

22 January 2020

NOTICE OF MEETING

A meeting of the **INTEGRATION JOINT BOARD (IJB)** will be held in the **COUNCIL CHAMBER, KILMORY, LOCHGILPHEAD** on **WEDNESDAY, 29 JANUARY 2020** at **1:00 PM**, which you are requested to attend.

BUSINESS

- 1. APOLOGIES FOR ABSENCE**
- 2. DECLARATIONS OF INTEREST (IF ANY)**
- 3. MINUTES AND ACTION LOG** (Pages 3 - 12)
Integration Joint Board held on 27 November 2019
- 4. MINUTES OF COMMITTEES**
 - (a) Finance and Policy Committee held on 29 October 2019 (Pages 13 - 18)
 - (b) Finance and Policy Committee held on 21 November 2019 (Pages 19 - 22)
 - (c) Finance and Policy Committee held on 6 December 2019 (to follow)
- 5. CHIEF OFFICER'S REPORT** (Pages 23 - 26)
Report by Chief Officer
- 6. PRESENTATION ON OBAN FRAILTY PROJECT**
Presentation by Advanced General Practice Nurse / Nurse Partner – Frailty Project Lead
- 7. BEST START FORWARD PLAN FOR MATERNITY AND NEONATAL SERVICES**
(Pages 27 - 30)
Report by Interim Head of Midwifery
- 8. CULTURE FIT FOR THE FUTURE** (Pages 31 - 36)
Report by Director of Human Resources and Organisational Development and Programme Senior Responsible Officer and verbal update by Chair of NHS Highland Board

9. FINANCE

- (a) Budget Monitoring (Pages 37 - 58)

Report by Head of Finance and Transformation

- (b) Financial Risk (Pages 59 - 66)

Report by Head of Finance and Transformation

- (c) Budget Outlook (Pages 67 - 74)

Report by Head of Finance and Transformation

- (d) Budget Consultation 2020/21 (Pages 75 - 98)

Report by Head of Finance and Transformation (Appendix 2 to follow)

- (e) Proposed Fees and Charges (Pages 99 - 104)

Report by Principal Accountant (Social Work)

10. DEMENTIA SERVICES REDESIGN (Pages 105 - 130)

Report by Head of Service, Older Adults and Community Hospitals; and Head of Service, Mental Health, Learning Disability and Lifelong Conditions

11. HSCP PERFORMANCE EXCEPTION REPORT - FINANCIAL QUARTER 2 2019/20 (Pages 131 - 144)

Report by Head of Strategic Planning and Performance

12. TRANSFORMATION PROGRAMME BOARD REPORT (Pages 145 - 158)

Report by Head of Strategic Planning and Performance

13. DATE OF NEXT MEETING

Wednesday 25 March 2020, 1.00pm, Council Chamber, Kilmory, Lochgilphead

Contact: Hazel MacInnes Tel: 01546 604269



**MINUTES of MEETING of INTEGRATION JOINT BOARD (IJB) held in the COUNCIL CHAMBER,
KILMORY, LOCHGILPHEAD
on WEDNESDAY, 27 NOVEMBER 2019**

Present:

Councillor Kieron Green, Argyll and Bute Council (Chair)
Sarah Compton Bishop, NHS Highland Non Executive Board Member (Vice Chair)

Joanna Macdonald, Chief Officer, Argyll and Bute HSCP
George Morrison, Deputy Chief Officer, Argyll and Bute HSCP
Prof. Boyd Robertson, Interim Chair, NHS Highland (VC)
Councillor Aileen Morton, Argyll and Bute Council
Dr Angus McTaggart, GP Representative, Argyll and Bute HSCP
Alex Taylor, Chief Social Worker/Head of Children and Families, Argyll and Bute HSCP
Dr Nicola Shinaia, Associate Director of Public Health
Elizabeth Rhodick, Public Representative
Dr Gaener Rodger, NHS Highland Non Executive Board Member
Judy Orr, Head of Finance and Transformation, Argyll and Bute HSCP
Kirsteen Murray, CEO, Third Sector Interface
Fiona Thomson, Lead Pharmacist, Argyll and Bute HSCP
Linda Currie, Lead AHP, NHS Highland
Kevin McIntosh, Staffside Lead for Argyll & Bute HSCP (Council)
Elizabeth Higgins, Lead Nurse, Argyll and Bute HSCP
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)

Attending:

Alison McGrory, Acting Associate Director of Public Health, Argyll and Bute HSCP
Fiona Hogg, Director of HR and OD, NHS Highland
David Forshaw, Principal Accountant, Argyll and Bute Council
Stephen Whiston, Head of Strategic Planning and Performance, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Jane Fowler, Head of Customer and Support Services, Argyll and Bute Council
Cleland Sneddon, Chief Executive, Argyll and Bute Council
Douglas Hendry, IJB Standards Officer / Executive Director, Argyll and Bute Council
Charlie Gibson, HR Lead, NHS Highland
Caroline Cherry, Head of Adult Services, HSCP
John Owens, Independent Chair of Argyll and Bute Alcohol and Drugs Partnership
Hugo Van Woerden, Director of Public Health
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
Jeannie McRae, Participation Officer for Young People

1. WELCOME AND APOLOGIES

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

Apologies for absence were received from Jean Boardman, Denis McGlennon and Councillor Gary Mulvaney.

The Chair advised that due to technical issues, Professor Boyd Robertson, Interim Chair of NHS Highland Board, had been unable to join the meeting via video conferencing at this point.

2. DECLARATIONS OF INTEREST

There were none intimated.

3. MINUTE OF INTEGRATION JOINT BOARD AND ACTION NOTES

The Minutes of the meeting of the Integration Joint Board held on 25 September 2019 were approved as a correct record subject to amending the wording of the preamble at item 5.1 to read the following –

The Interim NHS Highland Chair provided the Board with a verbal update on the Culture Fit for the Future programme and the outcome of the discussion at the Board meeting held in Inverness on 24 September 2019. He advised that there would be a paper at the November meeting giving an update on progress against the revised action plan and that they were aiming to produce a more comprehensive action plan drawing on feedback from engagement sessions and a 2 day strategy workshop. He reported that employee engagement sessions had begun and that there were more still to take place. An issue that had arisen was that people in remote parts of the area were not able to participate in the sessions and it was planned to develop dedicated video conferencing sessions to address this. He intimated that a summary of issues raised would be produced and would feed into the action plan to be produced in October.

In terms of the Sturrock report, he advised that not all members of staff had felt the need to read the full report and, therefore, it was proposed to provide a brief summary version of the report. In regard to the Argyll and Bute review, the Interim NHS Highland Chair reported that the Board had agreed to proceed with the review and that it would go out to tender and be published on the Scottish Government Portal. He advised that it would take 12 weeks to carry out the review and report back with a final completion date of March 2020.

The Interim Chair reported that Fiona Hogg, Director of HR&OD would be the Senior Responsible Officer (SRO) for the Culture Fit for the Future programme and that a Programme Manager would be appointed in due course. The position would be advertised both internally and externally. The Board would also be seeking an external, independent advisor who would have a similar status to a non-executive director and would have specific responsibility to oversee the development of the Programme. The external advisor would chair the Culture Steering Group and report directly to the Board.

The Chair referred to the action log and advised that the detail requested in action ID 27 had not been included as part of the papers but would be discussed under the finance section of the agenda.

4. MINUTES FOR NOTING

(a) Quality and Finance Board of 25 July 2019

The Minutes of the meeting of the Quality and Finance Board held on 25 July 2019 were noted.

(b) Clinical and Care Governance Committee of 5 September 2019

The Minutes of the meeting of the Clinical and Care Governance Committee held on 5 September were noted.

(c) **Finance and Policy Committee of 10 September 2019**

The Minutes of the meeting of the Finance and Policy Committee held on 10 September 2019 were noted.

(d) **Audit Committee of 25 September 2019**

The Minutes of the meeting of the Audit Committee held on 25 September 2019 were noted.

5. CHIEF OFFICERS REPORT

The Chief Officer provided the Board with a verbal report on the previous year since she had taken over the role as Chief Officer in October 2018.

The Chief Officer advised that when she commenced her role as Chief Officer in October 2018 there had been a high degree of uncertainty around governance and leadership and challenges with finance and service delivery. She advised that from 16 December the staff leadership team would be fully and permanently staffed and advised that the new management structure that had been proposed reflected the needs of the organisation. She welcomed Judy Orr's input as Head of Finance and Transformation and the improved financial outturn position from March 2019. The Chief Officer advised that the ambition was to deliver the best possible services and the three Annual reports on the agenda reflected the ongoing work and commitment of all partners. The Chief Officer thanked and commended George Morrison who had taken on the role of Depute during the past 7 months when she had not been fully available due to ill health.

Decision

The Integration Joint Board noted the verbal update by the Chief Officer.

(Reference: Verbal report by Chief Officer)

6. CULTURE FIT FOR THE FUTURE PROGRAMME

The Integration Joint Board gave consideration to a report that updated them on progress with the Culture Fit for the Future Programme set up and delivery. The report sought approval of the terms of reference of the Culture Programme Board and of the launch of the Healing Process, as set out in the presentation, in order to further progress with the implementation of the Culture Programme.

Decision

The Integration Joint Board agreed to continue to note the progress made by NHS Highland with the Culture Fit for the Future Programme.

(Reference: Report by Director of Human Resources and Organisational Development and Programme Senior Responsible Officer, submitted)

7. FINANCE

(a) **Budget Monitoring**

The Integration Joint Board gave consideration to a report that provided a summary of the financial position of the Health and Social Care Partnership as at

30 September 2019.

Decision

The Integration Joint Board noted the forecast outturn position for 2019-20 was a forecast overspend of £1.989m as at 30 September 2019 and that there was a year to date overspend of £0.911m as at the same date.

(Reference: Report by Head of Finance and Transformation, submitted)

(b) **Financial Risk**

The Integration Joint Board gave consideration to a report that provided an updated assessment of the financial risks to face the organisation which had not been reflected in the forecast of the financial outturn.

Decision

The Integration Joint Board –

1. Noted the updated financial risks identified for the Health and Social Care Partnership.
2. Noted that the financial risks would continue to be reviewed and monitored on a two monthly basis and reported to the Board.

(Reference: Report by Head of Finance and Transformation, submitted)

(c) **Budget Outlook**

The Integration Joint Board considered a report that summarised the budget outlook covering the period 2020-21 to 2022-23.

Decision

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

(Reference: Report by Head of Finance and Transformation, submitted)

(d) **Reserves Report**

The Integration Joint Board gave consideration to a report that updated them on the General Fund Reserves.

Decision

The Integration Joint Board -

1. Noted the update on the Reserves held by the Integration Joint Board.
2. Approved the release of £29,700 National Procurement Funding within the TEC

reserve to the IJB General Funds as Scottish Government has advised this will no longer be required to be funded locally.

(Reference: Report by Head of Finance and Transformation, submitted)

8. FINANCIAL RECOVERY PLANS

The Integration Joint Board gave consideration to a report that outlined the effect the projected overspend of £1.989m in 2019-20 would have on the Council's projected outturn. The report advised that the projected overspend would require the use of the Council's policy based reserves contingency and would in turn require the Council to introduce a Financial Recovery Plan for its "retained" services.

Decision

The Integration Joint Board instructed the Chief Officer to write to the Chief Executive of Argyll and Bute Council acknowledging the impact of Health and Social Care Partnership Overspends on the Council financial reserves and balanced budget position, and setting out all actions that have been considered, have been put in place, and that are continuing in order to address the Health and Social Care Partnership overspend.

(Reference: Report by Chief Executive, Argyll and Bute Council, submitted)

9. SOCIAL WORK FINANCIAL REPORTING

The Integration Joint Board considered a report advising of the outcome of discussions that took place at the Quality and Finance Board meeting on 10 September 2019 in relation to the reporting of the social work financial position and potential subsequent impact on the social work forecast outturn.

Decision

The Integration Joint Board noted the planned actions set out in the report aimed at improving reporting of the social work year to date financial position in reports to the IJB, Council and the HSCP Management Team and which provide an opportunity for efficiency gains in the processing of payments to care providers.

(Reference: Report by Principal Accountant – Social Work, submitted)

Professor Boyd Robertson, Interim Chair of NHS Highland, joined the meeting at this point via video conferencing.

10. REVIEW OF HEALTH AND SOCIAL CARE INTEGRATION SCHEME

The Integration Joint Board gave consideration to a report that set out proposed revisions to the Health and Social Care Integration Scheme following a joint review. The report detailed the next steps including the requirement for the Council and the Health Board to undertake a joint consultation with prescribed stakeholders.

Decision

The Integration Joint Board –

1. Noted the revisions detailed within the updated Integration Scheme, attached at Appendix 1 to the submitted report.
2. Noted the proposed arrangements for a joint consultation exercise set out at sections 3.6 to 3.12 of the submitted report.
3. Agreed to engage with and participate in the consultation exercise to be carried out.

(Reference: Report by IJB Standards Officer, submitted)

11. STAFF GOVERNANCE REPORT

The Integration Joint Board gave consideration to a report that provided an overview of staff governance issues identified and discussed at the Strategic Leadership Team and Joint Partnership Forum.

Decision

The Integration Joint Board noted the content of the quarterly report on the staff governance performance in the HSCP.

(Reference: Joint report by HR Lead, HSCP and Head of Customer Support Services, Argyll and Bute Council)

12. PROFESSIONAL LEADERSHIP GOVERNANCE

The Integration Joint Board gave consideration to a report that outlined a number of recommendations that had been developed by the Professional Leads Group to ensure its function is supported in governance across the Health and Social Care Partnership.

Decision

The Integration Joint Board approved the recommendations from the Argyll and Bute Professional Leads Group as detailed at paragraph 3.5 of the submitted report.

(Reference: Report by Lead AHP, submitted)

13. CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2018/19

The Chief Social Work Officer presented the the Integration Joint Board with the Chief Social Work Officer Report 2018/19 which provided an overview of social work activity undertaken across Argyll and Bute during the year.

Decision

The Integration Joint Board noted the content of the report.

(Reference: Report by Chief Social Work Officer, submitted)

14. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2019

The Health Improvement Principal presented the Integration Joint Board with the Annual Report by the Director of Public Health 2019 entitled Past, Present and Future Trends in Health and Wellbeing.

Decision

The Integration Joint Board noted the content of the report.

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

15. ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORT 2018/19

The Independent Chair of Argyll and Bute Alcohol and Drug Partnership presented the Integration Joint Board with the Alcohol and Drug Partnership Annual Report 2018/19. The report had been submitted to the Scottish Government in September 2019 and updated the Integration Joint Board on alcohol and drug matters in Argyll and Bute.

Decision

The Integration Joint Board –

1. Noted the Annual Report submitted to the Scottish Government in September 2019.
2. Agreed that the Alcohol and Drug Partnership should report on bi-annually to the IJB in March and November in future and agreed the governance arrangements.
3. Noted the progress with the recently updated Alcohol and Drug partnership.
4. Agreed to support the development of a new Alcohol and Drug Strategy for Argyll and Bute.

(Reference: Report by Chair of Argyll and Bute Alcohol and Drug Partnership and Health Improvement Principal)

16. LOOKING AHEAD TO THE SCOTTISH GOVERNMENT - HEALTH BUDGET 2020-21: WHEN IS HOSPITAL BAD FOR YOUR HEALTH?

The Integration Joint Board gave consideration to a report that highlighted the key points made under the headings within the Scottish Government's report. The report gave focus to budget setting, acute and community care and the requirement to transfer care reducing unscheduled care and admissions and ensure patient needs are met in other more appropriate areas of the NHS.

Decision

The Integration Joint Board –

1. Noted the content of the report.
2. Considered the national context.

(Reference: Report by Business Improvement Manager, submitted)

17. DATE OF NEXT MEETING

Wednesday 29 January 2020, 1.30pm, Council Chamber, Kilmory, Lochgilphead

The Chair welcomed the new Head of Service, Caroline Cherry, to her first meeting of the Board.

The Chair welcomed the attendance of Dr Nicola Schinaia, Associate Director of Public Health at the meeting.

The Chair expressed thanks on behalf of the Board to members who had stood up into roles during the transition period including Liz Higgins, Stephen Whiston, Judy Orr and George Morrison. He thanked them for their support to the Board.

Elizabeth Rhodick, community representative, raised a concern with the Board over early morning and late evening appointments at hospitals in Glasgow for patients from Argyll and Bute. She advised that this raised an issue with health and safety due to the expectation of patients to travel late at night and very early in the morning during the winter months. Discussion amongst the Board resumed and it was noted that hospitals were generally amenable to changing appointments when requested to do so. It was noted however that not all patients were aware of the ability to do this. The Chair requested that this issue be picked up by officers where required.

The Chair thanked everyone present for their attendance.

ACTION LOG –Audit Committee April 2019 - March 2020

ID	Meeting	Area	ACTION	LEAD	TIMESCALE	Revised timescale	WORK STATUS (open, in progress, complete)
3	30/01/2019	IJB	Draft HSCP Commissioning Plan	Stephen Whiston	Dec-19	Mar-20	in progress
24	29/05/2019	IJB	Commence second round of recruitment to outstanding IJB positions	BIM	Aug-19	Feb-20	scheduled
	27/11/2019		The Integration Joint Board instructed the Chief Officer to write to the Chief Executive of Argyll and Bute Council acknowledging the impact of Health and Social Care Partnership Overspends on the Council financial reserves and balanced budget position, and setting out all actions that have been considered, have been put in place, and that are continuing in order to address the Health and Social Care Partnership overspend.	Chief Officer	Dec-19		complete

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Argyll & Bute HSCP Finance & Policy Committee

Tuesday, 29th October 2019 at 10am in J07 Mid Argyll Community Hospital

Present

Councillor Kieron Green (Chair)	IJB Chair
Councillor Gary Mulvaney	IJB Board Member
Stephen Whiston	Head of Strategic Planning & Performance
George Morrison	Deputy Chief Officer
Judy Orr	Head of Finance and Transformation
Fiona Broderick	Staff Side
Sarah Compton Bishop (Audio)	Vice Chair, IJB
Liz Higgins (VC)	Lead Nurse
Kevin McIntosh (Audio)	Staff Side

In attendance

Charlotte Craig	Business Improvement Manager
Irene Luke	PA (minutes)
David Forshaw	Principal Accountant Social Work
Morven Moir	Acting Head of Finance

Apologies

Professor Boyd Robertson	Interim Chair NHS
Joanna MacDonald	Chief Officer
Alex Taylor	Head of Children & Families

		Action by
1.	<p>Welcome and Introduction</p> <p>Kieron welcomed everyone to the meeting with introductions made around the table and VC/Audio sites.</p> <p>Apologies were noted as above.</p>	
2.	<p>Draft Minutes of 10 September 2019</p> <p>The minute of meeting held on 10 September 2019 was agreed as accurate.</p>	

3.	<p>Action Log</p> <p>Updated Action Log was circulated and noted by the Committee.</p>	
4.	<p>Budget Monitoring Report as at 30 September 2019 & Appendices</p> <p>Papers were circulated prior to the meeting. The Finance & Policy Committee was asked to:</p> <p>Note the forecast outturn position for 2019-20 is a forecast overspend of £1.989m as at 30 September 2019 and that there is a year to date overspend of £0.911m as at the same date.</p> <p>Judy provided a summary overview of the financial position as at 30 September 2019 and highlighted:</p> <ul style="list-style-type: none"> • Year to date overspend of £0.911m as at 30 September 2019 is an increase in overspend of £439k since end of August. This consists of an overspend of £1.163m within Social Work delivered services offset by a year to date underspend of £0.253m within Health. • Forecast outturn position for 2019-20 is an overspend of £1.989m. This consists of £1.671m overspend within Social Work delivered services and a forecast overspend of £0.318m within Health. • Health overspend is mainly linked to savings not being achieved in addition to increased costs for oncology drugs, pharmacy costs, patient referrals, and agency/locum staff. It is expected that through on-going grip and control and NHS Highland Project Management Office cross-cutting workstreams that this can be recovered by the end of the financial year. • Social Work forecast overspend is £1.671m which is a small improvement of £41k on the position at the end of month 5. • The biggest change is shown against Chief Officer, which reflects the new financial recovery plan approved on 7 August for £700k savings and all of these are currently forecast as expected to be achieved. This has been offset by additional slippage on previously agreed savings for Older People (deterioration of £296k) and for Learning Disability (deterioration of £301k). • The biggest change is shown against Chief Officer, which reflects the new financial recovery plan approved on 7 August for £700k All of these savings are currently forecast as expected to be achieved. • The most significant risk affecting the forecast outturn position for Health is the SLA for Greater Glasgow and Clyde. The IJB made a decision to reject the increase and the forecast outturn reflects this position. If this position is not accepted by Greater Glasgow and Clyde then there is a risk that the outturn overspend could increase by £2m to £3m. Discussions are continuing with NHS-GG&C on this matter. 	

