8 consultants who are undertaking a consultation on the development of service user involvement in Argyll & Bute.

Similarly the ADP has a Service Level Agreement (SLA) with A&B Health and Social Care Partnership to provide drug and alcohol services through its Addictions Team (ABAT). This contract is now in year 2 of a 3 year SLA agreement at a value of £797,000 per annum.

In addition, the ADP funds the Alcohol Brief Intervention (ABI) SLA between the HSCP and GP practices. The SLA is funded up to £70,000 per annum for GP delivery of ABIs in order that the HSCP and ADP meet our proportion of the NHS Highland ABI target (currently 1028 ABIs per year).

3. DETAIL OF REPORT

Background

Alcohol Related Death

Argyll & Bute has seen an inconsistent pattern with regards to levels of alcohol related death over the past ten years. Within this period there have been no two consecutive years in which the rate of alcohol related death has dropped and on only one occasion, 2014 & 2015, when there was a rise in two consecutive years. The lowest number of alcohol related deaths came in 2013 with 14.76 deaths per 100,000. The highest was in 2010 with 37.24 deaths per 100,000.

Year	Alcohol Related Deaths	Population	ARD per 100,000 of Population
2005	24	90350	26.56
2006	27	90870	29.71
2007	33	90790	36.35
2008	23	89910	25.58
2009	23	89450	25.71
2010	33	88620	37.24
2011	17	88930	19.12
2012	19	86910	21.86
2013	13	88050	14.76
2014	21	87650	23.96
2015	24	86890	27.62

Alcohol Related Hospitalisations

Within Argyll & Bute there has been a year on year drop in the number of patients hospitalised with alcohol related conditions. With the exception of 2011/12 there has been a consistent drop in the number of stays. The number of new patients has shown a less consistent pattern but has dropped from 310.9 in 2007/08 to 230.6 in 2013/14

	EASR per 100,000 population		
Financial Year	Stays	Patients	New Patients
2007/08	1005.6	691.3	310.9
2008/09	930	623.8	258.4
2009/10	893.9	613	260.6
2010/11	833.8	602.5	272.8
2011/12	857.9	570	231.3
2012/13	727.4	513	231.7
2013/14	703.9	505.7	230.6

Alcohol Related Hospitalisations are split into three categories;

- Mental and behavioural disorders due to the use of alcohol
- Alcoholic Liver Disease
- Toxic effect of alcohol

It should be noted that 'Mental and behavioural disorders due to the use of alcohol' does not specifically refer to patients who have been admitted to mental health hospitals or wards as this category covers conditions including; acute intoxication, harmful use, alcohol dependence and alcohol psychoses, most of which would be treated within general or community hospitals. As such the highest percentage of

admissions are categorised as ‘mental and behavioural disorders due to the use of alcohol’.

		EASR per 100,000 population			Percentage of Stays	
Category	Financial Year	Stays	Patients	New Patients	Return Patients	New Patients
Mental and behavioural disorders due to the use of alcohol: overall	2007/08	852.8	571.9	264.1	69.0%	31.0%
	2008/09	779.4	530	226.4	71.0%	29.0%
	2009/10	748.2	525.2	228.6	69.4%	30.6%
	2010/11	707.7	506.4	241.7	65.8%	34.2%
	2011/12	737.9	475.6	194.7	73.6%	26.4%
	2012/13	572	409.4	186.3	67.4%	32.6%
	2013/14	577.4	406.1	199.7	65.4%	34.6%

The general trend has been towards a reduction of patients being admitted with mental and behavioural disorders due to the use of alcohol. Within this ‘Harmful Use’ has consistently been the highest reported condition followed by ‘Acute Intoxication’, ‘Alcohol Dependence’ and ‘Alcohol Psychosis’.

		EASR per 100,000 population			Percentage of Stays	
Category	Financial Year	Stays	Patients	New Patients	Return Patients	New Patients
Alcoholic Liver Disease: Overall	2007/08	120.5	87.3	26.3	78.2%	21.8%
	2008/09	130.9	74.1	16.7	87.2%	12.8%
	2009/10	121.2	68.5	20.1	83.4%	16.6%
	2010/11	101.2	72.3	17	83.2%	16.8%
	2011/12	72.8	50.6	14.4	80.2%	19.8%
	2012/13	116.4	66.1	22.5	80.7%	19.3%
	2013/14	94	69.3	18.5	80.3%	19.7%

Alcoholic Liver Disease is divided into two categories; Cirrhosis and Unclassified. While the overall trend for patients admitted with alcoholic liver disease has been downwards there has been a slight difference in the trends of Cirrhosis and Unclassified. Cirrhosis patients are, in general, less than half of the patient group however the majority of the reduction has been amongst those with unclassified alcoholic liver disease.

		EASR per 100,000 population			Percentage of Stays	
Category	Financial Year	Stays	Patients	New Patients	Return Patients	New Patients
Toxic effect of alcohol: overall	2007/08	34.3	32.1	20.5	40.2%	59.8%
	2008/09	19.7	19.7	15.3	22.3%	77.7%
	2009/10	24.5	19.3	11.9	51.4%	48.6%
	2010/11	24.9	23.8	14.1	43.4%	56.6%
	2011/12	47.2	43.8	22.2	53.0%	47.0%
	2012/13	39	37.5	22.9	41.3%	58.7%
	2013/14	32.5	30.3	12.4	61.8%	38.2%

This category is the smallest of the alcohol related hospitalisation categories and has no sub categories. The pattern shows more fluctuation than the above categories. There are consistently a higher percentage of new patients (as opposed to returning patients) within this category.

Issues specifically for the HSCP
As the figures presented indicate the impact alcohol related hospitalisations are having on HSCP inpatient services is reducing. However, this does not give the full picture. According to ISD statistics for Scotland (*Alcohol-related Hospital Statistics Scotland 2014/15 Publication date – 13 October 2015)* the following trends are significant and therefore should be considered when planning services.

Across Scotland "The decrease since 2007/08 has been predominantly driven by the more 'acute' conditions, such as Harmful Use and Toxic Effect, whereas the more 'chronic' conditions, such as Alcohol-related Liver Disease and Alcohol Psychosis have remained stable or have increased." While the reduction in hospitalisations for Harmful Effect in Argyll & Bute mirrors the Scotland wide trend this still remains the highest proportion of hospitalisations. In contrast there has not been a reduction in hospitalisations for Toxic Effect in Argyll & Bute, instead these have dropped then risen again although the numbers here are considerably lower than in other categories.

According to ISD in 2014/15 repeat visits continue to form a significant proportion of hospital stays with around "a third completely new hospital patients, a third of patients from previous years being re-admitted and a third repeat stays within the year."

"The trend for alcohol-related psychiatric stays has been downwards over the full time period 1997/98 to 2013/14; the rate has almost halved (from 103 to 56 per 100,000 population)." While the available statistics for Argyll and Bute cover the years 2007/08 to 2013/14 they show a different pattern from the Scottish statistics. In Argyll & Bute hospital stays for Alcohol Psychoses have fluctuated but not dropped.

		EASR per 100,000 population			Percentage of Stays	
Condition	Financial Year	Stays	Patients	New Patients	Return Patients	New Patients
Alcohol psychoses	2007/08	131.2	102.5	28.3	78.4%	21.6%
	2008/09	114.2	82.1	16.5	85.6%	14.4%
	2009/10	98.1	72.3	17.4	82.3%	17.7%
	2010/11	116.1	90.1	31.2	73.1%	26.9%
	2011/12	115.2	86.8	26.7	76.8%	23.2%
	2012/13	77.7	66.7	19.3	75.2%	24.8%
	2013/14	127.9	98	37.3	70.8%	29.2%

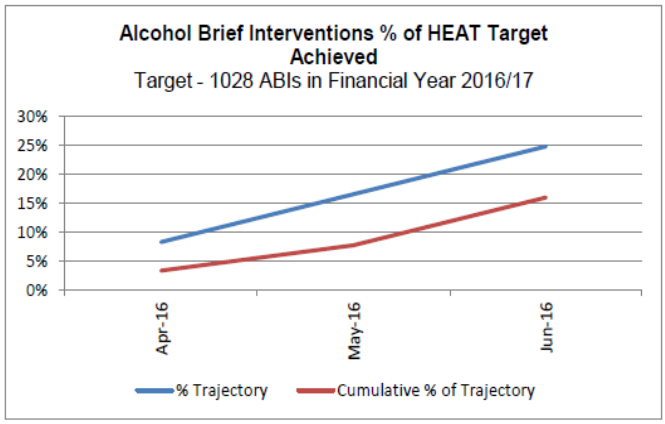
The Scotland wide statistics indicate that, "in 2014/15, alcohol-related stays in general hospitals were nearly 8 times more frequent for individuals living in the most deprived areas compared to the least deprived areas. In 2013/14, the standardised rates for alcohol-related psychiatric stays were more than 16 times higher for patients living in the most deprived areas compared to the least deprived areas; the largest difference seen since the beginning of the time trend."

While we have no statistics available at an Argyll & Bute level this figure would indicate that a focus on reducing alcohol related harm needs to be targeted toward the most deprived communities.

Interventions
Argyll & Bute (ADP/HSCP) has a HEAT target of 1028 Alcohol Brief Interventions (ABIs) per year. 80% of the target must be delivered within three key service delivery areas; Primary Care, A&E (or wards as a result of admission via A&E) and Maternity Services. The other 20% can be delivered within 'wider settings' by any staff group in any setting. To date Argyll & Bute have been heavily reliant on GP Practices to deliver ABI with very few being delivered in hospital settings. In 2014-15 Argyll & Bute missed

the target by 88, delivering 940 ABI (896 GP, 3 Other Priority, 41 wider settings). In 2015-16 Argyll & Bute fell significantly short of the target with a total delivery of 809 (793 GP, 3 Other Priority, 13 wider settings). These figures show that only 6 ABI were recorded as being delivered within NHS Priority Settings in the last two years.

This year (2016-17) we are already below our trajectory target of 257 with 164 ABI delivered in the first quarter. Of these 163 were delivered in GP practices and 1 within wider settings. No ABIs have been recorded in NHS priority settings so far this year.



The ADP is currently exploring a number of options to increase the delivery of ABI within Primary Care, Other Priority and Wider settings. One of the options being considered is reinforcing responsibility for the delivery of ABI to localities in order that they have direct management of the target. This would ensure managers have an understanding of the level of ABI delivery within their workplace and a responsibility to report on this.

Argyll & Bute have historically performed well against the Drug & Alcohol Treatment Waiting times HEAT target. These figures are reported by all commissioned services. At present in Argyll & Bute these are ABAT and Addaction. The last two quarters have shown a drop in performance which will be monitored to ensure a return to meeting the target.

		Mar-13	Jun-13	Sep-13	Dec-13	Mar-14	Jun-14	Sep-14	Dec-14	Mar-15	Jun-15	Sep-15	Dec-15	Mar-16
Argyll & Bute ADP	% seen within 3 wks	89.9	89.4	82.4	96.6	95.6	96.4	93	98.1	96	96.9	93.4	88.1	85.3
	Trajectory	90	90	90	90	90	90	90	90	90	90	90	90	90

Recommendation

The ADP asks the IJB to note this paper and requests the opportunity to return to appraise the IJB in greater depth on ADP interventions in early 2017.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

- Improving timely access to the care professional who can best meet their needs
- Providing timely access to clinically appropriate care

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

Formerly all interventions were met through a Scottish Government ring-fenced budget. However in 2016/17 this budget was reduced with an indication from Scottish Government that they expected NHS Boards to make up the shortfall. This was done in Argyll & Bute.

5.2 Staff Governance

Staff continue to work cooperatively across multi-agency partners.

5.3 Clinical Governance

Interventions continue to be reviewed to ensure safe and effective care is provided.

6. EQUALITY & DIVERSITY IMPLICATIONS

Practice needs to maintain and increase a focus on the inequalities which exist with greater association of admission with alcohol related conditions in more deprived populations.

7. RISK ASSESSMENT

Nothing to report.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

User involvement is planned to increase in the programme of work under the auspices of the ADP.

9. CONCLUSIONS

Alcohol use continues to cause ill health and social problems in Argyll & Bute. The complex work to resolve and prevent the problems is undertaken by Argyll & Bute Alcohol & Drug Partnership (ADP) of which the HSCP is a partner. Whilst waiting times for alcohol treatment have generally been met over recent years the target for Alcohol Brief Interventions has not. Work to increase responsibility for delivery of ABIs is suggested to improve this position.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5(viii)

Date of Meeting : 28 September 2016

Title of Report : Direction of functions to Argyll and Bute Council and NHS Highland

Report by : Christina West, Chief Officer

The Integration Joint Board is asked to:

Approve the direction of functions to Argyll and Bute Council and NHS Highland in terms of the Public Bodies (Joint Working)(Scotland) Act 2014

1. Executive Summary

The IJB is asked to:-

(i) note the requirements of the Public Bodies (Joint Working)(Scotland) Act 2014 (the "2014 Act")that require Argyll and Bute Council and NHS Highland to delegate certain functions to the Integration Joint Board (IJB),

(ii) note that in terms of section 26 of the 2014 Act, in order to secure the performance of the functions referred to in (i) above, the Integration Joint Board (IJB) must give a direction to either the Council or NHS Highland, to carry out those functions.

(iii) agree to authorise the Chief Officer to direct Argyll and Bute Council to perform the functions referred to in Appendix 1 at Annex 1a and NHS Highland to carry out the functions referred to in Appendix 2 at Annex 1a with effect from 1 April 2016 and approve Directions be issued to Argyll and Bute Council and NHS Highland in the terms detailed in the Draft Directions attached at Appendices 1 and 2 to this report

(iv) agree that the functions directed to Argyll and Bute Council and NHS Highland will require to be performed in accordance with all legal and regulatory requirements and having regard to:-

(a) the Integration Delivery Principles,
(b) the National Health and Wellbeing Outcomes,
(c) the Integration Scheme; and
(d) the Strategic Plan.