	<ul style="list-style-type: none"> • As at end of September, £4.949m of the target £10.523m savings have been delivered – 47% of the total. This has increased by £123k in the last month. The shortfall for Social Work is £2.173m and the shortfall for Health is £1.24m • The additional savings within the further financial recovery plan agreed by IJB on 25 September 2019, are not yet reflected in the forecast outturn position. The position at the end of September has improved by £23k from that forecasted at the end of August. It is hoped the financial position will improve over the remaining months of this financial year. <p>Cllr Mulvaney referred to Appendix 3(b) and expressed concern at the lack of reporting to evidence progress towards achieving savings targets.</p> <p>Verbal updates and discussion points noted:</p> <ul style="list-style-type: none"> • 1819-19 - Service Improvement Officer post is currently being advertised. This role will support Learning Disability services with a focal point to repatriate out of area clients and core & cluster provision. Further and improved focus on Learning Disability and Mental Health services will be facilitated by the appointment of Julie Lusk, Head of Adult Services. Julie commences in post on 16 December 2019 with a portfolio to include Learning Disabilities & Mental Health Services • Health savings are being monitored through a PMO approach with two weekly reporting to SLT. It is hoped that a similar approach can be adopted with Social Work savings targets. • 1819-15 – Children & Families Management Structure will achieve £150k savings but not deliverable until the new structure is in place. Delays are being experienced with HR processes. The new management structure is unlikely to be implemented before 1 April 2020. • Staff side requested clarity in regard to management re-structures and expressed frustration at the lack of progress and update to staff. Charlotte confirmed attendance of staff side at short life working group meetings and reported that with support from Staff Liaison Group a management structure update would be delivered to the Integration Joint Board at the next Development Session. • Charlotte will liaise with short life working groups and provide an update for staff prior to IJB development session. • Actions assigned to new Heads of Adult Services not yet in post were flagged by Sarah as a concern. Judy reported that a meeting with the finance team to brief new Heads of Adult Services was arranged to take place on 22 November. <p>Finance & Policy Committee agreed that more detail and evidence of actions must be presented by officers to provide the Committee with assurance and confidence that progress is being made towards delivering financial balance</p>	
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	<p>Actions: Charlotte, in liaison with short life working groups, to provide an update to staff on management structures Officers to be instructed to provide evidence of actions against savings targets. No update is not acceptable to the Committee</p> <p>Savings Targets to be prioritised with largest target first and fuller detail provided.</p>	<p>CC Owner JO</p>
<p>5.</p>	<p>Budget Outlook 2020-21 to 2022-23</p> <p>Budget Outlook report was circulated to the Committee and provided a summary of the budget outlook, prepared using three different scenarios, best case, worst case and mid-range, covering the period 2020-21 to 2022-23.</p> <p>Judy drew attention to:</p> <p>The increase in public sector pensions' schemes employers' contribution from 14.9% to 20.9%. A&B HSCP has received £4.575m to date and costs are estimated at £5.0m. The expectation is that this will be distributed on NRAC shares for future years.</p> <p>Estimates for non-pay inflation and for future cost and demand pressures have been updated. New health cost pressures have been added for cystic fibrosis drugs, asbestos removal, and LIH clinical lead. In social work, the cost pressure for Throughcare has been removed for all scenarios, and decreased slightly for the Scottish Living Wage. This has been offset by increases across all scenarios for growth in older people, and younger adults services to reflect current demand levels and new inflation allowances for carers allowance and utilities and increased inflation on catering.</p> <p>In the mid-range scenario, the Health and Social Care Partnership budget gap estimated over the three year period 2020-21 to 2022-23 is £21.063m with a gap of £8.838m in 2020-21. The assumptions will be updated and refined as the year progresses.</p> <p>The Finance & Policy Committee accepted and noted the current estimated budget outlook report for the period 2020-21 to 2022-23.</p> <p>Actions: Service Transformation and Quality Impact Assessments require to be completed.</p> <p>Uncertainty over timings of budget allocations. Judy aiming for January.</p> <p>Development Session arranged to fully brief IJB. Judy will include this in her paper.</p> <p>Summary Budget Outlook 2020-2021 to 2022-23 to be presented to IJB in November with supplementary paper prepared by Judy based on main line scenario</p>	<p>Owners JO CC/JO JO</p>

6.	<p>Delivery of Savings</p> <p>Report circulated and the Finance & Policy Committee was asked to</p> <ul style="list-style-type: none"> Consider and comment on the details provided on the approach to savings delivery over the remainder of the financial year. <p>Judy presented the Delivery of Savings report which aims to address concern expressed by Cllr Mulvaney's at the last IJB meeting that the recovery plan appeared to be restricted to additional social work savings, by providing information on the broad approach being taken across Social Work and Health to achieve a break even position.</p> <p>The particular areas of focus for improving the year-end outturn for Health as listed under 3.2.3 within the report were highlighted to the Committee.</p> <p>The Finance & Policy Committee provided comment and agreed on the approach to savings delivery over the remainder of the financial year.</p>	
7.	<p>NHS Greater Glasgow & Clyde Update</p> <p>George provided an update on negotiations with NHS GG & C with regard to the Service Level Agreement with Argyll & Bute HSCP for 2019-20.</p> <p>Following a written offer made to NHS GG & C Chief Executive in September a useful meeting took place on 17th September attended by NESH GG & C, Argyll & Bute HSCP and NESH officers. A draft Terms and Conditions for the Provision of NESH Services 2019/20 was received from NHS GG & C yesterday. George will be responding and efforts are being made to arrange a follow up meeting in November.</p> <p>The Finance & Policy Committee noted the verbal update and that officers continue in negotiations with NHS GG & C.</p>	
8.	<p>Finance & Policy Committee Terms of Reference</p> <p>Charlotte presented this report and particularly asked the Finance & Policy Committee to review quoracy and frequency of meetings.</p> <p>The Chair confirmed that during financial challenge frequency of Finance & Policy Committee meetings should remain monthly with the expectation that longer term meetings would take place two monthly between IJB meetings, at least 6 meetings per year.</p> <p>The Committee agreed quoracy and membership as stated with officers invited to attend as directed. Vacancy for recruitment to Third Sector/Public/Carers member.</p> <p>Oversight of the Service Transformation Board and formal reporting from workstreams to be included within the Terms of Reference.</p> <p>The Finance & Policy Committee considered the detail of the General Provisions and Terms of Reference and with the above amendments approved recommendation to the IJB.</p>	CC

9.	<p>Transformation Update</p> <p>Stephen reported that following the meeting of the Integration Joint Board in September he had met with Executive Leads to discuss realigning responsibilities and along with Judy and Charlotte was looking at governance and transformation delivery as part of the Strategic Plan with a whole system approach.</p> <p>A formal report will be presented to the next Finance & Policy Committee meeting.</p> <p>The Finance & Policy Committee noted the verbal update with the expectation of future workstream reporting to ensure oversight.</p>	SW
10	<p>AOB:</p> <p>No other business was raised.</p>	
	<p>Date of next Meeting 21st November 2019 at 1.30pm in Committee Room 1.</p>	

Argyll & Bute HSCP Finance & Policy Committee

Thursday, 21st November 2019 at 1.30pm in Boardroom Aros

Present

Councillor Kieron Green (Chair)	IJB Chair
Sarah Compton Bishop	Vice Chair, IJB
Joanna MacDonald	Chief Officer
Caroline Cherry	Head of Adult Services
Stephen Whiston	Head of Strategic Planning & Performance
George Morrison (VC)	Deputy Chief Officer
Judy Orr	Head of Finance and Transformation
Councillor Sandy Taylor	IJB Board Member
Councillor Gary Mulvaney (from item 4.1)	IJB Board Member

In attendance

Charlotte Craig	Business Improvement Manager
Irene Luke	PA (minutes)
David Forshaw	Principal Accountant Social Work
Morven Moir	Acting Head of Finance
Dr Angus MacTaggart	Professional Leads Representative

Apologies

Prof Boyd Robertson
 Elizabeth Higgins
 Fiona Broderick
 Kevin McIntosh

		Action by
1.	<p>Welcome and Introduction</p> <p>The Chair welcomed everyone to the meeting with a particular welcome extended to Caroline Cherry, Head of Adult Services (Older People & Community Services). Introductions made around the table and VC sites.</p> <p>Apologies were noted as above.</p>	
2.	<p>Draft Minutes of 29 October 2019</p> <p>The minute of meeting held on 29 October 2019 was agreed as accurate.</p>	

3.	<p>Action Log</p> <p>Updated Action Log was circulated. Exceptions: (17) It was confirmed that Alison McGrory is working on the Engagement Specification for budget saving proposals 2020-21</p> <p>The Committee accepted the action log and noted the update provided.</p>	
4.	<p>Budget Monitoring Report as at 31 October 2019 & Appendices</p> <p>Papers were circulated prior to the meeting. Judy provided an overview and highlighted:</p> <ul style="list-style-type: none"> • Year to date overspend of £0.468m as at 31 October 2019. This is a decrease in overspend of £0.443k since end of September. • Within Health delivered services the forecast overspend is £0.3m which is £0.018m better than last month's forecast. • Within Social Work the forecast overspend is £1.482m. This is a small improvement of £189k on the position at the end of month 6. • The biggest single area of Social Work overspend is on Learning Disability (£1.193m). • As at end of October, £5.141m (47%) of the target £10.877m savings have been delivered, an increase of £192k in the last month. Forecast delivery of savings £7.255m (67%) in total by the year end, an increase of £155k from the end of August reporting. <p>The Committee was further updated:</p> <ul style="list-style-type: none"> • Service Improvement Officer 0.5wte has been appointed and will provide focus on Older People savings for Social Work. A further 1 WTE SIO post is being interviewed for in early December and will focus on Learning Disability savings. • Due to a system update myjobscotland will be unavailable for a month resulting in no Council vacancies being advertised during this period. • The Chief Officer reported on a productive meeting which had taken place with PMO Officers on 19th November 2019 and the intention to adopt a similar PMO approach to Social Work savings. The significant reduction in the forecast overspend was welcomed. The focused portfolios of newly appointed Heads of Adult Services will provide further robust governance and budget monitoring. <p>The Finance & Policy Committee accepted and noted: The summary of the financial position of the Health and Social Care Partnership as at 31 October 2019. The forecast outturn position for 2019-20 is a forecast overspend of £1.782m. The improved position at end of October of £443k from that forecasted at end of September, assisted by the additional recovery plan agreed by IJB on 25 September.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Further narrative to be provided around vacancy savings to reflect current situation • To assist awareness of the Committee any deterioration or change in circumstance to be included in the explanation for reporting. 	<p>DF</p> <p>AT</p>

5.	<p>NHS Greater Glasgow & Clyde Update</p> <p>George reported there had been no movement on negotiations with NHSGG&C with regard to the 2019-20 Service Level Agreement with NHS Highland for services provided to Argyll & Bute residents.</p> <p>There had been no follow up from NHS GG & C to the draft Terms and Conditions for the Provision of NSH Services 2019/20 which was received on 28 October 2019.</p> <p>Efforts continue to secure a date for a follow up meeting with availability now being assessed for a meeting in January 2020.</p> <p>George will write again to NHSGG & C to reiterate our offer requesting a response prior to the next Finance & Policy Committee meeting on 12 December 2019.</p> <p>The Finance & Policy Committee noted the verbal update and agreed to assess the need for escalation following update report to the next meeting.</p> <p>Actions: Letter to be sent to NHSGG & C reiterating offer and requesting response by 11 December 2019 Date to be secured for a follow up meeting with NHSGG & C Officers</p>	GM IL
6.	<p>Argyll and Bute HSCP Equality and Socio-Economic Impact Assessment</p> <p>Report and guidance document were circulated to the Committee.</p> <p>Charlotte presented the paper highlighting that the guidance has been supported by the IJB in June 2019 but should be inherent to the practice of the IJB committees.</p> <p>The EQIA process enables the HSCP to demonstrate that it delivers on its legal obligations to pay due regard to issues relating to equalities and socio economic impacts.</p> <p>The Finance & Policy Committee, having responsibility for policy recommendation, was asked to note the process and guidance with an understanding of the committee's role in ensuring EQIA's have been met prior to recommendation to the IJB.</p> <p>The Finance & Policy Committee noted the Argyll & Bute Equality and Social Economic Impact Assessment guidance and requirement. and agreed to the recommendation that one EQIA document would be produced for budget proposals.</p>	JO
7.	<p>HSCP Committee Work Plan</p> <p>Charlotte updated that a work plan will be introduced to assist with flow of business to the IJB. To introduce the plan and assist population, Charlotte will attend each committee in January.</p> <p>The Finance & Policy Committee noted the introduction of a</p>	

	Committee Work Plan Actions: Templates to be circulated for review and consideration	CC
8.	AOB:	
(a)	Transformation Report The Committee were advised that a planned whole system approach to assist governance and transformation delivery as part of the Strategic Plan is being developed in consultation with Transformation Leads. Action: Transformation Report to be presented to Finance & Policy Committee meeting on 12 December 2019.	SW / CC /JO
(b)	Financial Risk Reports The Finance & Policy Committee agreed to Judy's suggestion that Financial Risk Reports which are presented to IJB every 2 months should be included in Finance & Policy Committee papers.	JO
	Date of next Meeting Friday, 24 th January 2020 at 10am in Committee Room 1, Kilmory, Lochgilphead	



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

item: 5

Date of Meeting: 29 January 2020

Title of Report: Chief Officer Report

Presented by: Joanna Macdonald, Chief Officer

The Integration Joint Board is asked to:

- Note the following report from the Deputy Chief Officer

Senior Management Team

With the recent appointments of Caroline Cherry as Head of Adult Services (older adults and community services) and Julie Lusk as Head of Adult Services (Mental Health, Learning Disabilities & Lifelong Conditions) the HSCP now has a full complement of senior managers in place supporting stability in the delivery of services.

First Contact Physiotherapist Service in Campbeltown, Helensburgh and Oban

First Contact Physiotherapists are being gradually introduced in larger GP surgeries across Argyll and Bute as part of the national Primary Care Modernisation Project. Patients can be directly appointed to the physiotherapist which ensures that patients get to see the right professional at the right time and frees up GPs to spend more time with patients in specific need of their expertise.

The service is aimed at over 16s who have joint and/or soft tissue issues. The Physiotherapist will be able to:

- Make a diagnosis and develop a treatment plan
- Refer for further investigations such as x-ray if required
- Refer onwards to specialist services as necessary

The service is currently available at Lorn Medical Centre in Oban, Victoria Integrated Care Centre, Helensburgh and Campbeltown Medical Practice.

Integration Scheme Consultation

People across Argyll and Bute were invited to have their say on updating the document that outlines how health and social care functions and services are

provided locally. The consultation ran for a period of six weeks from 9th December 2019 to 17th January 2020.

Integration Scheme Consultation cont....

A full review of all the consultation responses will be undertaken by the Working Group (consists of Senior Management from two parent bodies and HSCP) that was set up to undertake the review process, and the outcome of their evaluation will be used to prepare reports for the IJB on 25 March, NHS Highland Board on 31 March and Council on 16th April. It is hoped that the final version of the Scheme will be approved at partner meetings, allowing for it to be submitted to the Scottish Government by end April 2020.

Prestigious Queens Award

Two community nurses from Argyll and Bute have been awarded the prestigious title of Queen's Nurse. Maggie Wilkieson, from Gigha, and Joanna Taylor, from Lochgilphead, were both selected earlier this year to take part in a nine-month development programme run by the Queen's Nursing Institute Scotland (QNIS).

They were nominated for providing high quality, compassionate care to people in their communities.

Conversation Cafes - Opening up discussions about health and social care

The Public Health Team have successfully held local Conversation Cafes with communities to ensure everyone has the opportunity to learn about, discuss, and provide feedback about services.

Each locality invited a service manager related to each topic to attend the Cafés. The managers provided information about the topic, answered questions and listened to comments about the service they run and took responsibility for information and actions arising from the sessions.

Locality topics are detailed below. Kintyre has now held two Conversation Café's to date:

- **Kintyre** - Kintyre 'Neighbourhood Team'. The Neighbourhood Team is a wide ranging community care team which includes Occupational Therapy, Physiotherapy, Community Nurses, Health & Social Care Support workers, and Social Work.
- **Kintyre - Anticipatory** Care Plans (ACP) - Anticipatory Care Planning is about individual people thinking ahead and understanding their health. It's about knowing how to use services better and it helps people make choices about their future care.

Planning ahead can help the individual be more in control and able to manage any changes in their health and wellbeing. Many people with long term conditions or chronic health problems can benefit from having an Anticipatory Care Plan.

- **Isle of Bute** – “Our Hospital” – a chance to hear about what happens in your local hospital, available services and meet staff
- **Cowal** - Our Hospital” – a chance to hear about what happens in your local hospital, available services and meet staff
- **MAKI** - Mid Argyll Responder Service.
- **Oban** - Mental Health Services and Urgent Care Practitioners
- **Isle of Islay** – Re-ablement. The Re-ablement Service provides free support services to people with a wide range of needs and long-term conditions. This service is usually provided to people for up to 8 weeks to encourage them to achieve their goals and to live independently for as long as possible.

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Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Item 7

Date of Meeting: 29th January

Title of Report: Best Start forward plan for Maternity and Neonatal Services Update

Presented by: Jaki Lambert and Catriona Dreghorn

The Board is asked to:

- Note the progress on the Best Start forward plan for Maternity and Neonatal Services in Argyll & Bute
- Discuss

1. EXECUTIVE SUMMARY

1.1 The Best Start forward plan for Maternity and Neonatal Services (2017) focuses on care being centred on the needs of mothers and babies. As one of the five early adopter boards in Scotland, Argyll and Bute was tasked with ;introducing continuity of carer for all women, developing community hubs in a way that brought care closer to home and innovated for cross board working and finding remote and rural solutions.

2 years on we would like to share the successes and challenges and what it has meant to communities and the midwives providing care.

2. INTRODUCTION

Argyll and Bute was instrumental in applying to be an early adopter as it was an opportunity to be part of defining how care could be provided and benefiting from the funding to support change.

3. DETAIL OF REPORT

Detail in presentation but key points are that the future health of women and babies is being positively impacted and can be measured through the following data and indicators.

4. RELEVANT DATA AND INDICATORS

- Women are receiving continuity of care across Argyll and Bute and into Glasgow

- All Community maternity units (hubs) have “attend anywhere” enabled, reducing patient travel
- Scanning services locally are reducing travel
- The national midwifery shortage is being addressed positively in Argyll and Bute

5. CONTRIBUTION TO STRATEGIC PRIORITIES

- Promote health and wellbeing across all our communities and age groups
- Efficiently and effectively manage all resources to deliver best value
- Use continuous quality improvement

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Reduced cost through use of attend anywhere and local scanning

6.2 Staff Governance

Developed with staff side and HR involvement , honorary contracts with Glasgow and SOP for cross board working

6.3 Clinical Governance

Reduced risk through continuity improving communication

7. PROFESSIONAL ADVISORY

Led through midwifery professional leadership structures

8. EQUALITY & DIVERSITY IMPLICATIONS

Nil

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Compliant

10. RISK ASSESSMENT

Risks in maternity services are well managed through risk management structures linked in to both Argyll and Bute and NHS Highland structures

Success in the initiative and be impacted by lack of buy in from consultants and identifying midwives from GG & C NHS Board to link to Argyll and Bute.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Paper builds on the results of the Maternity survey (2016, 2018) and results of Care Opinion

12. CONCLUSIONS

Being early adopters has successfully raised the profile of services in Argyll and Bute, positively impacting on patient experience and recruitment. Travel for midwives is essential in this model.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Author Name –Jaki Lambert Interim Head of Midwifery (Argyll and Bute)
 Email jakilambert@nhs.net

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NHS Highland Board
28th January, 2020
ITEM 7

Culture Fit for the Future

Report by Fiona Hogg, Director of Human Resources and Organisational Development and Programme Senior Responsible Officer

The Board is asked to note the updates in this report

1. Summary

This paper updates on progress with our Culture Programme set up and delivery.

The Board is asked to note the updates and progress set out in this report.

2. Background

Culture Fit for the Future is now a standing item on the Board agenda to ensure updates on our progress are noted, questions can be asked and that key strategic decisions can be made.

3. Assessment/options/issues for consideration

Cabinet Secretary Visit

Jeane Freeman, the Cabinet Secretary for Health and Sport will visit NHS Highland on Friday 24th January to discuss progress with our Culture Programme and in addressing the issues which were raised in the Sturrock report.

The Cabinet Secretary will meet with the Chair, Chief Executive and Senior Leadership Team, as well as with representatives from our Partnership Forum and the Whistleblowers.

A verbal update will be given to the Board on 28th January.

Culture Programme Board

The Culture Programme Board held an interim meeting on 2nd December to discuss the feedback from the November NHS Highland Board meeting and again for a full Programme Board meeting on 13th January. The next meeting is on 10th February.

The minutes of the 11th November meeting and a note of the interim discussion on 2nd December are included within these Board papers. The minutes of the 13th January meeting will be included in the March Board papers.

The January meeting had a slightly different approach, as we took the opportunity to hear about two services we would like to commission to support colleagues. Further details are set out in this paper.

The Programme Board has a large number of attendees and we welcome the broad representation and enthusiasm for what we are doing. However, we need to revisit our terms of reference, attendance and scope to ensure the meeting is as effective as possible and creates the right environment where everyone feels able to share their thoughts and concerns. We have asked attendees for their feedback and we will have a session on the 10th February to take this forward.

Any proposed changes to the Terms of Reference would be submitted to the NHS Highland Board for approval, but I would welcome any thoughts or direction from this Board to feed into the Programme Board discussion in February.

We have started to issue colleague updates after each meeting, with an email sent to all of NHS Highland on the 15th January. This has been well received and a number of colleagues have contacted me directly with feedback and thoughts which we had hoped would happen. This communication will be issued after each meeting.

Appointment of External Culture Advisor

We received 5 applications for this role and informal discussions with 4 possible candidates are taking place on 17th January.

The next step for those progressing to f interview will involve a number of formal and informal meetings with a wide group of stakeholder, including the Chair and members of the Board as well as representatives from the Culture Programme Board membership. We expect this to be arranged to take place in February.

Culture Commitments and Culture Plan

We have made good progress with developing an updated Culture Plan. As part of this we have created “Our Culture Commitments” which set out on one page, under the 6 themes, what we will do and how it will feel. The Culture Plan then takes each of these Commitments and explains what we will do to achieve this and when we plan to do it.

This revised format is intended to be as accessible and clear as possible. We have attached the latest draft of these documents with this update for information (Appendix 1 and Appendix 2).

When finalised, the Culture Commitments and Culture Plan will be communicated to all colleagues, with a number of other important documents which include:

- A review of progress against the original Action Plan
- An infographic showing colleagues where and how to raise concerns
- A summary of feedback from the engagement sessions held across NHS Highland

We hope to be in a position to issue following formal discussion at the Culture Programme Board on 10th February.

Argyll & Bute Review

The Argyll & Bute Culture review is now underway. Progressive Partnership met with 20 colleagues on 5th and 6th December 2019, in order to gather information about concerns and context, which will inform the development of the questionnaire to be issued in February.

We have received some initial findings from these discussions, which the Argyll & Bute HSCP Chief Officer and her leadership team have reviewed at their development and planning session on 16th and 17th January. As a result they have formulated some actions to take to address key priorities. This will be communicated to colleague's w/c 20th January and will be able to be discussed further at the Board meeting and also the IJB.

Establishment of our Healing Process

We continue to listen to feedback on our Healing Process and the principles that were shared in November. This has been valuable in informing the development of the process and we have already taken many of these on board in the initial detailed design.

We are looking at how this will be resourced and delivered and also working on the tailored options available for those who participate, to ensure that this is fit for purpose and meets the needs of those who would like to engage with it. We plan to work with representatives of the Whistleblowers as well as the Culture Programme Board to co-design the details of the process.

We hope to launch the scheme for application in February and will be discussing our plans with the Cabinet Secretary during her visit. We would hope to be in a position to give a more detailed update to the Board on 28th January.

Additional Support for Colleagues

In addition to the Healing Process, which is intended to support current and ex-employees to address historical issues relating to bullying in the workplace, there is a need to strengthen the support we provide for our staff moving forward to ensure issues identified in the Sturrock Report are not repeated.

We now plan to begin the process to consult on and procure the following services, to allow new and improved employee support services to be implemented early in 2020/21.

A Guardian or Speak Up service provides an independent resource for colleagues to raise concerns and obtain advice (but not direction) on appropriate routes for resolving concerns relating to a wide range of issues from bullying to patient safety.

The service provides independent support from a Guardian, 24 hours each day, to encourage staff to come forward with concerns and ensures that where appropriate, their concerns are addressed by the organisation in a transparent and timely manner. This service is mandated in the NHS in England and the Sturrock recommendations included establishing an independent channel for concerns.

A Guardian will listen to any concern that is raised, which could include matters deemed to be whistleblowing. The Board Whistleblowing Champion roles which are being appointed to NHS Scotland Boards by Scottish Government will not listen to or action whistleblowing concerns, they provide Board oversight and assurance of our internal processes for whistleblowing. So the Guardian would provide additional support but would not duplicate any of the Champion's role.

An **Employee Assistance Programme (EAP)** offers 24/7 direct colleague access from home or work, to a range of support and services ranging from financial, legal and emotional advice or information, to telephone and face to face counselling. Some services also include manager support help lines, critical incident response and there is a range of interactive and online information and support tools.

This service is important as it provides access to support that is not just for work related problems or concerns and colleagues can access in their own time and without anyone needing to know. So this is very much a health and wellbeing service, whereas a Guardian Service provides a route to discuss specific work related concerns and understand how to take them forward with the organisation. The service is also able to support across the geography and scale of NHS Highland, using a network of affiliates, as well as phone and online options.

EAP services are used across the NHS, including a recently commissioned service in NHS Tayside and are key tools in improving colleague health and wellbeing, which in turn supports colleagues staying well enough to be at work, or to recover more quickly. This is an important benefit for NHS Highland colleagues and most major employers in the private and public sector offer this service.