(v) In terms of the Act the Directions must specify the payments to be made or the method for determining what the Board will pay . The IJB agree to make available to Argyll and Bute Council and NHS Highland the sums determined in accordance with the method set out in the Integration Scheme between Argyll and Bute Council and NHS Highland as detailed in Annex 2 of the draft directions).

2. BACKGROUND

2.1 The Public Bodies (Joint Working)(Scotland) Act 2014 ("the 2014 Act") provided the legal framework for the Integration of Health and Social Care in Scotland.

2.2 The IJB has been legally constituted in law by Order of the Scottish Ministers. In terms of the 2014 Act, the Integration Start Date was 1 April 2016.

2.3 Argyll and Bute Council and NHS Highland are required, in terms of the 2014 Act and the Integration Scheme between Argyll and Bute Council and NHS Highland to delegate functions to the IJB. Argyll and Bute Council and NHS Highland agreed to delegate the functions as detailed in the IJB Integration Scheme.

2.4 The 2014 Act provide that, in order to secure the performance of the functions delegated to the IJB, the IJB requires to direct the performance of those functions by either Argyll and Bute Council or NHS Highland . It is permissible to give a direction to more than one person in relation to the same function. It is recommended that the IJB direct Argyll and Bute Council to perform the functions identified in the Direction attached as Appendix 1 and direct NHS Highland to perform the functions detailed in the Direction attached as Appendix 2

2.5 It is also submitted that the functions that the IJB direct Argyll and Bute Council and NHS Highland to perform will require to be performed in accordance with all legal and regulatory requirements and having regard to:-

(a) the Integration Delivery Principles,
(b) the National Health and Wellbeing Outcomes,
(c) the Integration Scheme; and
(d) the Argyll and Bute HSCP Strategic Plan 2016/17 to 2018/19

2.6 With the IJB becoming responsible for services on the 1st April 2016, in effect the organisation of budgets and funding will be changed to reflect the revised and emerging models of service delivery around single health and care teams in localities. This is entirely consistent with the legislation and aligns with section 2.5 above.

2.7 The Integration Scheme required Argyll and Bute Council and NHS Highland to agree a method by which the amounts payable by Argyll and Bute Council and NHS Highland to the IJB in respect of the functions delegated would be calculated. The IJB is required to make available amounts to Argyll and Bute Council and NHS Highland to permit them to perform the functions they are directed to perform. Annex 2 of the directions sets out the sums to be made available to Argyll and Bute Council and NHS Highland to perform the functions they are directed to perform.

2.8 With these processes in place the IJB will continue to progress the establishment of a single Health and Social Care service in accordance with the Integration Delivery Principles, the National Health and Wellbeing Outcomes, the Integration Scheme and the Strategic Plan (prepared and approved by the IJB).

3. Governance Implications

3.1 Contribution to IJB Objectives

Compliance with legislation to enable the IJB to discharge its statutory responsibility.

3.2 Financial Implications

The financial implications are set out in the Directions and are consistent with the budget requisition process agreed with Argyll and Bute Council and NHS Highland.

3.3 Staff Governance

Not applicable

3.4 EQIA:

Not applicable

3.5 Risk

Not applicable

3.6 Clinical and Care Governance

Not applicable

3.7 Public Engagement and Communication

Not applicable

REPORT AUTHOR: Stephen Whiston Head of Strategic Planning and Performance

List of Appendices:

Appendix 1 – Direction By the IJB to Argyll and Bute Council
Appendix 2 - Direction by the IJB to NHS Highland

APPENDIX 1

ARGYLL AND BUTE INTEGRATION JOINT BOARD (THE "IJB")

WRITTEN DIRECTIONS TO ARGYLL AND BUTE COUNCIL

This Direction will be for the period from 1st April 2016
The IJB may vary this Direction and may issue further Directions to either replace or expand on this Direction.

This Direction is issued under sections 26 and 27 of the Public Bodies (Joint Working) (Scotland) Act 2014

1. FUNCTIONS AND SERVICES TO BE DELIVERED BY ARGYLL AND BUTE COUNCIL

Argyll and Bute Council will carry out the functions specified in Annex 1a.

Argyll and Bute Council will deliver the services to which those functions relate. These services are specified in Annex 1b

2. DELIVERY OF FUNCTIONS AND SERVICES

Argyll and Bute Council will carry out the functions and deliver the services in a way which complies with all legal and regulatory requirements and having regard to:-

(a) the Integration Delivery Principles,
(b) the National Health and Wellbeing Outcomes,
(c) the Integration Scheme; and
(d) the Argyll and Bute HSCP Strategic Plan 2016/17 to 2018/19

3. FINANCE

The financial provisions are detailed in Annex 2 of these Directions

ANNEX 1a

Column A Enactment conferring function	Column B Limitation
National Assistance Act 1948([1])	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	

([1]) 1948 c.29; section 48 was amended by the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 39, paragraph 31(4) and the Adult Support and Protection (Scotland) Act 2007 (asp 10) schedule 2 paragraph 1.

Column A Enactment conferring function	Column B Limitation
The Disabled Persons (Employment) Act 1958([2])	
Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968([3])	
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.

([2]) 1958 c.33; section 3 was amended by the Local Government Act 1972 (c.70), section 195(6); the Local Government (Scotland) Act 1973 (c.65), Schedule 27; the National Health Service (Scotland) Act 1978 (c.70), schedule 23; the Local Government Act 1985 (c.51), Schedule 17; the Local Government (Wales) Act 1994 (c.19), Schedules 10 and 18; the Local Government etc. (Scotland) Act 1994 (c.49), Schedule 13; and the National Health Service (Consequential Provisions) Act 2006 (c.43), Schedule 1.

([3]) 1968 c.49; section 1 was relevantly amended by the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Children Act 1989 (c.41), Schedule 15; the National Health Service and Community Care Act 1990 (c.19) ("the 1990 Act"), schedule 10; S.S.I. 2005/486 and S.S.I. 2013/211. Section 4 was amended by the 1990 Act, Schedule 9, the Children (Scotland) Act 1995 (c.36) ("the 1995 Act"), schedule 4; the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) ("the 2003 Act"), schedule 4; and S.S.I. 2013/211. Section 10 was relevantly amended by the Children Act 1975 (c.72), Schedule 2; the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13; the Regulation of Care (Scotland) Act 2001 (asp 8) ("the 2001 Act") schedule 3; S.S.I. 2010/21 and S.S.I. 2011/211. Section 12 was relevantly amended by the 1990 Act, section 66 and Schedule 9; the 1995 Act, Schedule 4; and the Immigration and Asylum Act 1999 (c.33), section 120(2). Section 12A was inserted by the 1990 Act, section 55, and amended by the Carers (Recognition and Services) Act 1995 (c.12), section 2(3) and the Community Care and Health (Scotland) Act 2002 (asp 5) ("the 2002 Act"), sections 8 and 9(1). Section 12AZA was inserted by the Social Care (Self Directed Support) (Scotland) Act 2013 (asp 1), section 17. Section 12AA and 12AB were inserted by the 2002 Act, section 9(2). Section 13 was amended by the Community Care (Direct Payments) Act 1996 (c.30), section 5. Section 13ZA was inserted by the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 64. Section 13A was inserted by the 1990 Act, section 56 and amended by the Immigration and Asylum Act 1999 (c.33), section 102(2); the 2001 Act, section 72 and schedule 3; the 2002 Act, schedule 2 and by S.S.I. 2011/211. Section 13B was inserted by the 1990 Act sections 56 and 67(2) and amended by the Immigration and Asylum Act 1999 (c.33), section 120(3). Section 14 was amended by the Health Services and Public Health Act 1968 (c.46), sections 13, 44 and 45; the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Guardianship Act 1973 (c.29), section 11(5); the Health and Social Service and Social Security Adjudications Act 1983 (c.41), schedule 10 and the 1990 Act, schedule 9. Section 28 was amended by the Social Security Act 1986 (c.50), Schedule 11 and the 1995 Act, schedule 4. Section 29 was amended by the 1995 Act, schedule 4. Section 59 was amended by the 1990 Act, schedule 9; the 2001 Act, section 72(c); the 2003 Act, section 25(4) and schedule 4 and by S.S.I. 2013/211.

Column A Enactment conferring function	Column B Limitation
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A - assistance) Section 12AA (Assessment of ability to provide care.) Section 12AB (Duty of local authority to provide information to carer.)	So far as it is exercisable in relation to another integration function.
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.) Section 13A (Residential accommodation with nursing.) Section 13B (Provision of care or aftercare.)	So far as it is exercisable in relation to another integration function.
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.

Column A Enactment conferring function	Column B Limitation
The Local Government and Planning (Scotland) Act 1982([4])	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986([5])	
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000([6])	
Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.

([4]) 1982 c.43; section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.

([5]) 1986 c.33. There are amendments to sections 2 and 7 which are not relevant to the exercise of a local authority's functions under those sections.

([6]) 2000 asp 4; section 12 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 5(1). Section 37 was amended by S.S.I. 2005/465. Section 39 was amended by the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and by S.S.I. 2013/137. Section 41 was amended by S.S.I. 2005/465; the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and S.S.I. 2013/137. Section 45 was amended by the Regulation of Care (Scotland) Act 2001 (asp 8), Schedule 3.

Column A Enactment conferring function	Column B Limitation
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001([7])	
Section 92 (Assistance to a registered for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002([8])	
Section 5 (Local authority arrangements for of residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003([9])	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.

([7]) 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.
([8]) 2002 asp 5.
([9]) 2003 asp 13; section 17 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), section 111(4), and schedules 14 and 17, and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 25 was amended by S.S.I. 2011/211. Section 34 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17.

Column A Enactment conferring function	Column B Limitation
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006([10])	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007([11])	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 11 (Assessment Orders.)	
Section 14 (Removal orders.)	
Section 18 (Protection of moved persons property.)	
Section 22 (Right to apply for a banning order.)	
Section 40 (Urgent cases.)	

([10]) 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.

([11]) 2007 asp 10; section 5 and section 42 were amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17 and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 43 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 14.

Column A Enactment conferring function	Column B Limitation
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	
	.
Social Care (Self-directed Support) (Scotland) Act 2013([12])	
Section 3 (Support for adult carers.)	Only in relation to assessments carried out under integration functions.
Section 5 (Choice of options: adults.)	
Section 6 (Choice of options under section 5: assistances.)	
Section 7 (Choice of options: adult carers.)	
Section 9 (Provision of information about self-directed support.)	
Section 11 (Local authority functions.)	
Section 12 (Eligibility for direct payment: review.)	
Section 13 (Further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013 .
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

Column A Enactment conferring function	Column B Limitation
The Community Care and Health (Scotland) Act 2002	

([12]) 2013 asp 1.

Section 4([13]) The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002([14])

Column A Enactment conferring function	Column B Limitation
National Assistance Act 1948	
Section 45 **(** Recovery in cases of misrepresentation or non-disclosure.).)	
Matrimonial Proceedings (Children) Act 1958	
Section 11 **(**Reports as to arrangements for future care and upbringing of children.)	
The Social Work (Scotland) Act 1968	
Section 5 **(**Powers of Secretary of State.)	
Section 6B (Local authority inquiries into matters affecting children.)	
Section 27 (Supervision and care of persons put on probation or released from prisons etc.)	
Section 27ZA (Advice, guidance and assistance to persons arrested or on whom sentence deferred.)	
Section 78A (Recovery of contributions)	
Section 80 (Enforcement of duty to make contributions.)	
Section 81 (Provisions as to decrees for ailment.)	
Section 83 (Variation of trusts.)	
Section 86	

([13]) Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 62(3).
([14]) S.S.I. 2002/265, as amended by S.S.I. 2005/445.

(Adjustment between authority providing accommodation etc., and authority of area of residence.)

The Children Act 1975

Section 34
(Access and maintenance.)

Section 39
(Reports by local authorities and probation officers.)

Section 40
(Notice of application to be given to local authority.)

Section 50
(Payments towards maintenance of children.)

Health and Social Services and Social Security Adjudications Act 1983

Section 21
recovery of sums due to local authority where persons in residential accommodation have disposed of assets.)

Section 22
(Arrears of contributions charged on interest in land in England and Wales)

Section 23
(Arrears of contributions secured over interest in land in Scotland)
Foster Children (Scotland) Act 1984

Section 3
(local authorities to ensure well-being of and to visit
foster children.)

Section 5
(Notification by persons maintaining or
proposing to maintain foster children.)

Section 6
Notification by persons ceasing to maintain
foster children.)

Section 8
(Power to inspect premises.)

Section 9
(Power to impose requirements
as to the keeping of foster children.)

Section 10
(Power to prohibit the keeping
of foster children.)

The Children (Scotland) Act 1995

Section 17
(Duty of local authority to child looked after by them.)

Section19
(Local authority plans for services for children)

Section 20
(Publication of information about services for children)

Section 21
(Co-operation between authorities)

Section 22
(Promotion of welfare of children in need)

Section 23
(Children affected by disability)

Section 24
(Assessment of ability of carers to provide care for disabled children)

Section 24A
(Duty of local authority to provide information to carer of disabled child)

Section 25
(Provision of accommodation for children etc.)

Section 26
(Manner of provision of accommodation to child looked after by local authority)

Section 26A
(Provision of continuing care: looked after children)

Section 27
(Daycare for pre-school and other children)

Section 29
(Aftercare)

Section 30
(Financial assistance towards expenses of education or training and removal of power to guarantee indentures etc.)