Resources

The Board should note that the launch and running of the Healing Process, as well as the delivery of the wider Culture Programme will require significant additional resources.

The details of the requirements are being assessed for further discussion with the Board and the Scottish Government in the near future.

3 Update on Milestones and Progress

Theme	Action	Due date	RAG	Comments
Governance	Terms of Reference agreed	28/10/19	Complete	Review on 10 th February
Governance	Culture Programme Board in place	11/11/19	Complete	
Governance	External Advisor - advertised	28/10/19	Complete	5 applications received
Governance	External Advisor – interviews	29/02/2020	Green	Informal discussions on 17 th Jan to make shortlist
Governance	External Advisor - appointed	01/03/2020	Green	Interviews held in February
Governance	Culture Plan and Commitments updated and shared for review	31/12/2019	Complete	Plan and commitments shared in Dec
Governance	Culture Commitments and Plan published	20/02/2020	Green	Final approval at 10 th February Culture Programme Board
Our Voices	Phase 1 engagement complete	02/10/19	Complete	Feedback drafted for sharing with the Culture Plan
Our Voices	Engagement Feedback summarised for sharing	07/11/2019	Amber	Drafted, will be published with updated action plan in December
Our Healing	A&B Review – proposal	28/10/19	Complete	
Our Healing	A&B Review – agree provider	26/11/19	Complete	
Our Healing	A&B Review –starts	01/01/20	Complete	Initial meetings held 5/6 Dec
Our Healing	A&B Review - reports out	15/04/20	Green	
Our Healing	Healing Process – principles	26/11/19	Complete	Presented at November board
Our Healing	Healing Process- draft process mapped out including feedback from Nov Board presentation	17/02/2020	Green	Ready for sharing and development of details
Our Healing	Healing Process – engagement with Whistleblowers and Programme Board to refine and tailor the details	14/02/2020	Green	
Our Healing	Healing Process launched for applications	29/02/2020	Amber	Need to measure volume to resource the 1:1 and panel process
Our Healing	Healing Process – Demand assessed and resources allocated	31/03/2020	Amber	
Our Healing	Healing Process – 1:1's and Panels start	6/04/2020	Amber	
Our Healing	Monthly review panel put in place for ongoing cases and learning	31/03/2020	Green	
Our Health	Commence commissioning and consultation process for Guardian Service	31/03/2020	Green	
Our Health	Commence commissioning and consultation process for Employee Assistance Programme	31/03/2020	Green	

4 Contribution to Board Objectives

The Culture programme is a critical part of the transformation of NHS Highland and in achieving our objectives to deliver Better Health, Better Care and Better Value, through an engaged and motivated workforce delivering excellent quality services in an organisation where our values are embedded in all that we do.

5 Governance Implications

Staff: We continue to engage with the Highland Partnership Forum, the Joint Partnership Forum, Highland SLT and the A&B HSCP SLT to ensure progress updates are provided. The Culture Programme Board will formally take on the key accountability for the governance of the Programme as per the Terms of Reference which have been submitted and are directly accountable to the NHS Highland Board.

Financial: As the programme develops, it is clear that additional resource and funding will be required. Details of this are being collated and will be discussed with Scottish Government and the Senior Leadership Team, as part of the oversight process.

6 Risk Assessment

No specific risks have been identified associated with this update.

7 General Data Protection Principles Compliance

There are no risks to compliance with Data Protection Legislation

8 Planning for Fairness

Fairness along with Dignity and Respect are core principles of our Culture Fit for the Future where our values are embedded is all we do as an organisation. This will also apply to Programme and how we deliver it.

9 Engagement and Communication

With the establishment of the Culture Programme Board, the main engagement and communication on our progress with Culture will be driven via this forum. A full plan for engagement and communication will be developed through a range of tools and mediums and regular updates provided internally and externally. All colleague updates are now issued following the Culture Programme Board.

Fiona Hogg
Director of Human Resources and Organisational Development and
Programme Senior Responsible Officer
17th January, 2020

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Argyll & Bute Health & Social Care Partnership

Integrated Joint Board

Agenda item: 9 a

Date of Meeting: 29 January 2020

Title of Report: Budget Monitoring as at 31 December 2019

Presented by: Judy Orr, Head of Finance and Transformation

The Finance & Policy Committee is asked to:

- Note the forecast outturn position for 2019-20 is a forecast overspend of £1.310m as at 31 December 2019 and that there is a year to date overspend of £0.965m as at the same date.
- Note the above position excludes any provision for the on-going dispute with NHS Greater Glasgow & Clyde

1. EXECUTIVE SUMMARY

1.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 31 December 2019.

1.2 There is a year to date overspend of £0.965m as at 31 December 2019. This consists of an overspend of £1.031m within Social Work delivered services offset by a year to date underspend of £0.066m within Health. The position has deteriorated by £291k in the month. The Social Work position is incorrectly stated for Mental Health due to timing issues with payments and income which there was no opportunity to re-profile. If corrected, the position would have been better by c £187k. This does not affect the forecast outturn.

1.3 The forecast outturn position for 2019-20 is a forecast overspend of £1.310m. This consists of an overspend of £1.310m within Social Work delivered services and a breakeven position within Health. This has improved by £366k in the month – £66k Social Work and £300k for Health. The improvement in Health is largely related to New Medicines Funding where additional funding was notified of £660k which was more than expected, partially offset by additional drug costs which relate, and a staff settlement payment. It should be noted that the dispute with NHS Greater Glasgow & Clyde continues and the gap between the payment being sought and what we have offered is c £1.5m and this is not reflected in the forecast outturn position or year to date expenditure reported above.

3. DETAIL OF REPORT

3.1 Year to Date Position as at 31 December 2019 – Social Work

3.1.1 As previously advised, accrual accounting is not in place for Social Work and self-billing, although planned, is not in place yet. There were some big swings in terms of third party payment around the month end. Review is still underway to ascertain how well these payments match the profiled budget. Reporting timescales have not allowed any budget profiling adjustments to be made at this month end. This means that there should be some caution around precise movements in the year to date position. This has particularly affected the position re mental health where we estimate that the year to date position reported is £187k worse than it should have been. Christmas and New Year timings restricted our ability to correct the budget profiling in line with actual expenditure and income. It should be stressed that this does not apply to the forecast outturn position.

3.1.2 There is a year to date overspend of £1.031m as at 31 December 2019. This is an increase in overspend of £0.148k since end of November but as stated above the position for Mental health is incorrect. If that has been corrected, then there would have been an improvement of £39k. Further information is provided within Appendix 1.

3.1.3 The overspends are mainly on Adult Services - Older People Care Home placements, Learning Disability Joint Residential and Supported Living, and Physical Disability Residential and Supported Living arising due to service demand and a failure to deliver planned savings. Children and Families overall has an underspend YTD of £27k despite an overspend on Looked After Children in residential placements.

3.2 Year to Date Position as at 31 December 2019 – Health

3.2.1 Within Health, there is a deterioration of £143k from the underspend of £209k reported at the end of November. There are, a number of significant cost pressures that are being absorbed within the overall financial position. The main ones are:

- Mull GP services - £499k overspent due to extensive reliance on GP locums
- Psychiatric medical services - £452k overspent due to reliance on locums
- LIH general medical services - £215k overspent due to locums and loss of income from NES
- LIH Ward B - £133k overspent due to extensive use of agency nurses (£264k spend to date)
- LIH Laboratory - £126k over mainly due to agency staffing and increased biochemistry costs
- Charges from other HBs (excl. GG&C) - £144k over, main factor is a patient in New Craigs plus TAVI procedures
- Rothesay Victoria Hospital Nursing - £100k over due to extensive sickness absence cover
- GP prescribing, Campbeltown Practice - £100k over due to new medications and high cost patients
- Kintyre Medical Group - £77k over due to use of locum GPs
- GP prescribing, Millig practice Helensburgh - £74k over due to not

reviewing prescribing practice

The last two items above were not previously reported, and others have all grown. The pressure previously reported due to cystic fibrosis charges has been offset by additional New Medicines Funding. More detail is given at Appendix 1.

3.3 Forecast Outturn Position as at 31 December 2019 – Social Work

- 3.3.1 The forecast outturn position for Social Work for 2019-20 is a forecast overspend of £1.310m which is an improvement of £66k from the position reported at end of November. Further information is provided within Appendix 2.
- 3.3.2 Over the remaining 3 months of the year, concerted efforts will continue to be made in order to deliver an outturn which is considerably closer to a balanced budget. Updated forecasts will be prepared each month so that progress can be tracked.
- 3.3.3 The overspends are mainly on Adult Services - Older People Care Home placements and Older People Other costs, Learning Disability Joint Residential and Supported Living, and Physical Disability Residential and Supported Living arising due to service demand and a failure to deliver planned savings.
- 3.3.4 Children and Families overall has a forecast outturn overspend of £143k driven mainly by an overspend on Looked After Children in residential placements of £414k offset by underspends on Fostering and Child Protection. In addition the management restructure saving of £150,000 has not yet been delivered as the new structure will only be implemented from the start of 2020/21. This is largely unchanged from the position reported at last month end. However this conceals a couple of large offsetting changes in the month. Life Changes Trust funding is less certain and the forecast has been adjusted to reduce the expectation by c £99k (although recent indications are that this may be achieved). This has been offset by a forecast reduction in third party payments for contact and welfare of c £42k and a similar reduction under service strategy & regulation of £50k, both based on patterns of expenditure year to date which improve the forecast position. An improvement if the position on Life Changes Trust income would do much to bring the Children & Families overall position much closer to breakeven.
- 3.3.5 The Older People forecast has improved very slightly overall by £11k. This masks a further deterioration in homecare of £35k (caused by rising demand) which is offset by small improvements in progressive care, residential units and in Older People Other.
- 3.3.6 The biggest single area of Social Work overspend continues to be on Learning Disability (£1.291m) where there has been a failure to deliver anticipated savings so far, along with higher than budgeted demand. This has changed little in the month.
- 3.3.7 The next largest area of forecast overspend is Physical Disability at £672k,

mostly on supported living and this has changed little within the last month.

- 3.3.8 Overall for social work the in-month improvement of £66k is largely driven by additional income in Learning Disability and Mental health supported living income. Additional vacancy savings have been recognised of £113k, but this offsets a deterioration shown in cost savings delivered of £126k. Although shown this way, this does not detract from an overall improving situation. The savings position reflects a failure to apportion the benefits to the savings actions, rather than a failure to deliver any improvement.

3.4 Forecast Outturn Position as at 31 December 2019 – Health

- 3.4.1 Within Health delivered services the forecast overspend is breakeven which is £300k better than last month's forecast. The main areas which have worsened are Adult Services West (by £102k) and Adult Services East (by £66k), and Estates by £52k, but this has been offset by an improvement in Services Commissioned from NHS GG&C (£200k) and Budget Reserves (by £250k) and Children & Families (by £70k). Adult Services is affected by increases in prescribing costs. The new medicines funding announced in December of an additional £660k is causing the improvement in month in NHS GG&C and Budget Reserves. The main reasons for the overspend areas are as set out at 3.2.1 above. More detail is given at Appendix 2

- 3.4.2 We continue to have an outstanding dispute with NHS Greater Glasgow & Clyde regarding the value of the SLA for hospital services provided by them. We have offered payment of £55.085m and they are seeking payment of £56.142m. However this gap of £1.057m has now grown by £477k as further work has shown that our offer included services provided by WestMARC (West of Scotland Mobility and Rehabilitation Service) and theirs excluded this.

- 3.4.3 There is therefore a disputed sum of £1.534m which is outwith our reported position and is also excluded from our forecast outturn position. The additional cost pressures for the NHS GG&C services outwith the main SLA are mainly for cystic fibrosis drug costs and are largely accounted for within the forecast outturn position and covered by New Medicines Funding announced for this year and next year.

3.5 Savings Delivery

- 3.5.1 As at end of December, £6.429m of the target £10.877m savings have been delivered, 59% of the total. This has increased by £1.288m since last reported at end of October. However £674k of the increase consists of non-recurring savings, and £500k of these are general vacancy savings which do not necessarily relate to the originally agreed savings. In December we declared an additional £402k on slippage on in year allocations and budget reserves, and an addition £87k on GP prescribing. Including these non-recurring savings, we are now forecasting to deliver £7.710m of the savings in total by the year end, 71% of the total – increased by £455k from the position at the end of October. Further information is provided at Appendix 3a.

- 3.5.2 The forecast outturn shortfall for Social Work is £2.846m. This has increased by £119k from £2.627m at the end of October. The increase in

shortfall is due to the reduction in forecast probability of achieving the recovery plan. In November and December no savings have been achieved – this is mainly because of the difficulty in declaring actual savings made on homecare against the individual savings lines – however the forecast on homecare outturns is improving so we know these actions taken are providing positive benefits.

3.5.3 The forecast outturn shortfall for Health of £0.995m is unchanged from end of October. As previously indicated, the main risk relates to delivery of the new savings agreed for 2019/20 where actions are still underway. The Health savings are being tracked through the Project Management Office approach co-ordinated by NHS Highland which includes greater visibility of progress against agreed milestones. This approach is now rolled out to Social Work savings through the Finance team and fortnightly meetings to review the savings are well embedded.

3.5.4 Current progress on the unachieved savings is set out in the action tracker included at Appendix 3b. Where managers have not provided recent updates on actions, these rows are highlighted in Yellow.

3.5.5 It is clear that the failure to deliver on all savings (overall shortfall of £3.167m predicted) is the key driver in the forecast outturn overspend of £1.310m. In order to return to financial balance in year, it is imperative that efforts to deliver the previously agreed savings are continued. With permanent heads of service now in post across all areas, this should be easier going forward.

Reserves

3.6

3.6.1 The report to the IJB of 27 November advised that the reserve for the Primary Care Transformation Fund had been fully utilised for the purposes that they had been set aside for, and approved the release of £29,700 from the TEC reserve as it was no longer required. That release was processed in December and the reserve is now sitting at £50,000, being the monies for supporting the move from Analogue to Digital for 200 telecare service users. This is now the only balance in earmarked reserves.

3.6.2 We are still waiting for the digital platform before we are in a position to purchase the digital units. There is a small scale planned with Hanover of approx. 6 units. The DHI (Digital Health and Care Institute) have now published their digital playbook and started to take hold of the digital work, therefore we are hoping that will progress will now be faster, but it is now most unlikely that these monies will be spent before the end of this financial year.

4. RELEVANT DATA AND INDICATORS

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

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 The Integrated Joint Board has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and to ensure the financial

decisions are in line with priorities and promote quality service delivery. This needs to be considered when options are developed to balance the budget.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – The forecast outturn position for 2019-20 is a forecast overspend of £1.310m as at 31 December 2019. A further financial recovery plan was agreed by IJB on 25 September 2019 and this is being progressed. The IJB has also strengthened its workforce monitoring with a freeze on all non-essential posts following the meeting on 27 November. These actions are resulting in an improving financial position.

6.2 Staff Governance – None directly from this report but there is a strong link between HR and delivering financial balance.

6.3 Clinical Governance - None

7. PROFESSIONAL ADVISORY

7.1 Professional Leads have been consulted on implications of all savings.

8. EQUALITY AND DIVERSITY IMPLICATIONS

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

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

9.1 No issues arising directly from this report.

10. RISK ASSESSMENT

10.1 There are a number of financial risks which may affect the outturn. These are reviewed at 2 monthly intervals by the IJB. The single biggest risk is the continuing dispute with NHS Greater Glasgow and Clyde where the gap between the payment they are seeking and what we have offered is c £1.5m. This is not allowed for in either the year to date position of the forecast financial outturn.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

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

12. CONCLUSIONS

12.1 This report provides a summary of the financial position as at 31 December 2019. The forecast outturn position for 2019-20 is a forecast overspend of £1.310m which has improved by £366k from that forecasted at end of November.

12.2 The Strategic Leadership Team continues to meet on a regular basis to gain grip and control of the financial position. It is hoped the financial position will improve over the remaining months of this financial year.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Judy Orr, Head of Finance & Transformation Judy.orr@argyll-bute.gov.uk

APPENDICES:

- Appendix 1 – Year to Date Position as at 31 December 2019
- Appendix 2 – Forecast Outturn for 2019-20 as at 31 December 2019
- Appendix 3a – Savings achieved and forecast as at 31 December 2019
- Appendix 3b – Savings action tracker as at 9 January 2020

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ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP
REVENUE BUDGET MONITORING SUMMARY - YEAR TO DATE POSITION AS AT 31 DECEMBER 2019

APPENDIX 1

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

For information:

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

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

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

Service	Actual £000	Budget £000	Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	531	874	343	39.2%	The YTD variance is mainly due to the over-recovery of agreed vacancy savings offset by slippage on the delivery of agreed savings (£186k)
Children and Families Central Management Costs	1,634	1,582	(52)	(3.3%)	The YTD overspend is mainly due to overspends on staffing for unbudgeted SIO post and slippage on the delivery of agreed savings (£96k) partially offset by YTD underspends on rents and payments to other bodies.
Child Protection	2,099	2,392	293	12.2%	The YTD underspend is mainly due to underspends in staffing, travel and supplies and services costs in the Children and Families area teams and lower than expected demand for contact and welfare services.
Children with a Disability	555	636	81	12.7%	The YTD underspend is mainly due to underspends in staffing and payments to other bodies partially offset by slippage on the delivery of agreed savings (£17k).
Criminal Justice	178	155	(23)	(14.8%)	The YTD overspend is mainly due to payments to other bodies offset by YTD staffing underspends due to staff vacancies.
Looked after children	5,244	4,972	(272)	(5.5%)	The YTD overspend is mainly due to overspends on staffing costs in children's homes, safety maintenance work at Shellach View, third party payments arising due to service demand for residential placements and slippage on the delivery of agreed savings (£150k).
Adult Services Central Management Costs	236	306	70	22.9%	The YTD underspend is mainly related to staffing underspends and lower than expected spend to date on external contracts partially offset by slippage on the delivery of agreed savings (£29k) and expenditure on agency staff.
Learning Disability	5,868	5,116	(752)	(14.7%)	The YTD overspend is mainly due to the YTD slippage on the delivery of agreed savings (£599k) and overspends on third party payments arising due to service demand in supported living.
Mental Health	1,091	1,065	(26)	(2.4%)	Mental Health YTD position should be in an underspend position, the 26k overspend has been caused by profiling issues. Income due in December has been received in January and payments budgeted for in January were paid in December. This has been rectified and will be reflected accurately in January's update. The YTD underspend should be c. £161k and is mainly due to underspends on income in the residential care budget and staffing underspends partially offset by an agency staff overspend in the assessment and care management team and third party payments in supported living and residential care.

Service	Actual £000	Budget £000	Variance £000	% Variance	Explanation
Older People	19,381	19,044	(337)	(1.8%)	The YTD overspend is mainly due to higher than budgeted demand for care home placements, homecare, slippage on the delivery of agreed savings (£492k) and expenditure on agency staff. This is offset by underspends in Telecare, respite and the recovery of unused Direct Payment funds from service users.
Physical Disability	1,304	945	(359)	(38.0%)	The YTD overspend is mainly due to overspends on third party payments in supported living and residential care services and increased spending on adaptations arising due to service demand, slippage on agreed savings (£21k) and lower than expected income from fees and charges.
Strategic Planning & Performance	296	299	3	1.0%	The YTD variance is outwith reporting criteria.
COUNCIL SERVICES TOTAL	38,417	37,386	(1,031)	(2.8%)	
HEALTH SERVICES:					Explanation
Adult Services - West	41,957	40,514	(1,443)	(3.6%)	Savings not being achieved and several budget overspends, including; Mull Medical Group - GP locums (£499k), Psychiatric medical services - locums (£452k), GP prescribing (£261k), LIH ward B - agency nurses (£133k), LIH Laboratory - agency staffing (£126k), Kintyre Medical Group - GP locums (£77k)
Adult Services - East	22,567	22,406	(161)	(0.7%)	Savings not being achieved and several budget overspends, including; GP prescribing (£205k) and Rothesay Victoria nursing (£100k)
Children & Families Services	5,238	5,388	150	2.8%	Mainly due to vacancies
Commissioned Services - NHS GG&C	48,892	48,892	0	0.0%	Outwith reporting criteria
Commissioned Services - Other	2,894	2,918	24	0.8%	Outwith reporting criteria
General Medical Services	12,941	13,204	263	2.0%	Prior year non-recurring rates rebates & changes in payments for enhanced services
Community and Salaried Dental Services	2,610	2,870	260	9.1%	Mainly due to vacancies
Other Primary Care Services	7,167	7,167	0	0.0%	Outwith reporting criteria.
Public Health	1,203	1,326	123	9.3%	Vacancies and slippage on in year allocations
Lead Nurse	1,039	1,123	84	7.5%	Vacancies
Management Service	1,871	2,111	240	11.4%	Non-recurring prescribing rebate and vacancies
Planning & Performance	1,496	1,515	19	1.3%	Outwith reporting criteria.
Depreciation	1,859	1,887	28	1.5%	Outwith reporting criteria.
Income	(1,544)	(1,149)	395	34.4%	Revised tariffs implemented for 19/20, 2 long stay mental health inpatients (£160k)
Estates	3,890	3,960	70	1.8%	Prior year non-recurring rates rebates
People & Change	419	433	14	3.2%	Outwith reporting criteria.
Budget Reserves	0	0	0	0.0%	Outwith reporting criteria.
HEALTH SERVICES TOTAL	154,499	154,565	66	0.0%	
GRAND TOTAL	192,916	191,951	(965)	(0.5%)	

REVENUE BUDGET MONITORING FORECAST OUTTURN - AS AT 31 DECEMBER 2019

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

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	1,167	124	1,043	89.4%	The forecast underspend arises due to the forecast over recovery of vacancy savings (£762k, up from £649k in November), the forecast impact of recovery plan savings (£380k), adjustment to expected corporate support costs and third party payments partially offset by slippage on agreed savings (£277k). The annual budget has increased compared to November due to £140k of unused payroll budgets being transferred for vacancy savings.
Children and Families Central Management Costs	2,328	2,445	(117)	(5.0%)	The forecast overspend arises mainly due to slippage on agreed savings (£150k) and an unbudgeted SIO post being covered by vacancies in Children with a Disability and Criminal Justice. This is partially offset by reduced forecast cost against payments to other bodies as now forecast within Looked After Children.
Child Protection	3,399	3,216	183	5.4%	The forecast underspend arises mainly due to lower than anticipated service demand for contact and welfare services.
Children with a Disability	859	823	36	4.2%	The forecast variance is outwith reporting criteria.
Criminal Justice	151	63	88	58.3%	The forecast underspend arises due to staff vacancies and related reduced staff travel expenses partially offset by agency staff costs.
Looked after children	6,909	7,243	(334)	(4.8%)	The forecast overspend arises due to service demand, commitments against Life Changes reflecting uncertainty of the receipt of grant funding towards costs and slippage on agreed savings in residential placements (£200k) partially offset by underspends in fostering arising due to lower than budgeted service demand.
Adult Services Central Management Costs	440	407	33	7.5%	The forecast variance is outwith reporting criteria.
Learning Disability	9,961	11,251	(1,290)	(13.0%)	The forecast overspend reflects higher than budgeted demand for services and slippage on agreed savings (£813k) in supported living and residential placements partially offset by underspends on day services, respite and assessment and care management.
Mental Health	1,927	1,766	161	8.4%	The forecast underspend arises due to lower than budgeted demand for residential care and community support services and an underspend on assessment and care management costs partially offset by higher than budgeted demand for supported living services, an overspend within the integrated addiction service and agency expenditure in the assessment and care management team.