Section 31
Review of case of child looked after by local authority)

Section 32
(Removal of child from residential establishment)

Section 36
(Welfare of certain children in hospitals and nursing homes etc.)

Section 38
(Short term refuges for children at risk of harm.)

Section 76
(Exclusion orders.)

Criminal Procedure (Scotland) Act 1995

Section 51
(Remand and committal of children and young persons.)

Section 203
Reports.)

Section 234B
(Drug treatment and testing order.)

Section 245A
(Restriction of liberty orders.)

The Adults with Incapacity (Scotland) Act 2000

Section 40
(Supervisory bodies.)

The Community Care and Health (Scotland) Act 2002

Section 4
(Accommodation more expensive than usually provided.).)

Section 6
Deferred payment of accommodation costs.)

Management of Offenders etc (Scotland) Act 2005

Sections 10
(Arrangements for assessing and managing risks posed by certain offenders)
Section 11
(Review of arrangements)
(
Adoption and Children (Scotland) Act 2007

Section 1
(Duty of local authority to provide adoption service.)

Section 4
(Local authority plan)

Section 5
(Guidance)

Section 6
(Assistance in carrying out functions under sections 1 and 4)

Section 9
(Assessment of needs for adoption support services)

Section 10
(Provision of services)

Section 11
(Urgent provision)

Section 12
(Power to provide payment to person entitled to adoption support service)

Section 19
(Notice under Section 18 local authorities duties)

Section 26
(looked after children - adoption is not proceeding.)

Section 45
(Adoption support plans.)

Section 47
(Family member's right to require review of plan)

Section 48
(Other cases where authority under duty to review plan)

Section 49
(Re-assessment of needs for adoption support services)

Section 51
(Guidance)

Section 71
(Adoption allowance schemes.)

Section 80
(Permanence Orders.)

Section 90
(Precedence of certain other orders)

Section 99
(Duty of local authority to apply for variation or revocation.)

Section 101
(local authority to give notice of certain matters.)

Section 105
(Notification of proposed application for order)

The Adult Support and Protection (Scotland) Act 2007

Section 7
(Visits)

Section 8
(Interviews)

Section 9
(Medical examinations)

Section 10
(Examination of records etc.)

Section 16
(Right to remove adult at risk)

Children's Hearings (Scotland) Act 2011

Section 35
(Child assessment orders.)

Section 37
(Child protection orders.)

Section 42
(Parental responsibilities and rights directions.)

Section 44
(Obligations of local authority.)

Section 48
(Application for variation or termination

Section 49
(Notice of an application for variation or termination.)

Section 60
(local authorities duty to provide information to Principal Reporter.)

Section 131
(Duty of implementation authority to require review.)

Section 144
(Implementation of a compulsory supervision order; general duties of implementation authority.)

Section 145
(Duty where order requires child to reside in a certain place.)

Section 153
(Secure accommodation: regulations.)

Section 166

(Review of requirement imposed on local authority)

Section167
(Appeal to Sheriff Principal: section 166)

Section 180
(Sharing of information: panel members.)

Section 183-
(Mutual Assistance)

Section 184
(Enforcement of obligations of health board under section 183)

Social Care (Self-directed Support)(Scotland) Act 2013

Section 8
(Choice of options; children and family members.)

Section 10
(Provision of information; children under 16.)

ANNEX 1b

Services :

All permitted Council functions apart from housing and housing support services, other than aids and adaptations aspects of housing support.

- ***Social Work Services for Adults and Older People***
    - Services and Support for Adults with Physical Disabilities and Learning Disabilities
    - Mental Health Services
    - Drug and Alcohol Services
    - Adult Protection and Domestic Abuse
    - Carers Support Services
    - Community Care Assessment Teams
    - Support Services
    - Care Home Services
    - Adult Placement Services
    - Health Improvement Services
    - Housing support including Aids and Adaptations
    - Day Services
    - Local Area Co-ordination
    - Self Directed support
    - Respite Provision for adults and young people
    - Occupational Therapy Services
    - Re-ablement Services, Equipment and Telecare
- ***Social Work Services for children and young people***
    - Child Care Assessment and Care Management
    - Looked After and accommodated Children
    - Child Protection
    - Adoption and Fostering
    - Special Needs/Additional Support
    - Early Intervention
    - Through-care Services
    - Youth Justice Services
- ***Social Work Criminal Justice Services***
    - Services to Courts and Parole Board
    - Assessment of offenders
    - Diversions from Prosecution and Fiscal Work Orders
    - Supervision of offenders subject to a community based order
    - Through care and supervision of released prisoners

APPENDIX 2

Amounts payable by the IJB to Argyll and Bute Council:

Argyll and Bute Council and the Integration Joint Board have agreed a delegated budget that will be devolved from Argyll and Bute Council to the IJB for 2016-17. The funding will be utilised to carry out the functions and services outlined in the Directions to be delivered by Argyll and Bute Council on behalf of the IJB.

The payment that will be made to Argyll and Bute Council for the period 1 April 2016 to 31 March 2017 will be £60,133,000. This is in respect of the following:

Council Requisition	£55,553,000
Integration Fund	£ 4,580,000

This payment was approved by the Integration Joint Board on 22 June 2016. Following a process of financial due diligence unfunded cost and demand pressures of £1.6m were identified which have been incorporated to the IJB approved Quality and Financial Plan to deliver a balanced budget. The total savings required from Council delivered services in 2016-17 is £1.7m.

The payment is to be allocated in relation to the services as follows:

	£000
Council Requisition	55,553
Integration Fund	4,580
Total Funding	**60,133**
Adult Social Care	46,052
Children and Families Services	14,081
Total Delegated Budget	**60,133**

The budget allocation outlined above may be subject to change, the most up to date financial position will be reported to the IJB and the Council as agreed in the Integration Scheme. The Council and the IJB will observe the roles and responsibilities as set out in the Integration Scheme for the management and development of the budget.

APPENDIX 2

ARGYLL AND BUTE INTEGRATION JOINT BOARD (THE "IJB")

WRITTEN DIRECTIONS TO NHS HIGHLAND

This Direction will be for the period from 1st April 2016

The IJB may vary this Direction and may issue further Directions to either replace or expand on this Direction.

This Direction is issued under sections 26 and 27 of the Public Bodies (Joint Working) (Scotland) Act 2014

1. FUNCTIONS AND SERVICES TO BE DELIVERED BY NHS HIGHLAND

NHS Highland will carry out the functions specified in Annex 1a.