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
Older People	29,574	30,017	(443)	(1.5%)	The forecast overspend reflects higher than budgeted demand for care home placements and slippage on agreed savings (£640k) partially offset by higher than expected income from fees and charges in the HSCP care homes and Telecare, the recovery of unused Direct Payment funds from clients and underspends on progressive care and respite.
Physical Disability	1,545	2,218	(673)	(43.6%)	The forecast overspend reflects higher than budgeted demand for service and slippage on agreed savings (£28k) in supported living and residential placements. This is partially offset by an underspend in payments to other bodies in sensory impairment which reflects the service spending plan.
Strategic Planning & Performance	415	412	3	0.7%	The forecast variance is outwith reporting criteria.
COUNCIL SERVICES TOTAL	58,675	59,985	(1,310)	(2.2%)	
HEALTH SERVICES:					Explanation
Adult Services - West	54,019	55,565	(1,546)	(2.8%)	Savings not being achieved and several budget overspends, including: Mull Medical Group - GP locums, Psychiatric medical services - locums, GP prescribing, LIH ward B - agency nurses, LIH Laboratory - agency staffing, Kintyre Medical Group - GP locums
Adult Services - East	29,836	30,059	(223)	(0.7%)	Savings not being achieved and several budget overspends, including: GP prescribing and Rothesay Victoria nursing
Children & Families Services	7,180	6,960	220	3.2%	Mainly due to vacancies
Commissioned Services - NHS GG&C	65,192	65,192	(0)	0.0%	Outwith reporting criteria - note risk of £1.5m being carried outwith forecast
Commissioned Services - Other	3,890	3,930	(40)	(1.0%)	Outwith reporting criteria
General Medical Services	17,255	16,970	285	1.7%	Prior year non-recurring rates rebates & changes in payments for enhanced services
Community and Salaried Dental Services	3,823	3,498	325	9.3%	Mainly due to vacancies
Other Primary Care Services	9,970	9,970	0	0.0%	Outwith reporting criteria.
Public Health	1,780	1,664	116	7.0%	Vacancies and slippage on in year allocations
Lead Nurse	1,482	1,405	77	5.5%	Vacancies
Management Service	2,834	2,631	203	7.7%	Non-recurring prescribing rebate and vacancies
Planning & Performance	2,308	2,282	26	1.1%	Outwith reporting criteria.
Depreciation	2,516	2,489	27	1.1%	Outwith reporting criteria.
Income	(1,533)	(1,918)	385	20.1%	Revised tariffs implemented for 19/20, 2 long stay mental health inpatients
Estates	5,320	5,410	(90)	(1.7%)	Prior year non-recurring rates rebates
People & Change	578	593	(15)	(2.5%)	Outwith reporting criteria.
Budget Reserves	1,274	1,024	250	24.4%	Budgets currently in reserve which offset expenditure reported elsewhere
HEALTH SERVICES TOTAL	207,724	207,724	0	0.0%	
GRAND TOTAL	266,399	267,709	(1,310)	(0.5%)	

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2019/20

Ref.	Savings Description	Manager	Target £' 000	Year to 31 Dec 2019			Full Year Forecast		
				Achieved	Unachieved	%	Achievement	Shortfall	%
				£' 000	£' 000	Achieved	£' 000	£' 000	Achieved
1819-7	Thomson Court	Jane Williams	10	0	10	0%	0	10	0%
1819-8	Assessment and Care Management	Caroline Cherry	42	0	42	0%	0	42	0%
1819-14	Redesign of Internal and External Childrens Residential Placements	Pamela Hoey	200	0	200	0%	0	200	0%
1819-15	Children and Families Management Structure	Alex Taylor	150	0	150	0%	0	150	0%
1819-17	School Hostels review of Catering, Cleaning and Income Generation	Alex Taylor	60	60	0	100%	60	0	100%
1819-19	Review and Redesign of Physical Disability Services	Jim Littlejohn	28	0	28	0%	0	28	0%
1819-19	Review and Redesign of Learning Disability Services - Sleepovers and Technology Argyll Wide	Jim Littlejohn	299	0	299	0%	0	299	0%
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Cowal	Alison McKerracher	125	0	125	0%	0	125	0%
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Helensburgh	Linda Skrastin	152	0	152	0%	0	152	0%
1819-19	Review and Redesign of Learning Disability Resource Centres	Jim Littlejohn/Donald Watt	36	36	0	100%	36	0	100%
1819-19	Review and Redesign of Learning Disability Rothesay Resource Centre	Jane Williams	14	0	14	0%	0	14	0%
1819-19	Review and Redesign of Learning Disability Assist Cowal Resource Centre	Jayne Lawrence Winch	30	0	30	0%	0	30	0%
1819-19	Review of Ext Residential Learning Disability Placements	Jim Littlejohn	194	0	194	0%	0	194	0%
1819-22	Adult Care West - Restructure of Neighbourhood Teams (SW & Health)	Caroline Cherry	250	0	250	0%	0	250	0%
1819-25	Older People Day/Resource Centre - Address high levels of management - consolidate opening hours - shared resource	Caroline Cherry	212	0	212	0%	0	212	0%
1819-31	Integrate HSCP Admin, digital Tech and Central Appoint System	Alex Taylor/ Kirsteen Larkin	125	21	104	17%	21	104	17%
1819-33	Catering, Cleaning and other Ancillary Services	Alex / Jayne Jones / Caroline Cherry	100	30	70	30%	30	70	30%
1819-40	SLA and Grants operate within allocation	Alex Taylor	23	0	23	0%	0	23	0%
1819-41	Criminal Justice - Manage Service within SG Grant Allocation	Shona Williams	20	20	0	100%	20	0	100%
1819-42	Contract Management reducing payments to Commissioned External providers	Stephen Whiston	33	0	33	0%	0	33	0%
1819-45	Review Care Management - consistent application of Priority of Need Framework	Jim Littlejohn/Donald Watt	107	107	0	100%	107	0	100%
1819-46	Adopt a Single Community Team Approach to undertaking Assessment and Care Management	Caroline Cherry	120	0	120	0%	0	120	0%
1819-47	Withdrawal of Lunch Club and Meals on Wheels	David Forshaw	31	0	31	0%	16	15	52%
1819-49	Amend Non-Residential Charging Policy	Jim Littlejohn	113	113	0	100%	113	0	100%
1920-10	Increase Workforce Vacancy Savings	David Forshaw	156	156	0	100%	156	0	100%
1920-13	Right-size External Care Home Budget	Jim Littlejohn	400	400	0	100%	400	0	100%
1920-14	Amend Charging Order Income Budget	David Forshaw	120	120	0	100%	120	0	100%
1920-15	Right-size Children & Families Budgets in line with tighter control CRP	Mark Lines	100	100	0	100%	100	0	100%
1920-16	Criminal Justice - Manage Service within SG Grant Allocation	Shona Williams	20	20	0	100%	20	0	100%
1920-18	Right-size Non-Residential Income Budgets	David Forshaw	160	160	0	100%	160	0	100%
1920-19	Right-size budget for external care home placements (mental health) – in line with spend.	Jim Littlejohn/Donald Watt	154	154	0	100%	154	0	100%
1920-20	Recovery of unused funds from clients who receive Direct Payments.	David Forshaw	40	40	0	100%	40	0	100%

Ref.	Savings Description	Manager	Target £' 000	Year to 31 Dec 2019			Full Year Forecast		
				Achieved	Unachieved	%	Achievement	Shortfall	%
				£' 000	£' 000	Achieved	£' 000	£' 000	Achieved
1920-21	Right-size income budget for clients in residential homes.	David Forshaw	29	29	0	100%	29	0	100%
1920-33	Review of management structure	Joanna Macdonald	102	0	102	0%	0	102	0%
1920-37	Permanently close the moth-balled dementia day service based at Ardfenaig Bungalow, Ardrishaig. Dementia Day Services.	Donald Watt	71	71	0	100%	71	0	100%
1920-40	Implement best practice approaches for care at home and re-ablement across all areas following Bute pilot	Linda Currie / Caroline Cherry	300	0	300	0%	129	171	43%
1920-41	Extend use of external home care transferring hours as gaps occur	Donald Watt	33	0	33	0%	14	19	42%
1920-42	Step up/step down of care to be suspended except for exceptional cases	Judy Orr	227	0	227	0%	0	227	0%
1920-43	Cap on overtime	Donald Watt / Morven Gemmill	87	0	87	0%	37	50	43%
1920-44	Reduction on adult services social work travel	Jim Littlejohn/ Donald Watt	25	0	25	0%	11	14	44%
1920-45	Planned changes in staffing for Bowman Court in line with Lorne Campbell Court structure	Morven Gemmill / George Morrison	28	0	28	0%	12	16	43%
1920-46	Cap on Care Home placements equivalent to £30,000p.a.	LMS / HoS	160	0	160	0%	80	80	50%
1920-47	Review of lower priority (P3 and below) cases to ensure appropriate and in line with best practice	LAMS	170	0	170	0%	85	85	50%
1920-48	Reinforcement of guidelines on self-directed support (SDS) direct payment packages and limit to appropriate standard hourly rates	LAMS	15	0	15	0%	8	7	53%
1920-49	Reduction of overtimes being worked in internal home care	LAMS	4	0	4	0%	2	2	50%
1920-50	Review provision of respite flat at Jura Progressive Care Centre	Donald Watt	5	0	5	0%	3	2	67%
Totals			4,880	1,637	3,243	34%	2,034	2,846	42%

New savings approved by IJB on 7 August 2019 added 1920-40 onwards

ARGYLL & BUTE HEALTH SAVINGS PLAN 2019/20

Ref.	Savings Description	Manager	Target £' 000	Year to 31 Dec 2019			Full Year Forecast		
				Achieved	Unachieved	%	Achievement	Shortfall	%
				£' 000	£' 000	Achieved	£' 000	£' 000	Achieved
1819-4	Closure of West House / Argyll & Bute Hospital site	David Ross	120	100	20	83%	120	0	100%
1819-5	Closure of Aros (running costs)	David Ross/ Charlotte Craig	40	0	40	0%	40	0	100%
1819-10	Medical Physics department - HAU109	Caroline Henderson	2	2	0	100%	2	0	100%
1819-16	Children & Families services staffing	Alex Taylor	50	0	50	0%	0	50	0%
1819-30	Admin pays - Lochgilphead	Donald Watt	5	34	-29	680%	34	-29	680%
1819-32	Domestic services - Argyll & Bute wide	Caroline Cherry	25	25	0	100%	25	0	100%
1819-32	Portering services - Argyll & Bute wide	Caroline Cherry	5	5	0	100%	5	0	100%
1819-44	Advanced Nurse Practitioners - Oban	Caroline Henderson	14	0	14	0%	0	14	0%
1819-48	Value Management Structure for AHPs	Linda Currie	10	0	10	0%	0	10	0%
1819-53	Vehicle Fleet Services	Stephen Whiston	40	22	18	55%	22	18	55%
1819-54	OLI efficiency target - 1% target	Lorraine Paterson	11	11	0	100%	11	0	100%
1819-55	Lead Nurse	Liz Higgins	5	5	0	100%	5	0	100%
	Reduction to Investment Fund	-	247	247	0	100%	247	0	100%
1920-0	Complex care packages funded via NHS Highland	Liz Higgins	400	400	0	100%	400	0	100%
1920-1	Provision of drugs for Hepatitis C (GGC)	Stephen Whiston	40	40	0	100%	40	0	100%
1920-2	Income from patients services etc	Stephen Whiston	100	200	-100	200%	200	-100	200%
1920-3	Health Promotion Discretionary Budgets	Alison McGrory	100	46	54	46%	46	54	46%
1920-4	Review of Service Contracts	Stephen Whiston	100	14	86	14%	14	86	14%
1920-5	Flight costs for Tthree patients attending appointments	Morven Gemmill	100	100	0	100%	100	0	100%
1920-6	Ferry ticket costs for staff and patients	George Morrison	25	0	25	0%	0	25	0%
1920-7	Accommodation and subsistence costs for staff	George Morrison	50	50	0	100%	50	0	100%

Reduced forecast by £18k in M9

£50k declared M9

Ref.	Savings Description	Manager	Target £' 000	Year to 31 Dec 2019			Full Year Forecast			
				Achieved	Unachieved	%	Achievement	Shortfall	%	
				£' 000	£' 000	Achieved	£' 000	£' 000	Achieved	
1920-8	GP Prescribing	Fiona Thomson	500	354	146	71%	500	0	100%	£87k declared M9
1920-9	Workforce vacancy savings	George Morrison	750	750	0	100%	750	0	100%	
1920-11	Slippage on SG in-year allocations and budget reserves	George Morrison	1,000	402	598	40%	1,000	0	100%	£402k declared M9
1920-12	Remove reprovision reserve	George Morrison	500	500	0	100%	500	0	100%	
1920-17	Knapdale Ward	Donald Watt	115	115	0	100%	115	0	100%	
1920-22	Dunoon Medical Services	Rebecca Heliwell	100	0	100	0%	0	100	0%	
1920-30	Alcohol and Drugs Partnership Funding	Sandra Cairney	138	138	0	100%	138	0	100%	
1920-31	Review of SLAs with GGC	Stephen Whiston	345	34	311	10%	57	288	17%	Reduced forecast by £17k M9
1920-32	Review of management structure	Joanna MacDonald	200	0	200	0%	0	200	0%	
1920-34a	Integrated Care Fund - OLI	Lorraine Paterson	23	23	0	100%	23	0	100%	
1920-34b	Integrated Care Fund - MAKI	Donald Watt	25	25	0	100%	25	0	100%	
1920-34c	Integrated Care Fund - C&B	Alison McKerracher	28	28	0	100%	28	0	100%	
1920-34d	Integrated Care Fund - H&L	Jim Littlejohn	24	24	0	100%	24	0	100%	
1920-35	Bed reduction savings : Dunoon	Alison McKerracher	150	0	150	0%	0	150	0%	
1920-36	Mental Health Bridging Funding	-	300	300	0	100%	300	0	100%	
1920-38a	LIH Theatre nurse staffing - HAK112	Caroline Henderson	60	22	38	37%	22	38	37%	
1920-38b	Lorn & Islands Hospital staffing	Caroline Henderson / George Morrison	200	52	148	26%	109	91	55%	
1920-39	Learning Disabilities	Nikki Gillespie	50	50	0	100%	50	0	100%	
Totals			5,997	4,118	1,879	69%	5,002	995	83%	
Non-recurring savings - Health										
1920-35	Bed reduction savings : Dunoon		0	120	-120		120	-120		
1920-3	Health Promotion Discretionary Budgets		0	54	-54		54	-54		
1920-9	Workforce vacancy savings		0	500	-500		500	-500		
Non-recurring totals			0	674	-674		674	-674		
Health totals (net of non-recurring)			5,997	4,792	1,205		5,676	321	95%	
ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2019/20			10,877	6,429	4,448	59%	7,710	3,167	71%	

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Yellow highlighted lines are where no update received and manager is required to provide update.

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2019/20

Ref.	Unachieved Savings Description	Manager	Target £' 000	Achieved £' 000	Forecast £' 000	Actions completed to 9 January 2020	Actions planned for next 4 weeks	What planned actions will achieve	Why there is a forecast shortfall in the saving?	What are we doing to recover from forecast shortfall
1920-40	Implement best practice approaches for care at home and re-ablement across all areas following Bute pilot	Linda Currie / Caroline Cherry	300	0	129	Guidance on care packages issued 27 September. Local CRGs established. Reviews under way. Creation of project to roll-out Cowal model of Care @ home across West teams. Project brief drafted prior to working up detailed PID on reviews and reablement and double up care and block contracts. Gillian McCready now working on this with guidance from Caroline Cherry	Continued operation of local CRGs to ensure compliance and commissioning right sized packages of care. Additional resource requirements to West Resources team to focus on reviews and reablement work to be finalised. PIDs to be completed - now being split for reviews; blocked contract hours; reablement. SOPs are being drafted and out for consultation and/or amendment for use by monitoring and homecare staff. Staffing requirements and training needs are being identified and will be agreed by mid January. Recruitment process will also be progressed immediately thereafter	Improved adherence to new guidelines and reduction of trend on spend. Increased reviews will reduce hours of care, make direct savings and streamline reablement to long-term package process	Work started in Oct 19	Monthly meetings to hold local team leads accountable, close monitoring of activity and focus of work within this project by Head of Service
1819-19	Review and Redesign of Learning Disability Services - Sleepovers and Technology Argyll Wide	Jim Littlejohn	299	0	0	Interviews held for SIO 2 year fixed term post. Reviewing sleepovers / waking nights and utilising TEC facilities is now embedded as normal practice in reviews, but savings have not materialised	New SIO to start on 17 Feb. Now looking at using Tablets / more TEC to enhance overnight responder capability on a trial basis with a view to a "cluster" living cost reduction. Continuing discussions with contractor for Helensburgh Golf course new build - 2 @ 2 bed plus 1 3 bed bungalows	Unlikely to deliver target savings this year. New builds would compete in c 15 months and facilitate 4 to 5 out of area repatriations with comprehensive care delivering c £260k p.a. savings	Currently at a plateau until new models of accommodation and support are completed and implemented	Validation of savings declared as some LD clients now transferred to Older People budgets
1819-22	Adult Care - Restructure of Neighbourhood Teams (SW & Health) - Argyll & Bute wide	Caroline Cherry	250	0	0	Kintyre Community Team paper completed which will deliver full year saving of £71k per annum. This will only be partially achieved this year due to timing. Paper still to go through staff liaison process. Proposals drafted for structures for Oban, Helensburgh and Bute - all subject to review. Argyll, Islay and Oban papers are still in development. New Head of Service wants to restart review in next financial year	C Cherry and L Currie to review the whole target proposal and widen out to provide much more detail.	Clear direction following review and agreement of timescales to progress this.	Lack of progress in West teams in team structures and associated efficiencies.	Not yet identified
1920-42	Step up/step down of externally purchased care to be suspended except for exceptional cases	Judy Orr	227	0	0	Guidance on care packages issued 27 September. Winter planning monies (Health) of £85k being held centrally to allow for step up/ step down packages over winter as required.	Continued operation of local CRGs to ensure compliance.	Reduction in planned spend	Forecast shortfall based on impact to date.	Not yet identified.
1819-25 and 7	Older People Day/Resource Centre - Address high levels of management - consolidate opening hours - shared resource (including Thomson Court)	Caroline Cherry	222	0	0	Current management structure within Thomson Court has been reviewed with the aim of changing from four managers to two shared manager posts between Struan Lodge and Thomson Court. One manager would be responsible for day services across Thomson Court and Struan Lodge and the other would cover residential services. Care Inspectorate questions re proposed changes being answered	1. New job descriptions to be reviewed in conjunction with temporary unit managers in January. 2. Continue communication with care inspectorate to ensure planned structure meets their requirements.	Jayne Lawrence Winch unable to provide full update but will liaise with care inspectorate to assess feasibility of having shared managers in order to progress the saving.	Changes in management has meant lack of clear direction	Not yet identified
1819-14	Redesign of Internal and External Childrens Residential Placements. This was comprised of a suite of service reviews including the CARO service, Adoption and Fostering and children's placements. These reviews are being taken forward under the banner "Core and Cluster". The Core and Cluster model is being piloted in Helensburgh and preparatory work is being undertaken in Oban for the next phase.	Alex Taylor	200	0	0	The core & cluster property in Helensburgh is now operational and being used by one young person and as short term respite. A project closure report for this pilot has been drafted. The Oban possibility has been paused as the initial review of helensburgh suggests that it has not yet delivered the anticipated savings due to usage levels. Core and cluster review group formed.	Further review of core and cluster property by new group. Helensburgh core and cluster being managed by East King St Manager and Famil Placements manager to maximise usage.	This resource will appropriately address the requirements of continuing care by providing age appropriate accommodation and support to care leavers.	Matching young people to the resource requires forward planning.	Not yet identified

Ref.	Unachieved Savings Description	Manager	Target £' 000	Achieved £' 000	Forecast £' 000	Actions completed to 9 January 2020	Actions planned for next 4 weeks	What planned actions will achieve	Why there is a forecast shortfall in the saving?	What are we doing to recover from forecast shortfall
1819-19	Review of Ext Residential Learning Disability Placements	Jim Littlejohn	194	0	0	Interviews held for SIO 2 year fixed term post. This post is required to provide capacity for this work. New Head of Service with a focus on this portfolio started 16 December. £5k improvement should come from the recent move of IE at Rannaich. Greenwood resident recently died, freeing up a place for a possible re-patriation or transfer	New SIO to start on 17 Feb KP, resident in Henshaws Yorkshire for over 15 yrs is currently in hospital and alternative community options are being explored. KJ, one of our most expensive and jointly funded had to be moved from the Waterfront and is currently in Gartnavel, looking for a new community alternative, hopefully at a lesser charge. Working on repatriation of MB currently in Wales	Unlikely to deliver target savings this year	Currently at a plateau until new models of accommodation and support are completed and implemented	Validation of savings declared - some LD clients now transferred to Older People budgets
1920-47	Review of lower priority (P3 and below) cases to ensure appropriate and in line with best practice	LAMs / Julie Lusk	170	0	85	Ongoing work to review packages within current resources. Review works suggest that most provision of P3 or less is with Learning Disability Services. JL to discuss with her managers	Continued effort to review packages.	Review of existing packages to identify efficiencies.	Forecast shortfall based on impact to date.	Continued efforts to review and identify packages where efficiencies can be made.
1819-8/46	Assessment and Care Management - Adopt a Single Community Team Approach - streamline processes	Caroline Cherry	162	0	0	Part time HQA post now re-focussed on this project. Commenced process of reviewing Universal Adult assessment (UAA) and the process from referral to provision of care at home. Workshops held in early December to review Care First process and UAA form.	Planning to pilot Mobile facilities for update of CareFirst in Helensburgh Plan to be developed as to how efficiencies will be made.	Streamlined processes	Previous work had been unclearly focussed and then paused. Health teams only on Care First in May/June 19 and embedding systems	Need to review outcome of this work on team admin and duplication of assessment
1920-46	Cap on Care at Home placements equivalent to £30,000p.a.	LMs / HoS	160	0	80	Practice note issued to service	Continued operation of local CRGs to ensure compliance.	Cap on care at home placements will be complied with.	Forecast shortfall based on impact to date.	Continue efforts to introduce cap on care home placements.
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Helensburgh	Linda Skrastin	152	0	0	Capacity added to Campbell St facility, 4 residents identified (3 Helensburgh and 1 Lochgiphead) and parents support group established. New SIO post to concentrate on Learning Disability to be recruited. Vacant support worker appointed and should improve team position.	New SIO to start on 17 Feb 2020 on 2 year contract Scottish Autism to take on Campbell St facility, staff interviews to be held Feb.	Potential for 3 re-patriations and 1 new package saving £60k p.a.	Forecast shortfall as it is unlikely that savings can be fully achieved due to assessed needs of clients.	Developing core and cluster accommodation in Helensburgh. Work has stalled since departure of Gordon Murray. Team Leader continuing with some aspects of the work but lack of capacity and resource make this difficult. Also no policies in place for sleepover
1819-15	Children and Families Management Structure	Alex Taylor	150	0	0	Short life working group (SLWG) now meeting to detail the job descriptions / person specification and lead implementation.	Meeting dates set and key tasks identified and agreed.	Implementation by no later than March 2020.	Lengthy and Difficult HR processes	Not yet identified
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Cowal	Jayne Lawrence Winch	125	0	0	Complete list of P3/4 and review P1/2. Review of P1 & P2 will require further scoping to ensure this is done in a planned way. Will not be completed in 4 weeks under current establishment. Therefore will need to assess additional level of staff to complete this exercise; which would incur additional cost. All respite requests scrutinised. Discussions to be undertaken to consider core and cluster model on Bute.	Progressing out of area case MB, resource in Dunoon identified and working through Best Interest process towards agreement in next 6-8 weeks.	Following transfer of MB should produce saving of c £50k p.a.	Gordon Murray has left so no capacity with LD team to progress this.	Consider progression of Core and Cluster models of support, reducing overnight spend in particular. Scrutiny of P1/2 within current limited resources No respite policy - required