NHS Highland will deliver the services to which those functions relate. These services are specified in Annex 1b

2 DELIVERY OF FUNCTIONS AND SERVICES

NHS Highland will carry out the functions and deliver the services in a way which complies with all legal and regulatory requirements and having regard to:-

(a) the Integration Delivery Principles,
(b) the National Health and Wellbeing Outcomes,
(c) the Integration Scheme; and
(d) the Argyll and Bute HSCP Strategic Plan 2016/17 to 2018/19

3 FINANCE

The financial provisions are detailed in Annex 2 of these Directions

ANNEX 1a

Column A	Column B
The National Health Service (Scotland) Act 1978	

All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of—
	section 2(7) (Health Boards);
	section 2CB (ref footnote 1) (Functions of Health Boards outside Scotland);
	section 9 (local consultative committees);
	section 17A (NHS Contracts);
	section 17C (personal medical or dental services);
	section 17I([15]) (use of accommodation);
	section 17J (Health Boards' power to enter into general medical services contracts);
	section 28A (remuneration for Part II services);
	section 48 (provision of residential and practice accommodation);
	section 55([16]) (hospital accommodation on part payment);
	section 57 (accommodation and services for private patients);
	section 64 (permission for use of facilities in private practice);
	section 75A([17]) (remission and repayment of charges and payment of travelling expenses);
	section 75B([18])(reimbursement of the cost of services provided in another EEA state);

([15]) Section 17I was inserted by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2 and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4. The functions of the Scottish Ministers under section 17I are conferred on Health Boards by virtue of S.I. 1991/570, as amended by S.S.I. 2006/132.

([16]) Section 55 was amended by the Health and Medicines Act 1988 (c.49), section 7(9) and Schedule 3 and the National Health Service and Community Care Act 1990 (c.19), Schedule 9. The functions of the Secretary of State under section 55 are conferred on Health Boards by virtue of S.I. 1991/570.

([17]) Section 75A was inserted by the Social Security Act 1988 (c.7), section 14, and relevantly amended by S.S.I. 2010/283. The functions of the Scottish Ministers in respect of the payment of expenses under section 75A are conferred on Health Boards by S.S.I. 1991/570.

([18]) Section 75B was inserted by S.S.I. 2010/283, regulation 3(3) and amended by S.S.I. 2013/177.

section 75BA ([19])(reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);

section 79 (purchase of land and moveable property);

section 82([20]) use and administration of certain endowments and other property held by Health Boards);

section 86 (accounts of health Boards and the Agency)

section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);

section 98 ([21]) (charges in respect of non-residents); and

paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);

and functions conferred by—

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 ([22]);

The Health Boards (Membership and

([19]) Section 75BA was inserted by S.S.I. 2013/292, regulation 8(4).

([20]) Section 82 was amended by the Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 7) section 1(2) and the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 2.

([21]) Section 98 was amended by the Health and Medicines Act 1988 (c.49), section 7. The functions of the Secretary of State under section 98 in respect of the making, recovering, determination and calculation of charges in accordance with regulations made under that section is conferred on Health Boards by virtue of S.S.I. 1991/570.

([22]) S.I. 1989/364, as amended by S.I. 1992/411; S.I. 1994/1770; S.S.I. 2004/369; S.S.I. 2005/455; S.S.I. 2005/572 S.S.I. 2006/141; S.S.I. 2008/290; S.S.I. 2011/25 and S.S.I. 2013/177.

	Procedure) (Scotland) Regulations 2001/302; The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54; The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004/114; The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004; The National Health Service (Discipline Committees) Regulations 2006/330; The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183; The National Health Service (General Dental Services) (Scotland) Regulations 2010/205; and The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55([23]).
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 7 (Persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002	
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (Approved medical practitioners); section 264 (Detention in conditions of excessive security: state hospitals);
Education (Additional Support for Learning) (Scotland) Act 2004	
Section 23 (other agencies etc. to help in exercise of	

([23]) S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.

functions under this Act**)**

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by— section 31(Public functions: duties to provide information on certain expenditure etc.); and section 32 (Public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36([24]).

([24]) S.S.I. 2012/36. Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of "relevant NHS body" relevant to the exercise of a Health Board's functions.

ANNEX 1b

Services

- Hospital inpatient (scheduled and unscheduled)
- Rural General Hospitals
- Mental Health
- Paediatrics
- Community Hospitals
- Hospital Outpatient Services
- NHS Community Services (Nursing, Allied Health Professionals, Mental Health Teams, Specialist End of Life Care, Homeless Service, Older Adult Community Psychiatric Nursing, Re-ablement, Geriatricians Community/Acute, Learning Disability Specialist, Community Midwifery, Speech and Language Therapy, Occupational Therapy, Physiotherapy, Audiology
- Community Children's Services - Child and Adolescent Mental Health Service, Primary Mental Health workers, Public Health Nursing, Health visiting, School Nursing, Learning Disability Nursing, Child Protection Advisors, Speech and Language Therapy, Occupational Therapy, Physiotherapy and Audiology, Specialist Child Health Doctors and Service Community Paediatricians
- Public Health
- GP Services
- GP Prescribing
- General Dental, Opticians and Community Pharmacy
- Support Services
- Contracts and Service Level agreements with other NHS boards covering adults and children

Amounts payable by the IJB to NHS Highland:

NHS Highland and the Integration Joint Board have agreed a delegated budget that will be devolved from NHS Highland to the IJB for 2016-17. The funding will be utilised to carry out the functions and services outlined in the Directions to be delivered by NHS Highland on behalf of the IJB.

The payment that will be made to NHS Highland for the period 1 April 2016 to 31 March 2017 will be £195,868,000. This is in respect of the following:

NHS Highland Requisition £200,448,000
Less Integration Fund £ 4,580,000

This payment was approved by the Integration Joint Board on 23 March 2016, and subsequently approved by NHS Highland. The IJB has an approved Quality and Financial Plan in place to deliver a balanced budget in 2016-17. The total savings required from NHS Highland delivered services in 2016-17 is £6.8m.

The payment is to be allocated in relation to the services as follows:

	£000
NHS Highland Requisition	200,448
Integration Fund	(4,580)
Total Funding	**195,868**
Service Budgets	84,523
Commissioned Services	61,997
General Medical Services	15,003
Non-Discretionary Primary Care Services	8,350
Resource Transfer	4,897
Prescribing	19,008
Integrated Care Fund	2,090
Total Delegated Budget	**195,868**

There is no set aside budget as the full funding for acute care has been delegated to Argyll and Bute Integration Joint Board.

The Health Board receive a wide variety of in-year allocations, therefore the budget allocation outlined above may be subject to change. The most up to date financial position will be reported to the IJB and NHS Highland as agreed in the Integration Scheme. NHS Highland and the IJB will observe the roles and responsibilities as set out in the Integration Scheme for the management and development of the budget.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5 ix)

Date of Meeting: **28 September 2016**

Title of Report: **Chief Officer Briefing**

Presented by: **Christina West**

The Integrated Joint Board is asked to :

Note the following report from the Chief Officer

Scottish Government Minister Officially Opens Lomond House

On the 20th September 2016 Maureen Watt, Minister for Mental Health, officially opened Lomond House in Helensburgh. This facility was significantly upgraded to provide an opportunity for Helensburgh & Lomond Carers SCIO, Children 1st and Child and Adolescent Mental Health Services (provided by the HSCP) to move from previous bases and co-locate in Lomond House.

This co-location has created an opportunity for joint working and the co-production of new and improved services for the local community. Each organisation will have its own dedicated office space however much of the accommodation and facilities will be shared including the Reception Area, meeting rooms, therapy rooms, facilities for disabled visitors and staff kitchen. Helensburgh & Lomond SCIO relies on volunteers to support its work and volunteers are undertaking 'meet and greet' duties for in relation to visitors to the building and they will also cover the shared reception desk, managing visitors to the building and directing them to the respective services.

Notes for info - Helensburgh & Lomond Carers SCIO provides support and services for unpaid carers living in the area and for some time the charity had been searching for alternative premises principally because their previous base was not large enough to accommodate its growing numbers of carers, staff and volunteers. Children and Adolescent Mental Health Services previously worked alongside Children 1st at the Victoria Integrated Care Centre in Helensburgh and were in a similar situation to Helensburgh and Lomond Carers SCIO.

Outdoor Gym Opened in Lochgilphead

The Chief Officer was invited during the summer to open a new outdoor gym at Blarbuie Woodland in Lochgilphead. This new facility is a valuable community resource and provides people with an opportunity to not only get fit but to enjoy nature at the same time. Sara Heath, Mental Heath physiotherapist, was especially thanked for driving the project forward.

Diabetes Nurse Shortlisted for National Award

Seonaid Morrison, Advanced Nurse Diabetes, who is based in Lorn & Islands Hospital in Oban has been shortlisted for a 'Best Educator Award' by the X-PERT Health Company for her work in helping local people across Argyll and Bute self manage their diabetes. The Company have an annual conference later this year for managers, healthcare professionals, educators and commissioners and the winners will be announced at an awards ceremony at the conference.

Helensburgh Children's Unit Care Inspectorate Report

An unannounced inspection visit was carried out by the Care Inspectorate on 13th January 2016. The report was published in August 2016 and the following was highlighted:

What the service does well: The service continues to provide very good care and support for young people. A highly motivated staff team offer young people the support they need to experience positive opportunities. Strong participation methods are used to promote the full involvement of young people in decisions affecting their lives.

The service was given the following grades

Quality of care and support	*5*	*Very Good*
Quality of environment	*5*	*Very Good*
Quality of staffing	*5*	*Very Good*
Quality of management and leadership	*5*	*Very Good*

Volunteer of the Year Awards

The Argyll and Bute Volunteer of the Year awards were held on 16th September in the Argyllshire Gathering Halls in Oban. These awards are arranged by Argyll and Bute TSI and are held every year to recognise and celebrate the many volunteers working in our local communities. The Chief Officer presented the following 3 awards:

Kelly Andrews - Highly Commended Health Volunteer
Following the death of her husband from lung cancer Kelly took the decision to raise money for the Roy Castle Foundation and in two years she has raised almost £10,000 often through events, quiz nights and a memorial football match.

Susan Simpson - Highly Commended Health Volunteer
In 2010 Susan came into contact with SiMBA a charity which helps those affected by the loss of a baby to rebuild shattered lives. She started to fundraise and raise awareness in the area and has continued tirelessly to do so.

Fiona Pearce - Winner NHS Volunteer of Year 2016
It was becoming seriously ill and having lifesaving laser surgery which inspired Fiona to 'give something back' and she has been undertaking countless acts of volunteering ever since. Supporting people's independence, Fiona travels the length and breadth of Islay carrying out dog-walking, shopping and driving those in need to appointments and the local lunch club.

Cowal Public Meeting

The HSCP received an invite from the convener of the Community Council to attend a public meeting to listen to the community's concerns on the changes that had been approved at the IJB relating to the Cowal Community Hospital, Hospice and Struan Lodge. Attending the meeting on behalf of the HSCP were Christina West, Chief

Officer, Allen Stevenson (Head of Adult Services East), Councillor Kieron Green (IJB Chair) and Robin Creelman (IJB Vice Chair).

The representatives from the HSCP delivered a presentation on the 3 Year Strategic Plan, the context for change, the detail of the Struan Lodge and hospital changes as well as the next steps. Michael Russell MSP presented his view on the changes being made and that the decision making of the IJB was wrong as it had not consulted with the community. A written statement was read out from the Struan Lodge Development Group by Willie Lynch of Cowal Community Council on their view of the changes and process and how this was unacceptable. Cllr Isobel Strong (Bute) and Jean Moffat Community Councillor (Bute) also described the changes being made to the Day Service at Thomson Court in Bute and reflected their strong disagreement with the decision making process and the process of engagement and consultation.

The panel then responded to questions from the public over the process, the accountability of the IJB, what would happen next, the level of funding and financial challenge, the process involving users, residents and staff. There was also a number of requests for the IJB to reverse its decision and engage and consult in a meaningful way. There was also a proposal from the Leader of Argyll and Bute Council that the Scottish Government, Argyll and Bute Council, NHS Highland and IJB meet to identify a plan to provide funding to reverse this decision and allow development of a sustainable service.

The Chair of the IJB acknowledged the views expressed by the public and reflected that he would be expecting officers to keep the IJB updated on the changes in services and process of involvement and engagement going forward as it must improve on this in future.

Mull Health and Social Care Services Update

The HSCP remains committed to developing a full island wide primary care team on Mull. Progress to date includes:

- Homecare and nursing teams exploring how they can improve joint working to reduce time spent travelling which will release time to care in local areas.
- The Lorn Medical Centre in Oban is providing outreach support in Tobermory for the management of chronic diseases such as asthma and diabetes.
- Bunessan GP practice has been advertised as a single handed practice to provide some stability and much needed security in the medium term. Interviews arranged for early October.
- The HSCP is currently looking at a different way of approaching long term recruitment and retention of GPs to Salen and Tobermory and is planning to advertise both practices as a single business under 17c contract.
- Work is ongoing to ensure optimal chronic disease management. Tobermory Disease registers are now up to date, Gold standard meetings in place with GPs, Practice, Community and MacMillan Nurses. Vulnerable patients have now been identified and respiratory clinics now in place. Salen and Bunessan Disease registers almost complete.
- A blend of appointments and open surgeries introduced in Tobermory to enable people with work and other commitments to plan their visit to the surgery which has resulted in more 'hard to reach' individuals attending.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5 x)

Date of Meeting : 28 September 2016

Title of Report : Pharmacy Representation on the Argyll and Bute Integrated Joint Board (IJB)

Prepared by : Fiona Thomson, Lead Pharmacist

Presented by : Christina West, Chief Officer

The Integrated Joint Board is asked to :

Consider and agree the addition of the HSCP Lead Pharmacist to their professional advisors.