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Forecast £'000	Actions completed to 9 January 2020	Actions planned for next 4 weeks	What planned actions will achieve	Why there is a forecast shortfall in the saving?	What are we doing to recover from forecast shortfall
1819-31	Integrate HSCP Admin, digital Tech and Central Appoint System	Alex Taylor/ Kirsteen Larkin	125	21	21	Kirsteen presented revised scope to SLT and met with HoS on 25 November to set up wider project and review options. Planning to use ND mobile next year and further extend use of CareFirst to make admin more efficient. Electronic patient records will improve for future	Proposals for new admin service model agreed by C&F management team and Programme Board. These will be presented to staff side / TU liaison in February following confirmation of consultation and matching process from HR. Adult Services proposals will be progressed once final management structure approved. Changes in practice will be taken forward within SW admin service including automation via SharePoint and Civica. Full plan to be developed.	Agreement of proposals	No further admin savings can be realised under new model	Other areas of support service budget will be examined to find shortfall in savings
1920-33	Review of management structure	Joanna Macdonald	102	0	0	Meetings on Adult Services Management Structure held. Job Evaluations completed with Council. Indicative financial costings prepared	Finalise job evaluations with NHS Highland Adult Services SLWG requires further short sub groups on the basis of JD feedback to conclude by 5 February. Timeline to be identified for progress to implementation		Delay in progressing restructuring due to extended consultation process	Indicated vacancy savings as recruitment to vacant posts over the course of the year has been put on hold.
1819-33	Catering, Cleaning and other Ancillary Services	Alex / Jayne Jones / Caroline Cherry	100	30	30	Catering review on shared services basis is continuing with Council. The catering mapping exercise is now complete and has been approved through HSCP SLT on 6 November 2019 and SMT on 11 November 2019. Planning to remove cooks from childrens houses. On-going grip and control for all purchases.	As per the mapping timeline presented to HSCP SLT on 6 November 2019 the next stage in the process is to review the catering management structure and agree options. Caroline Cherry to advise Jayne Jones who the lead person will be in HSCP for this piece of work.	Possible savings from rationalisation of catering services across the Council and the HSCP.	Progress on shared services has been slower than anticipated.	Confident that these savings will be delivered longer term.
1920-43 & 49	Cap on overtime on homecare	Donald Watt / Morven Gemmill	91	0	39	Mid Argyll and Kintyre have implemented this process. Additional bank staff can be advertised to reduce the requirement for staff to work overtime. Review of overtime paid shows reduction is being achieved but still using OT to sustain services	Local Area Managers continue to approve all exceptional overtime in advance of hours being worked. Meeting around HR impact on contracts on 17 Jan 2020	Reduce forecast overspend and deliver saving. Recruiting additional bank staff.	Forecast shortfall based on impact to date.	Continue efforts to reduce overtime wherever possible.
1819-42	Contract Management reducing payments to Commissioned External providers	Stephen Whiston	33	0	0	Contracts continuing to be reviewed and inflationary uplifts challenged. Secured reductions from 2 SLAs which have to be implemented and incorporated financially going forwards.	Reviews of SLAs continuing with external providers to be asked to provide savings. Review usage of specific contracts related to dementia services / community resilience Meetings to be arranged with colleagues in procurement to	SLAS review completed and cost profile for 2019/20 and 2020/21 agreed	Delays in reviewing SLA, and difficulties anticipated in reducing costs due to notice periods etc. Potential delay in budget settlement from Government is affecting engagement with providers.	Full year effect will be received in 2020/21. Not possible to progress further savings in 2021.
1920-41	Extend use of external home care transferring hours as gaps occur	Donald Watt	33	0	14	Both Kintyre and Mid Argyll have this direction to externalise where possible any new packages. PCT working with providers who are keen to support this, albeit concern continues re implications of EU exit. Oban's provision is currently all external and has issues with providers delivering packages due to staffing issues. Potentially contracts where external providers are not fulfilling contracted hours.	LAMs to monitor progress at local level and report to LM. Donald Watt to liaise with procurement to identify where external providers are not currently delivering their contracted hours. This links to level of internal homecare contracted hours (see 1920-43) - HR meeting on 17 Jan to discuss whether these have to be increased based on higher hours being worked - if so, would remove scope to externalise as previously agreed	Ongoing monitoring at local level and liaison with procurement to identify and transfer hours where possible.	Issues with external providers in some areas not having the capacity to increase their hours.	No plans
1819-47	Withdrawal of Lunch Club and Meals on Wheels	David Forshaw	31	0	16	Finance have identified two likely sources of funding to remove this saving.	Complete transfer of funds to remove saving.	Full removal of saving.	N/A	N/A
1819-19	Review and Redesign of Learning Disability Assist Cowal Resource Centre	Jayne Lawrence Winch	30	0	0	Agreement in principal for moving ASSIST to Struan lodge for merging of Day Services, with view to 1 manager as per Thomson Court. Need estates/finance to scope practicalities of potential move from ASIST to Struan Lodge and finance work needed to ensure it is fit for purpose.	?	Savings on premises after initial outlay. As 2 managers currently in post no immediate savings to be had.	No co-location agreed and costed to date. 2 managers in post so no immediate staffing savings	Review Struan Lodge Management in conjunction with Bute a/a.
1819-19	Review and Redesign of Physical Disability Services	Jim Littlejohn	28	0	0	Interviews held for SIO 2 year fixed term post. This post is required to provide capacity for this work. New Head of Service with a focus on this portfolio started 16 December.	Appointment of SIO Learning Disability will also provide resource to assist with Physical Disability. Next stage of recruitment process to be completed when advert closes.	Resume redesign work supporting new HoS lead as per Transforming together objectives	Work not commenced	Not yet identified

Ref.	Unachieved Savings Description	Manager	Target £' 000	Achieved £' 000	Forecast £' 000	Actions completed to 9 January 2020	Actions planned for next 4 weeks	What planned actions will achieve	Why there is a forecast shortfall in the saving?	What are we doing to recover from forecast shortfall
1920-45	Planned changes in staffing for Bowman Court in line with Lorne Campbell Court structure	Morven Gemmill / George Morrison	28	0	12	MG made presentation to SLT on 18 December and direction agreed	?	SBAR to make SLT aware of plans for Bowman Court.	Situation more complex than originally thought.	Plans to be developed.
1920-44	Reduction on adult services social work travel	Jim Littlejohn/ Donald Watt	25	0	11	Ongoing grip and control. Sign off required from Locality Managers	Ongoing grip and control. To review impact to date	Reduce forecast overspend and deliver saving.	Forecast shortfall based on impact to date.	Continue efforts to reduce travel wherever possible.
1819-40	SLA and Grants operate within allocation	Alex Taylor	23	0	0	C&F service review commissioned by the C&F Programme Board.	C&F Programme Board to confirm PID.	Unlikely to achieve saving this year.	Delays in reviewing SLA, and difficulties anticipated in reducing costs	Not yet identified
1920-48	Reinforcement of guidelines on self-directed support (SDS) direct payment packages and limit to appropriate standard hourly rates	Jim Littlejohn / Aileen Dominick	15	0	8	Any new packages and any reviews are being scrutinised under the guidelines through local CRG meetings.	Continue scrutiny of new packages through local CRG meeting. Prioritise review of current direct payment clients based on length of time since previous review as resources allow. Joint working between team leads to be developed.	Scrutiny of new and existing packages to identify efficiencies.	Forecast shortfall based on impact to date.	Continued efforts to review and identify packages where efficiencies can be made.
1819-19	Review and Redesign of Learning Disability Rothesay Resource Centre	Jane Williams/Jayne Lawrence Winch	14	0	0	Day services are all co-located in Thomson Court with one manager.	Ongoing discussions about implementing pilot of transport model to and from day service being removed and being replaced by service user's own mobility component of their benefits or their own mobility vehicle.	Financial impact still to be assessed however will reduce costs of minibus as well as staff time for facilitating the transport.	Gordon Murray has left so no capacity with LD team to progress this.	Review Thomson Court Residential Management in conjunction with Cowal with a view to achieving savings elsewhere.
1920-50	Review provision of respite flat at Jura Progressive Care Centre	Donald Watt	5	0	3	Lack of LAM on Islay and Jura has resulted in lack of capacity to take this forward.	None	None	Lack of action	Nothing planned
Social Work Savings			Totals	3,294	51	448				

ARGYLL & BUTE HEALTH SAVINGS PLAN 2019/20

Ref.	Unachieved Savings Description	Manager	Target £' 000	Achieved £' 000	Forecast £' 000	Actions completed to 9 January 2020	Actions planned for next 4 weeks	What planned actions will achieve	Why there is a forecast shortfall in the saving?	What are we doing to recover from forecast shortfall
1920-11	Slippage on SG in-year allocations and budget reserves	George Morrison	1,000	402	1,000	Track record of delivering previously. All reviewed at high level and still fairly confident.	some to be declared in M9 (December). Remainder will be M11	Expect full delivery of savings	N/A	N/A
1920-8	GP Prescribing	Fiona Thomson	500	354	500	Ongoing monitoring of proposals to ensure target will be fully achieved. Already implemented change re ingalers although PID not yet completed Scripswitch PID now signed off	some to be declared in M9 (December). Completing PIDs for change of inhaler devices; and Oral Nutritional Supplements (none budgeted in 19/20)	Expect full delivery of savings	N/A	N/A
1920-31	Review of SLAs with GGC	Stephen Whiston	345	34	57	Managers have been reviewing SLAs and meeting with GGC. Responses received on radiology and labs. Kirstin Robertson actively working on this since start December with managers.	Continue to push managers for response - only 50% received. RAG status for each SLA to be provided by 24 Jan. Kirstin Robertson to review with Finance 16 Jan.	Confirmation that management and review are in place.	Delays in reviewing SLAs, and difficulties anticipated in reducing costs as reviews are identifying some increase in demand - TSSU/CSDD	Not yet identified
1920-32	Review of management structure	Joanna MacDonald	200	0	0	Meetings on Adult Services Management Structure held. Job Evaluations completed with Council. Indicative financial costings prepared	Finalise job evaluations with NHS Highland Adult Services SLWG requires further short sub groups on the basis of JD feedback to conclude by 5 February. Timeline to be identified for progress to implementation	Delay in progressing restructuring due to extended consultation process	Indicated vacancy savings as recruitment to vacant posts over the course of the year has been put on hold.	
1920-38a/b and 1819-44	Lorn & Islands Hospital staffing	Caroline Henderson / George Morrison	274	74	161	Now includes Theatre saving of £60k and ANP saving of £14k to allow this saving to be delivered differently. ANP role was funded from reduction in Junior Doc hours, essential role to support clinical care & Jnr Doc rota. Recent meeting to discuss Urology work being undertaken in Oban for North Highland patients to increase utilisation. Inpatient beds in Ward A reconfigured, closed 4 in-patient and converted to day case. Review of Oban Lab staffing and Lab redesign has taken place. £100k saving made but needed to offset increased microbiology costs. Recruited microchemist and haematology posts	Meetings arranged to confirm establishment for Ward B, Theatre and A/E. Discussions with Lead Nurse being arranged. To complete review of establishment shortly and carry out ward staffing review. Continuing to review Lab costs with finance	Increase in savings	Theatre utilisation group across 4 acute Hospitals being led by D Jones. This may increase activity. Unlikely this financial year to declare any further staffing cuts. Not yet been able to identify sufficient staffing savings to meet target	A review of ECG service to be carried out to identify potential savings.
1920-35	Bed reduction savings : Dunoon	Jane Williams / Liz Hig	150	0	0	Bed modelling ongoing with planning. Continuing as 1 ward currently. £120k non-recurring saving declared.	Workforce planning taking place with Lead Nurse - date not yet confirmed			Underspend on ward budget partially offsetting the shortfall (M7 £68k offsetting £87k target YTD)

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Forecast £'000	Actions completed to 9 January 2020	Actions planned for next 4 weeks	What planned actions will achieve	Why there is a forecast shortfall in the saving?	What are we doing to recover from forecast shortfall
1819-4	Closure of West House / Argyll & Bute Hospital site	David Ross	120	100	120	Further work has been agreed for the site including securing site and boiler replacement	Review of all budgets to identify where savings can be made.	If new boiler fitted to Comraidh centre, saving will be achieved in 19/20.	N/A	N/A
1920-3	Health Promotion Discretionary Budgets	Alison McGrory	100	46	46	Non-recurring staff saving at present to cover the shortfall for this year. Unable to predict for next year yet.	Consider alternative ways of making recurring saving for 2020/21		Staff member currently on secondment to GG&C, and may return hence cannot declare a recurring saving	Income from current secondment offsetting unachieved saving
1920-4	Review of Service Contracts	George Morrison	100	14	14	North Highland procurement have been unable to procure additional resource to undertake. Have requested funding to be transferred for A&B IJB to recruit locally but this has been refused.	Continuing to push for resource transfer to provide required capacity for review. Contracts are currently handled by individual departments e.g. estates, IT, radiography, laboratories. To work up fall back position and business case for employing additional resource locally on a spend to save basis	An overall review by an experienced procurement officer is likely to yield savings.	No action taken so far to undertake a review.	Discussions will take place with NHS Highland to identify procurement capacity to move this idea forward to implementation.
1920-22	Dunoon Medical Services	Rebecca Heliwell	100	0	0	2 existing salaried doctors happy to join team; one now started. Further offer accepted on 9 Jan but start date still to be agreed	Agree start date for second and third recruits Discuss with local GP practice alternative ways of filling gaps in rota. Re-advertise further posts - still 4 to fill. Finance (Nicola Bell) to refresh costings	One new substantive employee so far will reduce locum spend Clinically more stable team Encourage positive collaborative learning culture and better governance within team	The timescale is more medium to long term- eventually aim is to have no locum spend and all substantive posts in self sustaining rota but this is likely to take years. Positive recruitment and initial progress should make easier as team establishes- ie should build speed with time	Have looked at locum costs and prioritised use of cheapest ones. Working with PMO workstream medical workforce to standardise payments to updated Medacs contracts ie no travel and accommodation to be paid as routine
1819-16	Children & Families services staffing	Alex Taylor	50	0	0	Short life working group (SLWG) now meeting to detail the job descriptions / person specification and lead implementation.	Meeting dates set and key tasks identified and agreed.	Implementation by no later than March 2020.	Lengthy and Difficult HR processes	Not yet identified
1819-5	Closure of Aros (running costs)	David Ross / Charlotte Craig	40	0	40	Due to additional deterioration of the fabric of the main complex building the remaining 8 staff will be relocated across the mid-argyll estate in Lochgilphead at an accelerated pace. Stakeholder task force convened to improve staff communication . Plans produced and Current blockers have now been shifted to phase 2.	Imminent date for closure	Imminent date for closure, additional staff and additional staff needs identified causing delay in closure - this was not identified at the second scoping stage.	Subsequent advice that partial shutdown will not be achieved and as such accommodation required to be found at short notice for an additional 4 members of staff. The Estates team have been responsive in moving this quickly. Meeting the full identified needs of the workforce including both business and personal needs of staff has been challenging and there is a recommendation of a full review of the use of estate across Mid-Argyll pending the closure of this project.	Identified budget for colocation has not been utilised due to change of planned approach and as such should make up the shortfall in saved running costs.
1819-53	Vehicle Fleet Services	Stephen Whiston	40	22	22	Telematics installed Fuel saving now unlikely to be delivered in Qtr4 - electric cars only being delivered in March	User ID cards continue to be issued over next few weeks. Starting to collect telemetry data from drivers which will lead to discussions/ improvements	Training will allow local management of use of cars/driving skills once data is collected from mid-Dec	N/A	N/A
1920-6	Ferry ticket costs for staff and patients	George Morrison	25	0	0	This saving was approved on the assumption that discounted multi journey tickets to and from islands could be bought. Subsequent investigation has revealed that this is not the case. Therefore, no saving will be achieved.	None.	N/A	The original basis for the saving has been disproved.	This savings target will need to be replaced with an alternative target.
1819-48	Value Management Structure for AHPs	Linda Currie	10	0	0	Review of AHP and orthotic budgets to identify savings.	Expect to be able to declare saving in M11. Considering any potential for radiography saving for 2020/21		N/A	N/A
Health Savings			Totals	3,054	1,046	1,960				

ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2019/20

6,348 1,097 2,408

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Argyll & Bute Health & Social Care Partnership

Integrated Joint Board

Agenda item:

Date of Meeting: 29 January 2020

Title of Report: Financial Risks 2019-20

Presented by: Judy Orr, Head of Finance and Transformation

The Integrated Joint Board is asked to:

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

1. EXECUTIVE SUMMARY

- 1.1 The report to the IJB on 27 March 2019 introduced a process of identifying and reporting financial risks to the Board on a regular basis. The IJB at its meeting on 7 August requested that these risks be quantified according to the likelihood and impact and this has now been added. This report provides an updated assessment of these risks. No new risks have been added. Commentary has been added to highlight the changed assessments since the previous update presented to IJB on 27 November 2019.
- 1.2 Each risk has been classified as to its likelihood and also has been quantified within a financial range. Each risk also notes any current mitigations in place to keep the risk from being realised.
- 1.3 37 risks have been identified in total, with 17 classified as possible, 2 classified as likely and 4 as almost certain. The remainder have been classed as remote or unlikely. Only one risk has been quantified as being over £500,000 which relates to the service level agreement dispute with NHS Greater Glasgow & Clyde. Overall these risks have been quantified as potentially amounting to £1.8m, reduced from the previous assessment of £2.8m. Risks are reducing as we are later through the year and where known, all costs are included in the forecast already. The likelihood for such risks now included in the forecast outturn has been decreased to Remote.
- 1.4 Financial risks will continue to be reviewed and monitored on a two monthly basis and will be reported to the Board as part of the pack of financial reports.

2. INTRODUCTION

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

3. DETAIL OF REPORT

- 3.1 For each risk, the likelihood has been assessed based on what is a relatively standard risk matrix:

	Likelihood	Probability applied
1	Remote	0%
2	Unlikely	10%
3	Possible	25%
4	Likely	50%
5	Almost Certain	75%

- 3.2 Each financial risk has been quantified into ranges as follows:

Range	Quantified as:
Less than £100,000	£50k
Between £100,000 and £300,000	£200k
Between £300,000 and £500,000	£400k
Between £500,000 and £1.5m	£1.0m
Over £1.5m	£2.5m

- 3.3 Alongside each risk identified there is a note of any current mitigations that are in place to keep the risk from being realised. There are some risks where monitoring can take place but it is difficult to mitigate the risk due to Scottish Government policy directions and the introduction of new drugs.
- 3.4 The UK withdrawal from the European Union could lead to additional financial risks. However, at the current time it is not possible to quantify what these may be or when they might impact the IJB. We will continue to monitor developments.
- 3.5 The individual financial risks are detailed in Appendix 1 and are summarised in the table below.

Likelihood Range	Remote	Unlikely	Possible	Likely	Almost certain	Total
<£100k	12	1	7	1	2	23
£100k - £300k	1	0	8	1	1	11
£300k - £500k	0	0	2	0	0	2
£500k - £1.5m	0	0	0	0	1	1
>£1.5m	0	0	0	0	0	0
Total	13	1	17	2	4	37

- 3.6 There are 37 risks identified in total with 17 classified as possible, 2 classified as likely and 4 as almost certain. Only one risk has been

quantified as being over £500k and classed as almost certain. Quantifying these risks with an expected probability and financial impact gives a total potential adverse impact of £1.795m, well reduced from the previous estimate of £2.790m.

- 3.7 The largest risk quantified as potentially being £500k - £1.5m relates to the service level agreement with NHS Greater Glasgow and Clyde where the payment for the last financial year remains under dispute and any settlement is likely to have a knock on effect on charge for 2019-20 spend with them. A draft response has been received from NHS GG&C which is now estimated at c £1.534m (previously £1.057m) greater than the offer made on the main SLA but we understand that they are potentially minded to concede at least one of our arguments which would reduce the gap to below £1.5m. We understand that they are working on a detailed response to our last letter.
- 3.8 The next largest risk relates to re-grading claims which may need to be back dated to 2017. It is now extremely likely that a financial provision will be required for these claims in this year.
- 3.9 No new risks have been identified and no risks have been removed since the last update. Sixteen of the continuing risks have had revisions to their likelihood and impact. These are highlighted in amber and comments provided for the reason for the change. The descriptions of one risk has also been amended slightly and is similarly highlighted in amber – this relates to the NHS GG&C SLA. In general, risks are reducing as we are now later in the financial year. All known pressures are included in the forecast.
- 3.10 Financial risks will be reviewed and monitored on a two monthly basis and will be reported to the Board as part of the pack of financial reports.

4. RELEVANT DATA AND INDICATORS

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

5. CONTRIBUTION TO STRATEGIC PRIORITIES

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

6. GOVERNANCE IMPLICATIONS

- 6.1 Financial Impact – Each financial risks has been assessed as to its estimated financial impact.
- 6.2 Staff Governance – None.
- 6.3 Clinical Governance – None.

7. PROFESSIONAL ADVISORY

7.1 There are no recommendations from this report which require to be consulted on with Professional Advisory leads.

8. EQUALITY AND DIVERSITY IMPLICATIONS

8.1 None directly from this report.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

9.1 None directly from this report.

10. RISK ASSESSMENT

10.1 Risks are detailed within the report.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

11.1 None directly from this report.

12. CONCLUSIONS

12.1 This report summarises the key financial risks facing the Health and Social Care Partnership. There are 37 risks identified in total with a potential adverse impact of £1.8m which is not included in the financial forecast. Only one risk is potentially exceeding £0.5m. The next largest two risks are classed as potentially in the range of £300-500k and whilst possible, neither of these are classed as likely.

13. DIRECTIONS

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

APPENDICES:

Appendix 1 – Financial Risks 2019-20 (sorted by size of quantified risk)

AUTHOR NAME: Judy Orr, Head of Finance and Transformation

EMAIL: judy.orr@argyll-bute.gov.uk

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP - FINANCIAL RISKS
 INTEGRATED JOINT BOARD -January 2020 update

HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	2019-20		Quantified Risk £000s	Comments on change since last update
				LIKELIHOOD	FINANCIAL IMPACT £000		
Health	Commissioned Services - NHS GG&C	NHS GG&C seeking to correct historic undercharging on the main patients' services SLA. Gap between offer and draft request is c £1.057m	Letter sent to GG&C on 5th December 2019 re-stating A&B's offer and challenging basis of GG&C's claim.	5	500-1,500	750	Likelihood increased as have to provide at year end if dispute not resolved, and financial impact reduced
Health	Service wide	High volume of grievances received from health care assistants band 2s who believe they should be re-graded to AfC band 3	Short life working group being established to agree generic job descriptions for band 3 role of Health Care Support Worker	5	100-300	150	
Health	Commissioned Services - NHS GG&C	Potential for growth in the number of high cost individual patient treatments. High volume being experienced for new TAVI cardiac procedure	This will be monitored but it is an area where there is limited control.	3	300-500	100	
Council	Older People	Potential increase in the number of older people requiring support.	Regular review of services and tracking of changes in service demand. Scrutiny by Head of Service and Locality based Care Resource Group of care packages	4	100-300	100	
Council	Learning Disability	Increased demand for service, both for new clients and from increases in the needs of existing service users exceeds the demand pressure built into the budget.	Regular review of services and tracking of changes in service demand. Scrutiny by Head of Service and Adult Care Resource Group of care packages	3	300-500	100	
Health	Adult Services	Overspending on GP prescribing budgets for several potential reasons causing short supply of drugs resulting in price increases	Prescribing advisors advise GPs on good prescribing practice to contain costs.	3	100-300	50	
Health	Commissioned Services - NHS GG&C	Potential for further growth in the cost of oncology drugs beyond provision in the budget	A cost pressure has been build into the 2019-20 budget for the overspend currently in 2018-19 and also for future demand. This should assist in minimising this risk, however, it is a risk that there is limited control over.	3	100-300	50	
Health	Commissioned Services - Other	Continued high level of eating disorder patient referrals to the Priory (Huntercombe no longer used)	Development of local CAMHS service.	3	100-300	50	
Health	Commissioned Services - Other	Potential for growth in the number of high cost individual patient treatments (joint care packages)	This will be monitored but it is an area where there is limited control.	3	100-300	50	
Health	Service wide	Funding for NHS pensions is less than the cost.	Funding has been announced, now received NRAC share. Still unsure about allocation for other board costs	3	100-300	50	
Council	Looked After Children	Potential increase in the number of children and young people who need to be taken into care and supported/accommodated by the HSCP.	Practitioners are working hard to avoid admissions to care and the service is developing lower cost models of support for young people who become looked after.	3	100-300	50	Financial impact dropped as only 3 months left in year
Council	Older People	Potential requirement to increase the number of staff working overnight in our older people care homes to ensure that all of the residents can be safely evacuated from buildings in the event of a fire.	Working closely with the fire brigade to ensure arrangements are fit for purpose. Review of the equipment available in the homes to assist staff to evacuate residents.	3	100-300	50	
Council	Physical Disability	Increased demand for service, both for new clients and from increases in the needs of existing service users exceeds the demand pressure built into the budget.	Regular review of services and tracking of changes in service demand. Scrutiny by Head of Service and Adult Care Resource Group of care packages	3	100-300	50	

HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	LIKELIHOOD	FINANCIAL IMPACT £000	Quantified Risk £000s
Health	Commissioned Services - NHS GG&C	New cystic fibrosis drugs are introduced.	This will be monitored but it is an area where there is limited control.	5	<100	37.5
Council	Older People	Staff on late shift in one care home may have been paid incorrectly for working after 10 p.m.	HR reviewing payments made to determine if these have been properly in line with terms & conditions	5	<100	37.5
Council	Learning Disability	Potential requirement to address property maintenance issues at a leased property in Helensburgh.	Assess the HSCP's liability under the lease and assess the likely cost of the works as well as determine how the building will be used in the future if the lease is retained.	4	<100	25
Health	Adult Services	Continuation of excess community nurse staffing on Mull	As part of grip and control, regular review of workforce undertaken by the Strategic Leadership Team to minimise excess staffing and use of locums.	3	<100	12.5
Health	General Medical Services	Potential for high cost of reimbursements to GP practices for maternity and sickness absence cover	This will be monitored but it is an area where there is limited control.	3	<100	12.5
Health / Council	Estates	Costs of colocation may exceed budget. No budget in place for moves in Oban	A small allocation has been made in the Investment Fund for these costs.	3	<100	12.5
Council	Chief Officer	Increased building maintenance and repairs costs arising as the buildings we use get older and their condition deteriorates.	Regular monitoring of the fabric of the buildings and assessment for asset sustainability works funded via the capital budget. Reduction in the number of buildings in use through the co-location of staff into fewer buildings.	3	<100	12.5
Council	Children with a Disability	Potential increase in the number of children and young people requiring support/families requiring support as well as the potential for increased levels of support required by existing service users.	The weekly Children's Resource Panel is scrutinising requests for service. Consideration is being given to how SDS and other service models could be developed to provide support in the future.	3	<100	12.5
Council	All Social Work	Difficulties in recruiting and retaining qualified staff as well as increased demand/complexity in terms of the services required and/or increased sickness absence which result in the use of locum/supplemental staffing.	Work is ongoing with HR and the Communications team to look at how we can encourage people to come and work in Argyll and Bute. Work is also underway in relation to growing our own through staff training. Attendance management processes and monitoring arrangements are in place to deal with sickness absence issues.	3	<100	12.5
Council	All Social Work	The financial impact of changes to the NHS superann scheme which have resulted in increased employer contributions with the cost passed on to the Social Work budget for staff funded/partially funded by Social Work.	Reviewed settlement from the Scottish Government provided to cover the increased cost and this cost is unmet and should be passed on to Social Work. Still to identify impact from cross charging	3	<100	12.5
Health	Management and Corporate Services	Potential for the cost of migration to Windows 10 and Office 365 exceeding budgetary provision	Head of IT has an implementation plan. Risk reflects potential for slippage.	2	<100	5
Health	Adult Services	Continued use of agency medical staff in psychiatry	Continuation of attempts to recruit permanent staff. Where this is not possible then the service will be required to contain locum costs within budget but it has to be appreciated that this might not always be possible if it affects service delivery.	1	<100	0

Probability decreased as forecast to end of financial year now includes some provision for this

Financial impact dropped as only 3 months left in year

Reduced likelihood as the impact is increasingly becoming apparent and the forecast has been updated accordingly.

Probability decreased - now built into forecast for current usage

HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	LIKELIHOOD	FINANCIAL IMPACT £000	Quantified Risk £000s	
Health	Adult Services	Continued use of agency nursing staff in Lorn & Islands Hospital	Continuation of attempts to minimise the use of agency staff.	1	<100	0	Probability decreased - now built into forecast for current usage
Health	Adult Services	Potential for consultant vacancies at Lorn & Islands Hospital resulting in increased use of locums	Most consultant roles are currently filled by employed staff and there would be an attempt to recruit to vacancies rather than use locums.	1	<100	0	Probability decreased - now built into forecast for current usage
Health	Adult Services	Continued use of locum GPs in Kintyre Medical Group	Practice is out to advert following successful advert in relation to Mull	1	<100	0	Probability decreased - now built into forecast for current usage
Health	Adult Services	Continued use of agency staff in Lorn & Islands Hospital Laboratory	Continuation of attempts to recruit permanent staff. Where this is not possible then the service will be required to contain locum costs within budget but it has to be appreciated that this might not always be possible if it affects service delivery. Raigmore considering what they could do to assist	1	<100	0	Probability decreased - now built into forecast for current usage
Health	Adult Services	GPs on Colonsay opting out of providing out of hours services	GPs are currently providing out of hours services.	1	<100	0	Probability decreased - now built into forecast for current usage
Health	Adult Services	Continuation of excess nurse staffing in Rothesay Victoria Hospital	As part of grip and control, regular review of workforce undertaken by the Strategic Leadership Team to minimise excess staffing and use of locums.	1	<100	0	Probability decreased - now built into forecast for current usage
Health	Adult Services	Continued reliance on locum medical staff to cover shifts on the Oban out of hours rota	As part of grip and control, regular review of workforce undertaken by the Strategic Leadership Team to minimise excess staffing and use of locums.	1	<100	0	Probability decreased - now built into forecast for current usage
Health	Commissioned Services - NHS GG&C	Potential for further growth in the cost of pharmacy homecare services	The Lead Pharmacist will undertake an annual review of pharmacy costs to help to mitigate this risk.	1	<100	0	Probability decreased - now built into forecast for current usage
Health	Estates	Continuation of unfunded rates charge for Argyll & Bute Hospital if the property isn't cleared and empty property relief can't be obtained	Planned closure of Argyll & Bute Hospital (apart from the former Succoth Ward) is progressing.	1	<100	0	
Health	Commissioned Services - Other	New business to business contracts for out of hours services potentially required for Coll	limited mitigations possible	1	<100	0	Probability decreased - now built into forecast for current usage
Health / Council	Commissioned Services - Other	Third sector commissioned services cannot be delivered within the current budgets	Negotiations with third sector providers seek for such costs to be covered through efficiencies year on year	1	100-300	0	Probability decreased - now built into forecast for current usage
Council	Mental Health	Changes in service assessment practice which reclassifies non-personal care as personal removing the ability to charge for services.	Cases being reviewed throughout 2019/20. Ensure that assessment practice is correct and that service classification is consistent with the nature of the services provided.	1	<100	0	
Grand Total						1792.5	
TOTAL						1792.5	
Split	Health					1323.75	
	Council					468.75	

Yellow = new risk since last report to IJB
Amber = updated

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Argyll & Bute Health & Social Care Partnership

Integrated Joint Board

Agenda item:

Date of Meeting: 29 January 2020

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

Presented by: Judy Orr, Head of Finance and Transformation

The Integrated Joint Board is asked to:

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

1. EXECUTIVE SUMMARY

- 1.1 This report summarises the budget outlook covering the period 2020-21 to 2022-23 taking into consideration the budget decisions taken at the Integrated Joint Board (IJB) on 27 March 2019. There has been a full update of the budget outlook presented to the IJB on 27 November 2019. The assumptions will continue to be updated and refined as the year progresses.
- 1.2 The assumptions for funding from NHS Highland has been amended to a 2.5% mid-range increase from the previous 2.0% estimate, now using the updated assumptions now being used across the NHS. Whilst additional NHS in year allocations have been received since the last report, all are non-recurring and are matched by planned expenditure so do not change the outlook.
- 1.3 The position for funding of employers superannuation has been agreed and funding of £4.575m received. The outlook assumes expenditure of £5m, fully matched in best case, and funding restricted to £4.575m in mid and worst case scenarios. This is unchanged since the November report.
- 1.4 The main changes have been to update the estimates for non-pay inflation and for future cost and demand pressures. New health cost pressures have been added for Salen relocation of surgery to Mull PCC as a one-off in 2020/21, for a share of the national charge of the new hospital patient administration system (HEPMA), new high cost care packages anticipated, an increase to out of hours costs for GP practices reflecting recent negotiations, and a significant increase in Microsoft costs as recently notified. Updates have been made to the estimates for SLA increases based on recent submissions from NHS Greater Glasgow & Clyde, to salary estimates and to utilities inflation which has been increased in line with similar changes for Council utilities. In social work, the cost pressure for

Greenwood hostel staffing has been removed for all scenarios as this is now included in updated pay estimates following completion of pay modelling for next year. The Scottish Living Wage estimates have been further refined following the announcement of the new rates in November of £9.30 per hour. The allowance for unknown cost and demand pressures has been reduced significantly as there is less uncertainty now.

1.5 In the mid-range scenario, the Health and Social Care Partnership budget gap estimated over the three year period 2020-21 to 2022-23 is £18.733m with a gap of £8.289m in 2020-21.

1.6 In contrast, the budget gap in the best case scenario over the three years is £6.493m with a gap of £3.248m in 2020-21 and in the worst case scenario, the budget gap over the three years is £31.115m with a gap of £12.153m in 2020-21. A summary of all three scenarios is included within Appendix 1.

2. INTRODUCTION

2.1 This report summarises the budget outlook covering the period 2020-21 to 2022-23. This is full update of the budget outlook presented to the IJB on 27 November 2019. The assumptions will be updated and refined as the year progresses.

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

3. DETAIL OF REPORT

3.1 Funding Estimates

NHS Highland

3.1.1 The funding from NHS Highland in 2019-20 included an uplift of 2.5%. The budget was set for 1 year only. The future estimates have been based on a 1.8% uplift for worst case, 3.0% best case and 2.5% mid-range. This has been revised since the last budget outlook based on agreed NHS wide planning scenarios.

3.1.2 The increase in public sector pensions' schemes employers' contribution from 14.9% to 20.9% is meant to be fully funded. A&B HSCP has received £4.575m to date and costs are estimated at £5.0m. The expectation is that this will be distributed on NRAC shares for future years. Best case assumes that we will receive the full funding at £5.0m and mid-range and worst case that we will receive the same amount as this year at £4.575m. This is unchanged.

3.1.4 The table below outlines the updated estimated funding from NHS Highland over the next three years within the mid-range scenario. The highlighted figures are the ones which have changed below:

	2020-21 £000	2021-22 £000	2022-23 £000
Baseline funding	175,886	175,886	175,886
Baseline funding uplift	4,279	8,665	13,160
Other Recurring Funding	30,327	30,327	30,327
Resource Transfer baseline (net)	7,181	7,181	7,181
Resource Transfer uplift	298	603	916
Pensions Increase	4,575	4,575	4,575
Total Funding NHS	222,546	227,237	232,045

Council Funding

- 3.1.5 The estimates for Council funding remain unchanged from the previous Budget Outlook. The mid-range position is as per the indicative allocation agreed by Council in February 2019 on the basis of current year funding less 1%. The best case scenario assumes a flat cash position and the worst case assumes a 2% decrease in line with the estimated reduction from Scottish Government.

3.2 Savings Measures Already Approved

- 3.2.1 A number of additional savings for 2019-20 were agreed at the IJB on 7 August 2019 as part of a Financial Recovery Plan. These new savings totalled £700k. These are expected to provide continuing savings in future years, reducing the future budget gap. The further savings agreed at the IJB on 25 September 2019 are measures to bring back spending within existing budgets and are not expected to impact on the future budget outlook.

3.3 Updated Budget Outlook

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

	2020-21 £000	2021-22 £000	2022-23 £000
Base Budget	276,985	277,290	277,603
Employee Cost Changes	3,286	6,390	9,551
Non-Pay Inflation	4,902	8,507	12,266
Cost and Demand Pressures	4,325	6,713	9,156
Q&F Plan Savings	(139)	(139)	(139)
Management/Operational Savings agreed March 2019	(500)	(1,020)	(1,020)
Policy Savings agreed March 2019	(198)	(198)	(198)
Recovery Plan agreed Aug 2019	(700)	(700)	(700)
Total Estimated Expenditure	287,961	296,843	306,519
Estimated Funding	279,672	283,126	287,786
Estimated Budget Surplus / (Gap) Cumulative	(8,289)	(13,717)	(18,733)

Estimated Budget Surplus / (Gap) In Year	(8,289)	(5,428)	(5,017)
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- 3.3.2 In the mid-range scenario, the Health and Social Care Partnership budget gap estimated over the three year period 2020-21 to 2022-23 is £18.733m with a gap of £8.289m in 2020-21.
- 3.3.3 In contrast, the budget gap in the best case scenario over the three years is £6.493m with a gap of £3.248m in 2020-21 and in the worst case scenario, the budget gap over the three years is £31.115m with a gap of £12.153m in 2020-21. A summary of all three scenarios is included within Appendix 1.
- 3.3.4 The changes from the previous anticipated outlook to 2021-22 (as noted at the IJB meeting on 25 September 2019) are summarised in the table below based on the mid-range scenario:

	2020-21 £000	2021-22 £000	2022-23 £000
Previous Reported Budget Gap (mid-range)	(8,837)	(15,243)	(21,063)
Change to NHS Funding estimates	916	1,873	2,872
Base budget adjustment	(60)	(122)	(187)
Employee cost changes	(420)	(605)	(795)
Change to non-pay inflation	679	765	873
Change to cost & demand pressures	(567)	(385)	(433)
Revised Budget Gap (mid-range)	(8,289)	(13,717)	(18,733)

- 3.3.5 For Social Work the assumptions for **pay inflation** have been updated in line with salaries templates for next year, and the Greenwood hostel cost pressure has been removed as this is included in the pay forecasts. The main change are for the national care home contract where we are now assuming a 4% increase for mid-range scenario. The calculation for Scottish Living wage increase has been further refined based on the new rates announced in November of £9.30 per hour.
- 3.3.6 For Health, the calculations for **pay inflation** have been updated in line with 2019-20 experience of the new Agenda for Change shortened pay scales and the updated pay baseline costs. The allowances for non-pay inflation have been updated for utilities and for SLAs in line with updated claims from NHS GG&C which are still under dispute. For **cost and demand pressures**, an increase has been made for the cost pressure for new out of hours GP contracts in line with current negotiations. New cost pressures have been added for new high cost care packages. A substantial increase has been made to the cost pressure for Microsoft licences based on the updated national position. A one-off provision has been made for the cost of moving the Salen surgery to Mull PCC.

4. RELEVANT DATA AND INDICATORS

- 4.1 The budget outlook is based on a number of assumptions, using a best, worse and mid-range scenario. These assumptions will be regularly reviewed and updated as appropriate.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

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

6. GOVERNANCE IMPLICATIONS

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

7. PROFESSIONAL ADVISORY

- 7.1 There are no recommendations from this report which require to be consulted on with Professional Advisory leads.

8. EQUALITY AND DIVERSITY IMPLICATIONS

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

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

- 9.1 None directly from this report.

10 RISK ASSESSMENT

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

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

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

12. CONCLUSIONS

- 12.1 A budget outlook covering the period 2020-21 and 2022-23 has been prepared. In the mid-range scenario, the Health and Social Care Partnership budget gap estimated over the three year period 2020-21 to

2022-23 is £18.733m with a gap of £8.289m in 2020-21. The assumptions will continue to be updated and refined as the year progresses.

13. DIRECTIONS

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

APPENDICES:

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

AUTHOR NAME: Judy Orr, Head of Finance and Transformation

judy.orr@argyll-bute.gov.uk

BUDGET OUTLOOK 2020-21 TO 2022-23
INTEGRATED JOINT BOARD 27 NOVEMBER 2019

APPENDIX 1

	Best Case Scenario			Mid-Range Scenario			Worst Case Scenario		
	2020-21 £000	2021-22 £000	2022-23 £000	2020-21 £000	2021-22 £000	2022-23 £000	2020-21 £000	2021-22 £000	2022-23 £000
Base Budget:									
Base Budget	276,687	276,687	276,687	276,687	276,687	276,687	276,687	276,687	276,687
Base Budget Adjustments	357	725	1,104	298	603	916	214	432	654
Revised Base Budget	277,044	277,412	277,791	276,985	277,290	277,603	276,901	277,119	277,341
Employee Cost Changes:									
Pay Award	2,816	5,594	8,429	2,816	5,688	8,617	2,816	5,854	8,958
Pay Increments/change to employee base	470	661	852	470	702	934	470	852	1,234
Total Employee Cost Changes	3,286	6,255	9,281	3,286	6,390	9,551	3,286	6,706	10,192
Non-Pay Inflation:									
<i>Health:</i>									
Prescribing	400	800	1,200	500	1,000	1,500	600	1,200	1,800
Hospital Drugs	45	92	142	75	154	237	105	216	332
Main GG&C SLA	1,072	2,171	3,298	2,440	3,814	5,222	2,708	4,357	6,046
Other SLAs (GPs, GG&C, other HBs, service inputs)	226	457	694	582	871	1,167	638	985	1,340
Utilities	142	288	435	142	290	437	142	291	440
<i>Social Work:</i>									
Catering Purchases	37	78	127	37	78	127	37	78	127
National Care Home Contract	173	351	540	231	470	729	288	591	923
NHS Staffing Recharges	128	268	435	128	268	435	128	268	435
Purchase and Maintenance of Equipment	8	16	25	11	22	33	14	27	42
Specific CPI Increases	14	27	42	18	37	56	23	46	70
Scottish Living Wage	593	1,205	1,856	679	1,381	2,132	822	1,676	2,598
Carers Allowances	25	50	76	33	67	102	41	84	128
Utilities	26	53	86	26	55	89	28	57	92
Total Non-Pay Inflation	2,889	5,856	8,956	4,902	8,507	12,266	5,574	9,876	14,373
Cost and Demand Pressures:									
<i>Health:</i>									
LIH Laboratory	50	100	150	50	100	150	100	200	300
Out of Hours - GPs option out of hours	542	542	542	542	542	542	542	542	542
Share of national charge for HEPMA	100	100	100	100	100	100	100	100	100
New high cost care packages	200	200	200	200	200	200	300	300	300
Other NSD developments	50	100	150	50	100	150	50	100	150
Oncology Drugs Demand	350	700	1,050	450	900	1,350	550	1,100	1,650
Bute Dialysis	93	93	93	93	93	93	93	93	93
Microsoft Licence Fees	300	300	300	300	300	300	300	300	300
Cystic Fibrosis Drugs	132	132	132	160	160	160	186	186	186

BUDGET OUTLOOK 2020-21 TO 2022-23
INTEGRATED JOINT BOARD 27 NOVEMBER 2019

APPENDIX 1

	Best Case Scenario			Mid-Range Scenario			Worst Case Scenario		
	2020-21 £000	2021-22 £000	2022-23 £000	2020-21 £000	2021-22 £000	2022-23 £000	2020-21 £000	2021-22 £000	2022-23 £000
Asbestos Removal	85	85	0	85	85	0	85	85	0
LIH Clinical Lead	15	15	15	15	15	15	15	15	15
Salen relocation of surgery to Mull PCC	130	0	0	130	0	0	130	0	0
<i>Council:</i>									
Older People Growth	311	311	311	640	980	1,325	970	1,659	2,370
Care Services for Younger Adults	269	269	269	539	817	1,087	808	1,372	1,911
National Care Home Contract	244	496	755	326	665	1,017	407	835	1,284
Throughcare	0	0	0	0	0	0	0	0	0
Social Work Emergency Standby	150	155	160	150	157	164	150	159	169
Greenwood Hostel overnight staffing	0	0	0	0	0	0	0	0	0
Criminal Justice Development Funding	50	50	50	50	50	50	50	50	50
Additional governance support from Council	95	98	101	95	99	103	95	101	107
Allowance for Unknown Cost and Demand Pressures	0	500	1,000	350	1,350	2,350	800	2,300	3,800
Total Cost and Demand Pressures	3,166	4,246	5,378	4,325	6,713	9,156	5,731	9,497	13,327
<i>Savings Previously Agreed:</i>									
Quality and Finance Plan Savings	(139)	(139)	(139)	(139)	(139)	(139)	(139)	(139)	(139)
Management/Operational Savings - Agreed March 2019	(500)	(1,020)	(1,020)	(500)	(1,020)	(1,020)	(500)	(1,020)	(1,020)
Policy Savings - Agreed March 2019	(198)	(198)	(198)	(198)	(198)	(198)	(198)	(198)	(198)
Recovery Plan - Agreed 7 August 2019	(700)	(700)	(700)	(700)	(700)	(700)	(700)	(700)	(700)
Total Savings	(1,537)	(2,057)	(2,057)	(1,537)	(2,057)	(2,057)	(1,537)	(2,057)	(2,057)
Total Estimated Expenditure	284,848	291,712	299,349	287,961	296,843	306,519	289,955	301,141	313,176
<i>Funding:</i>									
NHS	223,886	229,543	235,369	222,546	227,237	232,045	221,264	224,618	228,033
Council	57,714	57,059	57,487	57,126	55,889	55,741	56,538	54,730	54,028
Total Funding	281,600	286,602	292,856	279,672	283,126	287,786	277,802	279,348	282,061
Budget Surplus / (Gap) Cumulative	(3,248)	(5,110)	(6,493)	(8,289)	(13,717)	(18,733)	(12,153)	(21,793)	(31,115)
Budget Surplus / (Gap) In Year	(3,248)	(1,862)	(1,382)	(8,289)	(5,428)	(5,017)	(12,153)	(9,640)	(9,322)
<i>Partner Bodies Split:</i>									
Health	117	1,327	2,055	(3,246)	(3,756)	(4,803)	(5,374)	(8,160)	(11,553)
Social Work	(3,365)	(6,437)	(8,548)	(5,043)	(9,961)	(13,930)	(6,779)	(13,633)	(19,562)
Budget Surplus / (Gap) Cumulative	(3,248)	(5,110)	(6,493)	(8,289)	(13,717)	(18,733)	(12,153)	(21,793)	(31,115)
Budget Surplus / (Gap) In Year	(3,248)	(1,862)	(1,382)	(8,289)	(5,428)	(5,017)	(12,153)	(9,640)	(9,322)



Argyll & Bute Health & Social Care Partnership

Integrated Joint Board

Date of Meeting: 29 January 2020

Title of Report: Budget consultation 2020/21

Presented by: Judy Orr, Head of Finance and Transformation

The Integrated Joint Board is asked to:

- Approve the proposed budget consultation for 2020/21

1. EXECUTIVE SUMMARY

- 1.1 The updated budget outlook being presented to the IJB at its meeting of 29 January identifies a budget gap in the mid-range scenario of £8.289m for 2020/21. The best case estimate is a reduced gap of £3.248m and the worst case estimate is a gap of £12.153m.
- 1.2 This paper presents a draft public consultation on the budget for 2020/21 seeking views of our stakeholders' priorities for our services and where they would prefer to see savings targeted. The intention is to seek responses by end of February so public views can influence the final savings proposals due to be considered by IJB on 25 March 2020.