1. EXECUTIVE SUMMARY

The pharmacy service plays a significant role in both clinical and financial management within the Argyll & Bute Health and Social Care Partnership and beyond. As the IJB defines and develops services in line with the strategic plan for the HSCP the safe, effective and efficient use of medicines will be essential to ensure patients live long healthy lives. A pharmacist professional advisor will assist the IJB planning for the most effective use of medicines and delivery of pharmaceutical care within an integrated health and social care service.

2. INTRODUCTION

Medicines are the most common therapeutic intervention in the NHS with 20% of adults in Scotland taking 5 or more medicines[1,2] rising to 59% in people over 70 years[1] In Scotland during 2013/14 there were 61,000(11.2%) non-elective admissions due to medicines[3,4]. With a yearly national spend of £1.4 billion on medicines across NHS Scotland and a budget of £18million (2016/17) in Argyll & Bute HSCP ensuring the best value is gained from medicines is also important as money spent on medicines is not available for other services.

3. DETAIL OF REPORT

Pharmacists are experts in medicines and provide a unique contribution to improving patient care. With five years specialist training they possess the widest knowledge of the science and use of medicines of all the health professionals. The professional expertise of a pharmacist is essential to ensure maximum health outcomes wherever medicines are used. Provision of pharmaceutical care is a core element of the

pharmacy role i.e. making sure the right patient gets the right medicines, in the right dose, at the right time and for the right reasons. A pharmacist is responsible for all aspects of medicines governance including:

- Being responsible for the quality of medicines supplied to patients
- Ensuring that the supply of medicines is within the law
- Ensuring that the medicines prescribed to patients are safe, appropriate and effective
- Advising patients and carers about medicines, including how to take them, what reactions may occur, answering medicine queries and encouraging self care
- Advising other healthcare professionals, managers and social care staff about safe and effective medicines use, safe storage and secure supply of medicines
- Ensuring integrity in the medicines' supply chain and ensuring pharmacy premises and systems are fit for purpose

Pharmacists also have a role in public health providing health promotion and disease prevention. Aspects of the core community pharmacy role such as providing smoking cessation services and emergency hormonal contraception have a direct link to social care. Pharmacists in the community see people on a regular basis who do not routinely visit their GP and are hard to reach, making the accessibility of community pharmacies an important asset in any strategic approach to health and social care.

In addition pharmacists are in a position to take a big picture view on the benefits or not of individual or groups of medicines which will be an important factor when IJBs have to decide on overall resource allocation. The rules and policies in Scotland around medicines are sometimes contentious and a pharmacist would be able to guide the IJB through the issues that will arise.

The Scottish Government's vision for pharmaceutical care "Prescription for Excellence"[5] requires the role of pharmacy services to change rapidly with a greater focus on providing direct clinical care to patients with pharmacists working in or closely with GP practices. Therefore pharmacists are supporting patients through a transformational change in service delivery in primary care. This transformation requires to be in line with the needs of the population of the HSCP and linked to other services changes.

Pharmacists are used to operating with the commercial (contracted) and non-commercial (managed) arms of the NHS and therefore the HSCP pharmacist would bring a wider business perspective to the IJB.

<u>Role of Argyll & Bute HSCP Pharmacy Services</u>

The function of Argyll & Bute HSCP Pharmacy Service is to develop and provide integrated patient-focused pharmaceutical care, which meets anticipated needs of the population of Argyll & Bute in accordance with the HSCP strategic plan and Prescription for Excellence. The intention of the service is to link all branches of the profession in order to better co-ordinate pharmaceutical care for patients and members of the public. The focus is on active participation in and contribution to multi-disciplinary, multi-professional and multi-agency teams in a fully integrated manner.

Professional leadership and strategic direction for pharmacy within the HSCP is provided by the HSCP Lead Pharmacist along with expert advice to the HSCP management and clinicians on the safe effective use of medicines. The pharmacy team work within the Lorn & Isles Hospital, Community Hospitals, Mental Health and GP practices supported by a data analyst, Controlled Drugs Inspector and administration support.

Pharmacy contractors provide NHS services as independent contractors in a similar way to GPs and are based in the heart of communities playing an essential role in supporting the population's health and well-being. There are 26 community pharmacies in Argyll & Bute HSCP. Community pharmacies deliver frontline healthcare services, with every community pharmacy offering the following Core Pharmaceutical Services:-

- Minor Ailment Service (MAS)
- Acute Medication Service (AMS)
- Chronic Medication Service (CMS)
- Public Health Service (PHS)

4. CONTRIBUTION TO STRATEGIC PRIORITIES

Provision of professional advice to the IJB to ensure the most effective use of medicines and delivery of pharmaceutical care will met the following priorities:

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

The pharmacy team use quality improvement methodology to review and improve services. Feedback and advice is also provided to prescribers to reduce variation and waste.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

No increase in funding is required for this proposal. This role would be undertaken within current Lead Pharmacist's role.

5.2 Staff Governance

This proposal does not affect staff employed in the HSCP.

5.3 Clinical Governance

Lead Pharmacist is a member of Clinical Governance Committee and provides advice on governance issues relating to medicines and pharmaceutical care.

6. EQUALITY & DIVERSITY IMPLICATIONS

Not applicable as paper does not propose a change to patient services.

7. RISK ASSESSMENT

Not applicable as paper does not propose a change to patient services.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Not applicable as paper does not propose a change to patient services.

9. CONCLUSIONS

Pharmacists have a significant contribution to make to the current and future health of the population of Argyll & Bute by providing pharmaceutical care. The services provided by the pharmacy team and pharmacy contractors need to be considered when transforming health and social care services. The provision of advice to the IJB by the HSCP Lead pharmacist will enable the IJB to maximise the contribution pharmacists can make to the health of the population of Argyll & Bute.

References:
1. Healthcare Improvement Scotland Safer Use of medicines available at www.scottishpatientsafetyprogramme.scot.nhs.uk/.../Medicines/20150922%20Safer%20use%20of%20medicines%20FINAL.pdf
2. Guthrie B, Makubat B, Hernandez-Santiago V, Dreischulte T. The rising tide of polypharmacy and drug-drug interactions: population data analysis 1995-2010.BMC Medicines.2015;13;74. Doi:10.1186/s12916-015-0322-7.
3. NHSScotland, National Services Scotland Information Services Division. Episodes of Care Report. March 2013/14. Available from: http://www.isdsctoalnd.org/Health-Topices/Hospital-Care/Inpatient-and-Day-case-Activity/
4. Kongkaew C,Hann M, Mandal J Williams SD, Metcalfe D, Noyce PR et al. Risk factors for hospital admissions associated with adverse drug events.Phamracotherapy.2013;33(8):827-837
5. Prescription for Excellence: A Vision and Action Plan for the right pharmaceutical care through integrated partnerships and innovation. Scottish Government September 2013 www.gov.scot/Resource/0043/00434053.pdf
6. Main Report of the National Review of Primary Care Out of Hours Service 30 November 2015 http://www.gov.scot/Publications/2015/11/9014/0