2. INTRODUCTION

- 2.1 We had expected a draft Scottish budget announcement on 12 December but this was postponed to 6 February because of the UK general election and resultant delays in setting the UK budget. The Scottish Budget will now be announced on 6 February in advance of the UK budget on 11 March 2020. This will allow the IJB to set its budget at the meeting on 25 March 2020 as planned, but it is probable that the funding provided may be prudently estimated by the Scottish Government because they won't yet know what their devolved settlement will be. The current mid-range budget outlook scenario has been developed with a cautious outlook. Therefore we would expect that the budget when announced will include funding for the health and local authority sector that meets the mid-range scenario and will allow both NHS Highland and Argyll and Bute Council to provide the anticipated funding to the HSCP.
- 2.2 A more generous settlement by the UK government could potentially filter through to an improved situation later in the year, after the IJB needs to set

its budget. This can be accommodated through normal in-year processes and would be reported to the IJB at the appropriate time, and decisions would be taken then about how to utilise any additional funding.

- 2.3 This paper presents a draft public consultation on the budget for 2020/21 seeking views on our stakeholder priorities for our services and where they would prefer to see savings targeted. The intention is to seek responses by end of February so public views can influence the final savings proposals due to be considered by IJB on 25 March 2020.

3. DETAIL OF REPORT

3.1 Context

- 3.1.1 The financial position of the IJB has been difficult for a number of years. There was an overspend in 2017-18 of £2.528m, with £1.155m to be repaid to the Council. The IJB was unable to set a balanced budget for 2018/19 with £1.6m of savings still to be identified, in addition to further savings of £10.954m agreed. The outturn in 2018-19 was an overspend of £6.681m with a further £3.127m to be repaid to the Council. The current projected outturn for 2019-20 is an overspend of £1.3m.

- 3.1.2 The updated budget outlook being presented to the IJB at its meeting of 29 January identifies a budget gap in the mid-range scenario of £8.289m for 2020/21. The best case estimate is a reduced gap of £3.248m and the worst case estimate is a gap of £12.153m. Previously approved but as yet undelivered savings effectively add to the challenge for next financial year, increasing the mid-range gap to be met by new or amended savings from £8.289m to £12.130m.

- 3.1.3 The SLT has reviewed all the previously agreed savings and with the exception of one small one for £25k relating to ferry ticketing, we are confident that the already agreed savings will be achieved at some point. The Finance & Policy Committee is meeting monthly to review progress on these savings and is critically assessing the relevance and efficacy of actions being carried out. The appointment of the new Heads of Adult Services has added welcome direction and focus on these.

3.2 Project Management Office Approach

- 3.2.1 As previously reported, NHS Highland has created a Project Management Office (PMO) approach to deliver on its target of £39.5m savings for 2019/20. There are 15 cross cutting workstreams with a pipeline of £20.8m of savings across the whole of NHS Highland in addition to the area based ones which include our own local Health related savings agreed for 2019/20 as part of our budget setting in March. Of these, the full year effect of the 85 cross cutting schemes that have moved to delivery stage is estimated at £10.9m and should also provide benefit to our area. There are a further 174 schemes at earlier stages. As the PMO continues, more schemes will move to delivery and further increase savings available for 2020/21.

3.3 Transforming Together Workstreams

3.3.1 The Strategic Plan 2019/20 – 2021/22 set out 8 Transforming Together workstreams. Work has been ongoing on these but they have not yet delivered tangible savings. However, we should expect savings from these areas to be delivered in future. The IJB previously approved a saving of £99k from Care Homes and Housing workstream to be delivered in 2020/21. Currently this is the only additional saving directly attributed to the Transformation Workstreams, but much activity on previously agreed savings is being supported by them.

3.3.2 The Transformation Programme now reports formally to the Finance & Policy Committee so further detail of the current position for each workstream is available in those reports.

3.4 Savings proposals

3.4.1 The total savings requirement was estimated earlier in the year at £8.65m split £5.40m for Social Work and £3.25m for Health. Once you allow for those costs which we are unable to influence, this equates to c 3% for Health and 7.5% for Social Work and targets were given on this basis to the relevant heads of service. However, it should be noted that the IJB can choose to vary this split without restriction. The initial savings proposals were discussed at the IJB development session on 5 August 2019. These have now been reviewed by the new heads of service (who are responsible for the majority of the IJB budget) along with input from the full Senior Leadership Team.

3.4.2 Proposed savings have been categorised as Management/Operational or Policy. A Management/Operational saving would be one where the HSCP is currently underspending against budget and the saving right-sizes the budget. Similarly it includes where additional income is currently being generated which is not reflected in the budget. In addition, it includes ongoing grip and control of expenditure ensuring that only essential items are purchased, and close management of vacancies. Where savings will affect staff in post, or involve a change or potential cut in service, they are classed as Policy savings. Draft savings proposals are being reviewed by the Finance & Policy Committee and will come forward in March to the IJB for formal approval. The value of current proposals is analysed as follows:

Type of savings	£000s
Management/Operational	4,157
Policy	1,661
Total	5,793
Remaining gap	2,521
Savings target	8,314

3.4.3 Policy savings are now in the process of being worked up with PIDs (project initiation documents) being prepared which set out the saving objective, key milestones and responsibilities, risks and impacts. We also wish to seek input from our key stakeholders before firming up on any savings proposals through carrying out a budget consultation. This will allow the opportunity

to take these views into account. Equality and Socio-Economic Impact assessments will also require preparation before these can be brought back to the IJB for full consideration.

3.5 Budget Consultation

3.5.1 Attached at Appendix 2 is a draft budget consultation document for consideration. It is also being considered by the Finance & Policy Committee on 24 January 2020 and a verbal update on the views from that Committee will be given to the IJB. It gives considerable context to the financial challenges being faced by the IJB, and seeks comments on stakeholder priorities for the IJB, views on the policy savings currently being proposed and seeks additional suggestions for savings to bridge the budget gap.

3.5.2 Following input from and approval by the IJB, it will be uploaded onto the Council's website consultation pages as an online consultation and run for all of February. There will also be a link to it from the NHS Highland website and it will be promoted by Social media and through the Community Planning Partnership. It will also be available in hardcopy at council customer service points and suitable health locations. It seeks views for the public on where savings should be targeted, along with views on the proposed policy savings areas and further suggestions.

3.5.3 The IJB is asked to consider and comment on the draft consultation.

3.6 Summary

3.6.1 The IJB is asked to consider and comment on the draft budget consultation attached.

4. RELEVANT DATA AND INDICATORS

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

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 The Integrated Joint Board has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and to ensure the financial decisions are in line with priorities and promote quality service delivery. Stakeholder views need to be considered when assessing possible budget savings options which are needed to deliver a balanced budget for 2020/21.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – The budget gap for 2020/21 on a mid-range scenario is estimated at £8.3m. This paper puts forward some proposals aimed at meeting that budget gap and through consultation seeks comments and views on these and on additional savings possibilities.

6.2 Staff Governance – It is probable that some of the savings will require

reductions in staffing. These have still to be fully identified along with assessments of whether these can be accommodated through vacancies and natural turnover, or would involve potential redeployments / redundancies. Any saving which would affect staff currently in post is classed as a policy saving.

6.3 Clinical Governance – Heads of Service have been asked to consider any potential impacts on clinical care and governance in putting forward savings proposals and ensure that proposals are acceptable. Equality and Socio-Economic Impact Assessments (EQIAs) are still to be produced for the Policy related savings.

7. PROFESSIONAL ADVISORY

7.1 Professional Leads have been involved in savings proposals and will assist in completion of the EQIAs.

8. EQUALITY AND DIVERSITY IMPLICATIONS

8.1 Proposals to address the estimated budget gap will need to consider equalities impacts. As yet, equality and socio economic impact assessments have still to be prepared. These will be prepared as savings proposals are more fully worked up.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

9.1 None directly from this report.

10. RISK ASSESSMENT

10.1 Operational and clinical risks will be taken into account as part of the implementation of the savings.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

11.1 Budget consultation is planned and proposals are attached. In addition, significant transformational savings will require local stakeholder and community engagement.

12. CONCLUSIONS

12.1 The budget gap for 2020/21 on a mid-range scenario is estimated at £8.3m. This paper puts forward a consultation seeking views aimed at meeting the budget gap. Responses will then be analysed so that IJB will be able to consider these in full as part of setting the budget in March 2020. The IJB is asked to comment on the attached budget consultation.

13. DIRECTIONS

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

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

REPORT AUTHOR AND CONTACT DETAILS

Author Name: Judy Orr

Email: judy.orr@argyll-bute.gov.uk Tel: 01586-555280

Appendices:

1 Draft Budget Consultation

1a Draft Budget Consultation

1b Engagement specification for Budget Consultation

2 Draft schedule of Management and Operational savings (to follow following review by Finance & Policy Committee meeting of 24 January 2020)



PLANNING OUR FUTURE

CONSULTATION ON OUR BUDGET 2020/21

What are your priorities for HSCP services?



Argyll & Bute Health & Social Care Partnership

Budget Consultation 2020/21

Argyll and Bute Health & Social Care Partnership delivers a huge range of services to our communities, many of which are most used by very vulnerable people. Our vision is that people in Argyll and Bute will live longer, healthier, independent, happier lives and this underpins all that the HSCP does.

Our population is ageing, and this is happening faster than elsewhere in Scotland, so this gives us particular pressures of demands for Older People services. Obesity is also driving up demand for diabetes related services which now cost 9% of the whole NHS budget.

At the same time, the resources available to the HSCP are declining in real terms year and year. We cannot simply continue to provide the same services in the same ways. We have to find efficiencies, transform how we operate, and do less going forward. These are difficult choices, and there are no easy options left for savings. We would really value your views to help us make the best decisions that will affect all of our lives.

Thank you for taking the time to respond to this consultation.

Councillor Kieron Green

Chair, Integrated Joint Board

Context

The IJB requires to set a balanced budget for 2020/21 at its meeting on 25 March. Normally, the IJB would have an idea now of the funding to be provided by Argyll and Bute Council and NHS Highland. This year, because of the UK general election, the UK government budget has been delayed to 11 March 2020, and the Scottish Government has decided to set out its own budget in advance of that on 6 February 2020. This means that there is still considerable uncertainty about future levels of funding.

The Council is currently anticipating that its overall funding will be reduced by 2% and therefore in turn, it will reduce the funding given to the Argyll and Bute Health and Social Care Partnership by 1%. NHS Highland is expecting an increase of 2.5% in funding from the Scottish Government and intends to pass on the full increase on the nationally agreed NHSScotland Resource Allocation Committee formula (NRAC share) basis to the Argyll and Bute Health and Social Care Partnership (HSCP).

This expected level of funding does not cover the level of increased costs which need to be borne by the HSCP. The key increases in costs are as follows:

- Staff and supplier costs will increase on account of nationally agreed pay awards and the Scottish Living Wage
- The cost of new drugs is expected to outstrip funding made available for these
- Costs for GP out of hours services are increasing due to new contracts
- We are delivering additional localised services
- People have increasingly complex needs which increases the cost of some care packages
- Demand is growing for both Older People and Younger People services
- We have to contribute to new national IT systems

The pressures are particularly acute for the Social Work budget. The total current funding from the Council is £58.7m and in 2019/20 we expect to overspend by £1.3m. The funding for next financial year (net of repayments for previous years' overspends) from the Council is predicted to be £57.1m. This is £2.9m short of current funding levels. Taking into account resource transfer from NHS, on social work expenditure of £74.4m, we need to find new savings of £5.04m for social work.

The funding from NHS is also short of requirements by c £3.25m on total estimated expenditure of £213.6m. This increases the requirement for new savings to £8.3m.

We are not the only Health & Social Care Partnership experiencing funding pressures. 23 out of the 28 Integration Authorities expect to overspend in 2019/20, in total by £82.9m. This averages out at c 0.9% of the total budgeted expenditure. Our current forecast is for an overspend of £1.3m which is less than 0.5%.

The biggest driver of overspend is a failure to deliver previously agreed savings. This continues to be a challenge locally. Of the total savings which we needed to deliver in 2019/20 of £10.5m, we are predicting to deliver £6.9m this year – this leaves a further £3.6m to be carried forward to next year on top of new savings to be found. So

total savings required to be delivered next year are £11.9m – even more than for 2019/20.

Demographic pressures

We have an ageing population in Argyll and Bute. The numbers in Argyll and Bute affected by dementia are growing by c 3% p.a. This is directly affecting the cost of dementia services.

Diabetes is another pressure area – it costs the NHS c 9% of its budget currently. Over 4,800 people in Argyll & Bute have been diagnosed with Type 2 diabetes and the numbers are increasing by c 4% p.a.

Changing how we work

Our Vision: “People in Argyll & Bute will live longer, healthier, independent, happier lives.”

Our vision and its principles set out a clear direction for changing how we work to meet the needs of our communities:

- Reduce the number of avoidable emergency admissions to hospital and minimise the time that people are delayed in hospital.
- Promote health and well-being across all of our communities and age groups.
- 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.
- Implement a continuous quality improvement approach across all functions.
- Support staff to continuously improve the information, support and care they deliver.
- Efficiently and effectively manage all resources to deliver Best Value.

We have to make sure that our finances are used to support our priorities, whilst recognising the areas of most pressure from demographic factors, and the reduction in our overall level of resources to meet these increasing demands. This means that we simply cannot continue to deliver our services in the same way as we have previously, and changes will be required. Set out below is a summary of key changes which we expect you to see next year.

Future Shape of Services 2020/21

- A single Health and Social Care team will provide more services in your Community 24/7 (Adults and Children's)
- You will only need to contact one person for all Health and Social care in your community
- We will prioritise investment for Health Improvement and healthy lifestyle programmes, to keep you healthy.

- We will become used to using technology to support care at home, by allowing remote monitoring of your condition and enabling consultations with trained staff.
- Your local hospital will continue to co-ordinate and deliver emergency medical care, with fast access to Glasgow hospitals when necessary.
- GP and other 'front-line' services will continued to be provided locally. However we expect that, through mergers and federations, there will be fewer GP practices. This will provide a greater choice to patients – e.g. a male or female doctor and offer you a range of GPs and nurses with special interests and training.
- Most hospital treatments will not require a stay in hospital, with hospital beds being used only for those needing more continuous nursing. – Less hospital beds
- With more care delivered in the home, and with more support for carers (especially family and friends), nursing and care-home beds will be used for those who need a higher level of care

How to bridge the savings gap

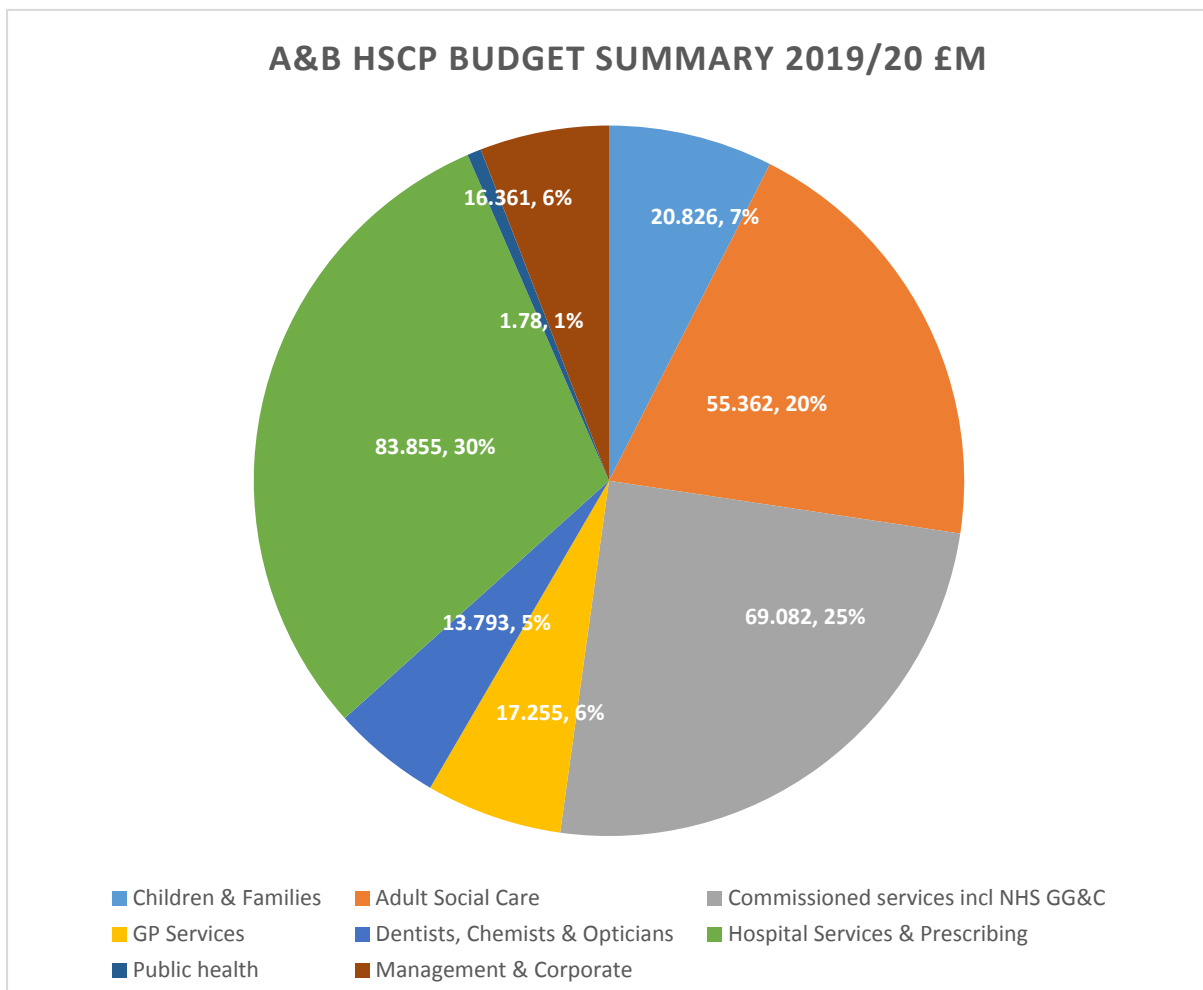
The Senior Leadership Team has carefully reviewed all budgets to identify any areas where efficiencies can be made without adversely affecting the quality of services being delivered and staffing levels. There has been an ongoing effort throughout 2019/20 to restrict non-essential expenditure through grip and control and to provide detailed scrutiny of all vacancies, filling those only where otherwise we would need to cover through overtime, bank or agency staffing or locums to maintain safe staffing levels (all of which would add to our cost base).

Social Work fees and charges are set by the Council as part of the February budget, and the IJB will consider a proposal for increasing these in line with inflation at its meeting on 29 January. Income levels can also change because of increases in volumes, and the HSCP plans to recognise and take account of all such increases in next financial year. Efforts will continue to be made to deliver the remaining £3.6m of existing savings not yet delivered. Plans are in progress to deliver these for next year.

In total, management and operational savings from underspent budget areas, and more efficient operational practices are expected to deliver new savings of just under **£4.2m** next financial year.

We have also identified **£1.6m** in savings that will potential affect services you experience and staff employed, and want to know your views on these. We need to identify another **£2.5m** savings and want your suggestions. We would like to know what matters most to you about HSCP services.

The diagram below shows a breakdown of how the current budget of £278m is spent:



- The biggest area of spend is on Hospital Services and Prescribing. This includes the cost for our rural general hospital in Oban (£15.95 million), and our community hospitals in Campbeltown, Dunoon, Lochgilphead, Mull and Iona, Islay, and Helensburgh. Prescriptions cost £18.78m.
- The second biggest area of spend is £65.2m on Acute services with NHS Greater Glasgow on Clyde. We are currently in dispute with NHS GG&C as their charge is increasing above national funding levels year on year despite our activity levels with them falling. We have offered them a fair settlement this year but they are claiming an additional £1.5m above our offer. We also commission a further £3.89m of services from other health boards.
- The third biggest area of spend is an Adult Social Care. This includes care at home packages for older people where the demand is increasing because of an ageing population, as well as residential care home placements, telecare, respite care and assessment by social workers. In total the budget for Older

People services is just under £30m. The other large area is for Learning Disability care packages including supported living, day services, and residential placements. Mental Health support and Physical disability are also included in this area of spend.

- Children & Families costs of £20.8m include fostering and adoption, hostels and children's' houses, residential placements, child protection, children with disabilities, maternity services and school nurses, and justice social work. We were the second lowest funded children & families service across Scotland in 2016. Benchmarking shows that this is a well-managed service historically and is already very lean.
- GP Services cost c £17.255m and the costs are largely set nationally with little control available to the HSCP to flex these. The same general principle applies to costs of £13.793m for dentists, chemists and opticians.
- Management & corporate costs of £16.4m include Lead Nurse, estates, depreciation, strategic planning & performance, HR, finance and other management services.

Section 1: The role of the Health & Social Care Partnership in Argyll and Bute

Q1	What for you is the most important role for the HSCP (Please tick one option only)	
	Deliver the services I use (If you choose this option, please tell us which services you use)	
	Support the most vulnerable people in our communities	
	Help us all to live longer, healthier, independent, happier lives	
	Support local people to help others in our communities	
	Other (please tell us what)	

Q2	Which of these general service categories do you use most (Please tick one option only)	
	Children & Families <ul style="list-style-type: none"> Fostering and adoption, looked after children and child protection, maternity and health visitor services, school nursing, criminal justice 	
	Adult Social Care <ul style="list-style-type: none"> Care at home support, residential care homes, disability support services, mental health support 	
	Glasgow & Clyde Hospitals and other services outside Argyll and Bute <ul style="list-style-type: none"> Acute services 	
	GP Services <ul style="list-style-type: none"> An increasing range of primary services are delivered through GP practices throughout our area 	
	Dentists, Chemists & Opticians <ul style="list-style-type: none"> Community and salaried dentists, pharmacies and opticians 	
	Argyll & Bute Hospital Services <ul style="list-style-type: none"> Community hospitals, district nursing, Occupational Therapy and other allied health professional services, extended community care teams 	
	Public health <ul style="list-style-type: none"> Immunisation and screening programmes and other Health improvement activities 	
	Management & Corporate <ul style="list-style-type: none"> Lead Nurse, Estates, Planning, IT, HR, Finance and other management services, Depreciation 	
	Other (please tell us what)	

Section 2: Balancing our Budget

We will deliver c £7m in savings this year. We will still have c £3.6m of savings which we haven't yet delivered and these need to be carried forward to next year. Our mid-range estimates indicate that we need to make additional savings next year of £8.3m.

Some areas of costs are not available to the HSCP to make savings from:

- GP, dentist and pharmacy contracts – which are set nationally
- PFI contract costs for the Mid Argyll Hospital

Some areas of costs are very challenging to make savings from:

- Contract for acute services with NHS Greater Glasgow & Clyde where we are already in dispute over the level of the increase in their charges

Q3	In which 3 categories would you most support reductions to funding? (Please label your top 3 options as 1, 2, 3)	
	Children Services – fostering & adoption, looked after children	
	Maternity & Health Visitor and School nursing services	
	Justice Social Work services	
	Care at Home and other community support packages	
	Residential care home placements	
	Disability support packages	
	Community hospitals	
	Services offered from Oban Lorn & Isles Rural General hospital	
	Acute services from NHS Greater Glasgow & Clyde	
	GP practices	
	Dentists, pharmacists and opticians	
	Public health screening & immunisation and other health improvement programmes	
	Management & corporate	
	Other (please tell us what)	

Q4	Please indicate your top 3 priorities from these service areas (Please label your top 3 options as 1, 2, 3)	
	Children Services – fostering & adoption, looked after children	
	Maternity & Health Visitor and School nursing services	
	Justice Social Work services	
	Care at Home and other community support packages	
	Residential care home placements	
	Disability support packages	
	Community hospitals	

Services offered from Oban Lorn & Isles Rural General hospital	
Acute services from NHS Greater Glasgow & Clyde	
GP practices	
Dentists, pharmacists and opticians	
Public health screening & immunisation and other health improvement programmes	
Management & Corporate	
Other (please tell us what)	

Q5: All of our funding comes either from NHS Highland or Argyll and Bute Council. In turn, the bulk of their funding comes from the Scottish Government and we do not know what our allocation is for 2020/21. To prepare for setting our budget in March 2020, we have already identified a number of options for making savings and these are set out in table below. We need to identify more to bridge our estimated funding gap, and we are working to do that.

If you have comments on the savings options that follow, please let us know

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Argyll and Bute Health & Social Care Partnership
2020-21 Budget Preparation - Proposed Policy Savings for consultation



Ref	Service Area	Savings overview	Saving 2020-21 estimate £000s
2021-1	Adult Services	Mental Health redesign of dementia services (excludes commissioned services)	200
2021-2		Standardise procurement of food across all sites and expansion in conjunction with Council for early years	69
2021-3		AHP - carry out workforce planning and establishment setting to find efficiencies in posts and realign services provided to match	140
2021-4		Admin & clerical general review. Includes increased use of customer contact centre facilities to drive forward single point of access	145
2021-5		Bring staffing within ECCT teams and Mull Progressive Care Centre into line with best practice elsewhere	85
2021-6		Development of new community hub model - savings not yet quantified	?
2021-7		Review of provisioning of day services and remodel considering options of greater third sector involvement aiming for 10% reduction in cost	200
		Total for Adult Services	839
2021-8	Children & Families	Review maternity arrangements for out of hours and bring within contracted hours	100
2021-9		Review health visitor and school nurse staffing	100
2021-10		Transformation of Social Work admin, increasing use of technology and integration with NHS admin services	93
2021-11		SLA with NHS GG&C for CAMHS service (Fusions)	23
2021-12		Staffing review of social worker and para professional posts to include workload analysis and risk assessment - possible saving of 5 posts	246
		Total for Children & Families	562
2021-13	Commissioned Services	Review of use of services delivered under SLA with NHS GG&C and realign to achieve better value and increased alignment with Strategic plan objectives	100
		Total for Commissioned Services	100
2021-14	Public Health	Removal of health & wellbeing small grant fund	50
		Total for Public Health	50
2021-15	Chief Officer	Investment fund savings - reduce spend on Care & repair by £60k originally funded as short term	60
		Total for Chief Officer	60
2021-16	Clinical Director	Rationalisation of medical services for Dunoon	50
		Total for Clinical Director	50
	Total		1661

We need to find more savings options to bridge our estimated funding gap. We would really appreciate your ideas.

Q6	What suggestions do you have for how the HSCP could make savings or increase income?

Q7	Do you have any additional comments on any matters raised in this consultation?



Thank you for taking time to give us your views.

Please return your completed form to Joanna MacDonald, Chief Officer A&B HSCP, Argyll and Bute Council, Kilmory, Lochgilphead, Argyll, PA31 8RT or contact us on:
nhs.abhscp@nhs.net / Tel: 01436-6555040

Closing date for questionnaires: 28 February 2020

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Engagement Specification

The HSCP recognises the importance of engaging with people and communities. This Engagement Specification is for HSCP managers and teams and provides guidance on the steps to be considered when planning effective engagement with citizens, partners and staff. These steps reflect the approach outlined in the HSCP Engagement Framework and provides a recommended approach to engagement which is based on recognised best practice.



Title of Engagement Activity	Informing communities about budget planning and setting
Lead Officer(s)	Judy Orr
Proposed date(s) and duration	Feb – March 2020

Step 1.	<p>Purpose: Why do I want to engage?</p>	<p>Are the intended outcomes of the engagement clearly understood?</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> ▪ Improving/changing access to services ▪ Understanding service experience ▪ Influencing service change ▪ Informing plans/strategies/policies
<p>The IJB is about to embark on budget setting for the financial year 2020-2021. The purpose of this engagement specification is to ensure communities are fully informed of the processes that will be followed, how they can input their views and how decisions will be made.</p>		

Step 2.	<p>Audience: Who do I want to engage with?</p>	<p>Is a targeted or A&B wide approach required?</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> ▪ People who use health and social care services ▪ People who care for others ▪ Groups with a special interests
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	<ul style="list-style-type: none"> ▪ Partner organisations ▪ Elected representatives ▪ Health and social care staff
<ul style="list-style-type: none"> ➤ The IJB, which encompasses representatives for: <ul style="list-style-type: none"> • Elected representatives • Partners • Staff • Carers • Community representatives ➤ Key partners and suppliers including third sector ➤ The wider community ➤ Staff 	

Step 3.	Level: What does appropriate engagement look like?	Is the level of engagement appropriate and proportionate to achieve the purpose? <i>Prompts:</i>
		Inform Providing information to assist stakeholders in understanding an issue, alternatives, opportunities and/or solutions
		Consult Obtaining feedback to inform development and/or improvement
		Involve Engaging stakeholders in the process, ensuring their concerns and aspirations are listened to, understood and considered. Providing feedback on how their input influenced the decision
		Collaborate Working in partnership with stakeholders, seeking their perspectives and encouraging their ideas and solutions to inform priorities and planning
		Empower Involving stakeholders in shared decision making about strategic priorities and service developments, delivery and monitoring progress.

This engagement will take two forms:

Empower and Collaborate

This level of engagement is serviced by the IJB and their active role in budget planning and setting. It also takes place in the Finance and Policy Committee which has IJB member representation. All of the Senior Leadership Team are fully involved in the budget preparation process and, through engagement with their own teams, ensure that staff are empowered to contribute proposals.

Inform

Key messages should be distilled from strategic decision making processes to enable this

information to be disseminated through a range of channels, e.g. press releases, facebook posts and meeting agenda items.

Step 4.	Approach: How do I maximise stakeholder contributions?	Are the method/tools appropriate for the level of engagement? (information is available on the methods/tools below) <i>Prompts:</i>	
		Inform	Public meeting; Website; newsletter; social media; press article; briefings; presentations; letters
		Consult	Surveys; online questionnaires; Viewpoint
		Involve	stories/case studies; Art in Action; World Cafe; Special Interest Focus Groups; Rich Pictures;
		Collaborate	VOICES_(Visioning Outcomes in Community Engagement tool); KETSO (creative engagement); COPC (Community Oriented Primary Care); Option Appraisals
		Empower	Representative/member on decision-making/approval groups

Empower/Collaborate

Formal business papers for IJB and Finance and Policy Committee.

Development sessions i.e. between IJB quarterly meetings and informal IJB sessions in January and February 2020.

Inform

Key messages issued – January 2020, February 2020 and March 2020.

Step 5.	Support: Have I utilised the expertise/support of others?	Is there expertise and support available to prepare and deliver engagement? <i>Prompts:</i>	
		<ul style="list-style-type: none"> ▪ HSCP Engagement Team ▪ Scottish Health Council ▪ Reference/advisory group in place ▪ Critical friend/sense checking advice 	

Liaison with NHS Highland and Argyll and Bute Council finance colleagues re financial planning assumptions.

Use of Chief Financial Officer Network, NHS Directors of Finance Network, and West of Scotland NHS finance network.

Step 6.	Approval: Do I have the necessary checks & approvals?	Are the governance arrangements clearly articulated and understood by staff initiating engagement? <i>Prompts:</i> <ul style="list-style-type: none"> ▪ Senior level sign-off ▪ Link to agreed governance group
This engagement plan will be signed off by the Finance and Policy Committee and IJB.		

Step 7.	Prepared: Am I ready to engage?	Are all the requirements in place described in an engagement plan? (Engagement Plan templates are available) <i>Prompts:</i> <ul style="list-style-type: none"> ▪ Sufficient timescales ▪ Agreed method ▪ Resources/funding/support ▪ Road testing/pilot approach ▪ Communication plan ▪ Feedback loop determined ▪ Approvals
<p>Engagement to be carried out over 4 week period following IJB on 29 January. Consultation to be available on Council website. Links to it to be provided from NHS Highland website and to be promoted via social media. Approval for consultation to be provided by IJB on 29 January.</p> <p>Report on consultation outcomes to be compiled and presented to IJB along with revised final budget proposals at IJB 25 March 2020.</p>		

THIS DOCUMENT SHOULD BE KEPT FOR YOUR OWN RECORDS.

**A COPY SHOULD BE SENT IN .doc, .docx, OR .pdf FORMAT TO THE
ENGAGEMENT TEAM AT:**

High-UHB.ABHealthImprovement@nhs.net



Integration Joint Board

Agenda Item:

Date of Meeting: 29 January 2020

Title: 2020/21 Social Work Fees and Charges

Presented by: David Forshaw

The board is asked to:

- Review and endorse the appended 2020/21 Social Work Fees and Charges proposals so that the proposals can be submitted to Argyll and Bute Council for ratification at its 2020/21 budget meeting.

1. EXECUTIVE SUMMARY

- 1.1 This report provides details of the proposed annual Social Work fees and charges uplifts for 2020/21. In accordance with normal practice, a standard uplift percentage of 3% has been applied to all of the department's fees and charges with three exceptions which are explained in the detail of the report.
- 1.2 Members are reminded that decisions on changes to the partnership's Non-Residential Care Charging Scheme are reserved to Argyll and Bute Council (the Council) and that members of the IJB are asked to review and, if so minded, endorse the proposed changes to the scheme ahead of a formal submission to the Council's budget 2020/21 budget meeting in to seek ratification for their implementation from April 2020.

2. INTRODUCTION

- 2.1 This report sets out the schedule of proposed fees and charges for Social Work services for the 2020/21 financial year. The detailed list of proposed charges, including the 2019/20 rates for comparison, is attached as appendix 1 to the report.

3. DETAIL

- 3.1 Appendix 1 to this report provides the list of uprated fees and charges for 2020/21 after the application of a 3% annual inflationary uplift – there may be some minor variations due to rounding in the smaller charges.
- 3.2 The following three service areas have increases which exceed the standard 3% uplift, the details of which are provided below:

3.2.1 Local Authority Residential Care Provision (Older People)

Charges for the provision of residential care are based on the budgeted cost of the service for 2020/21 which takes account of a number of factors which result in the costs increasing by more than 3%, such as:

- The combined effect of payroll inflation and staff advancing through the spinal column points in their salary scale; and
- Costs where inflation has been estimated to exceed 3%, including electricity and catering costs where inflation has been assumed at up to 10%.

The result is an overall increase in the charge of 5.9%. The number of people affected will be limited to those who are classed as self-funding, with capital and assets with a value exceeding £28,000 (threshold as at 2019/20 with 10 self-funding clients out of 69 residents in the HSCP's care homes as at 7 January 2020), or other councils with clients placed in the HSCP's care homes. The majority of residents pay substantially less based on their ability to pay as assessed under the National Assistance (Assessment of Resources) Regulations issued by the Scottish Government.

3.2.2 Sleepovers

The 3.6% increase in the sleepover charge is due to the Scottish Living Wage hourly rate, which it is based on, increasing by 3.33% and the effects of rounding in the calculation.

3.2.3 Children and Families Local Authority Residential Care Provision

As above at 3.2.1, the proposed charges for Dunclutha, Shellach View and East King Street reflect the budgeted cost for 2020/21 and are affected by the same payroll and inflationary cost pressures explained previously.

The charges for the three units would only be payable by other councils placing clients in the HSCP's children's houses. None of the children or their families would be charged for the service provided at the three houses.

4. RECOMMENDATION

- 4.1 It is recommended that the proposed rates increases are endorsed by the IJB and the proposals submitted to the Council for ratification at its 2020/21 budget meeting ahead of implementation of the new rates from April 2020.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 The HSCP faces a combination of increasing demand and service costs which is outstripping the funding available to sustain service delivery in its current form. The annual adjustment to fees and charges ensures that

charges remain relevant to service costs which enables the IJB to maintain income at levels proportionate to service costs in order to sustain services and avoid potential service reductions.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

The annual adjustment to fees and charges ensures that charges remain relevant to service costs which enables the IJB to maintain proportionate income levels in order to sustain services and avoid potential service reductions.

6.2 Staff Governance

Updated fees and charges lists will be provided to staff and built into revised 2020/21 versions of the Social Work service's charge calculation templates once the rates have been ratified by the Council.

6.3 Clinical Governance

Not applicable.

7. EQUALITY AND DIVERSITY IMPLICATIONS

7.1 The proposed changes apply equally to everyone who receives a service which the partnership will continue to charge for. Subsequently, there are no anticipated adverse equality or diversity issues arising from this report.

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

8.1 Not applicable.

9. RISK ASSESSMENT

9.1 The key risk arising from the above proposal relates to service users who are unable to afford to pay increased charges. To ensure that charges are levied fairly and that service users are not placed into financial hardship, the Council's Non-Residential Care Charging Policy is reviewed annually in line with changes to state benefits rates and other related guidance issued by the Scottish Government and COSLA – the review for 2020/21 has been delayed due to the December General Election and the resultant delay in the Westminster budget statement and subsequent Scottish Government announcements. In addition, staff are able to signpost service users to local advice services and the Council's Welfare Rights Team to ensure that their benefit entitlements have been maximised and for help and advice with managing their money. Finally, a waivers and abatement procedure is in place which provides service managers with discretion to adjust charges where necessary.

10. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

10.1 Not applicable.

11. CONCLUSIONS

11.1 This report sets out the proposed annual increases to the Social Work fees and charges rates which reflect the increased cost of delivering social care services in Argyll and Bute. Members are asked to endorse the proposals for submission to the Council for ratification at the Council's 2020/21 budget meeting.

12. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Author Name: David Forshaw

Email: david.forshaw@argyll-bute.gov.uk

APPENDIX 1 - 2020/21 PROPOSED SOCIAL WORK FEES AND CHARGES

Charge Description	Other	2019/20				2020/21				Increase		Notes/Comments
		Net £	VAT Rate	VAT £	Gross £	Net £	VAT Rate	VAT £	Gross £	£	%	
Local Authority Residential Care Provision (Community Care) Weekly Charge		1,313.73	Outwith the Scope	0.00	1,313.73	1,391.34	Outwith the Scope	0.00	1,391.34	77.61	5.9%	Increase exceeds 3% as charge has been right-sized to reflect budgeted costs for 2020/21.
Non - Residential Services - Lunch Clubs - per meal		4.40	Outwith the Scope	0.00	4.40	4.50	Outwith the Scope	0.00	4.50	0.10	2.3%	
Non - Residential Services - Telecare - Community Alarms - per week		5.30	Outwith the Scope	0.00	5.30	5.46	Outwith the Scope	0.00	5.46	0.16	3.0%	
Non - Residential Services - Telecare - Care Assist System - per week		4.50	Outwith the Scope	0.00	4.50	4.63	Outwith the Scope	0.00	4.63	0.13	2.9%	
Non - Residential Services - Telecare - Mobile Devices and Monitoring - per week		2.50	Outwith the Scope	0.00	2.50	2.58	Outwith the Scope	0.00	2.58	0.08	3.2%	Roundings take over 3%
Non - Residential Services - Telecare - Canary System - per week		2.00	Outwith the Scope	0.00	2.00	2.06	Outwith the Scope	0.00	2.06	0.06	3.0%	
Non - Residential Services - Home Help - hourly rate		17.96	Outwith the Scope	0.00	17.96	18.48	Outwith the Scope	0.00	18.48	0.52	2.9%	Adjusted to be divisible by 4 to reflect quarter hour visits
Non - Residential Services - Housing Support - hourly rate		17.96	Outwith the Scope	0.00	17.96	18.48	Outwith the Scope	0.00	18.48	0.52	2.9%	Adjusted to be divisible by 4 to reflect quarter hour visits
Non - Residential Services - Employment Support - hourly rate		17.96	Outwith the Scope	0.00	17.96	18.48	Outwith the Scope	0.00	18.48	0.52	2.9%	Adjusted to be divisible by 4 to reflect quarter hour visits
Non - Residential Services -Sleepover Service - per night		100.44	Outwith the Scope	0.00	100.44	104.04	Outwith the Scope	0.00	104.04	3.60	3.6%	Rate increase reflects change in base to match Scottish Living Wage which is a Scottish Government requirement from 2018/19 onwards.
Non - Residential Services -Transport - per day		2.78	Outwith the Scope	0.00	2.78	2.86	Outwith the Scope	0.00	2.86	0.08	2.9%	Adjusted to be divisible by 2 to enable one-way charging
Non - Residential Services -Elderly Day Care - hourly rate		8.80	Outwith the Scope	0.00	8.80	9.08	Outwith the Scope	0.00	9.08	0.28	3.2%	Adjusted to be divisible by 4 to reflect quarter hour visits
Non - Residential Services -Learning Disability Resource Centre Service - hourly rate		23.32	Outwith the Scope	0.00	23.32	24.00	Outwith the Scope	0.00	24.00	0.68	2.9%	Adjusted to be divisible by 4 to reflect quarter hour visits
Provision of Occupational Therapy Consultation - Per assessment/consultation		244.55	Outwith the Scope	0.00	244.55	251.89	Outwith the Scope	0.00	251.89	7.34	3.0%	
Provision of Professional Services - Per Community Care Assessment/ Consultation		613.00	Outwith the Scope	0.00	613.00	631.39	Outwith the Scope	0.00	631.39	18.39	3.0%	
Provision of Professional Services - Full needs assessment only		465.40	Outwith the Scope	0.00	465.40	479.36	Outwith the Scope	0.00	479.36	13.96	3.0%	
Provision of Professional Services - Needs Review only		170.20	Outwith the Scope	0.00	170.20	175.31	Outwith the Scope	0.00	175.31	5.11	3.0%	
Children & Families - Local Authority Residential Care Provision: Dunclutha (weekly charge)		170.20	Outwith the Scope	0.00	2,079.96	2,146.89	Outwith the Scope	0.00	2,146.89	66.93	3.2%	Charge levied to other HSCPs/Councils buying places from Argyll and Bute.
Children & Families - Local Authority Residential Care Provision: Shellach View (weekly Charge)		170.20	Outwith the Scope	0.00	1,886.96	2,000.69	Outwith the Scope	0.00	2,000.69	113.73	6.0%	Charge levied to other HSCPs/Councils buying places from Argyll and Bute.
Children & Families - Local Authority Residential Care Provision: Helensburgh (weekly Charge)		170.20	Outwith the Scope	0.00	1,898.39	1,972.27	Outwith the Scope	0.00	1,972.27	73.88	3.9%	Charge levied to other HSCPs/Councils buying places from Argyll and Bute.
Children & Families - Other Charges - Inter Country Adoptions		6,425.55	Outwith the Scope	0.00	6,425.55	6,618.32	Outwith the Scope	0.00	6,618.32	192.77	3.0%	
Inter-Authority Substitute Family Care Placements: Within Scotland	In line with British Association of Adoption and Fostering (BAAF) recommended figures		Outwith the Scope				Outwith the Scope					In line with British Association of Adoption and Fostering (BAAF) recommended figures.
Inter-Authority Substitute Family Care Placements: Elsewhere - 1 child	In line with British Association of Adoption and Fostering (BAAF) recommended figures		Outwith the Scope				Outwith the Scope					In line with British Association of Adoption and Fostering (BAAF) recommended figures.
Inter-Authority Substitute Family Care Placements: Elsewhere - 2 children (siblings placed together)	In line with British Association of Adoption and Fostering (BAAF) recommended figures		Outwith the Scope				Outwith the Scope					In line with British Association of Adoption and Fostering (BAAF) recommended figures.

Charge Description	Other	2019/20			
		Net £	VAT Rate	VAT £	Gross £
Inter-Authority Substitute Family Care Placements: Elsewhere - 3 children (siblings placed together)	In line with British Association of Adoption and Fostering (BAAF) recommended figures		Outwith the Scope		
Hostel Charges - Room hire - children's hearing - half day		21.95	Exempt	0.00	21.95
Hostel Charges - Room hire - children's hearing - Full day		36.65	Exempt	0.00	36.65
Hostel Charges - Room hire - half day		36.65	Exempt	0.00	36.65
Hostel Charges - Room hire - full day		65.90	Exempt	0.00	65.90
Hostel Charges - Catering: Tea, Coffee and Biscuits		2.67	Standard	0.53	3.20
Hostel Charges - Catering: Soup and Sandwiches		5.21	Standard	1.04	6.25
Hostel Charges - Catering: Lunch (2 course with coffee)		7.96	Standard	1.59	9.55
Hostel Charges - accommodation - Argyll & Bute Council - Bed & Breakfast		30.54	Standard	6.11	36.65
Hostel Charges - accommodation - Argyll & Bute Council - Half Board		42.83	Standard	8.57	51.40
Hostel Charges - accommodation - Other Groups - Bed & Breakfast		30.54	Standard	6.11	36.65
Hostel Charges - accommodation - Other Groups - Half Board		42.83	Standard	8.57	51.40
Hostel Charges - accommodation - Other Groups - Full Board		48.92	Standard	9.78	58.70

Net £	VAT Rate	VAT £	Gross £	Increase		Notes/Comments
				£	%	
	<i>Outwith the Scope</i>					In line with British Association of Adoption and Fostering (BAAF) recommended figures.
22.60	Exempt	0.00	22.60	0.65	3.0%	
37.75	Exempt	0.00	37.75	1.10	3.0%	
37.75	Exempt	0.00	37.75	1.10	3.0%	
67.90	Exempt	0.00	67.90	2.00	3.0%	
2.75	Standard	0.55	3.30	0.10	3.1%	
5.38	Standard	1.08	6.45	0.20	3.2%	
8.21	Standard	1.64	9.85	0.30	3.1%	
31.46	Standard	6.29	37.75	1.10	3.0%	
44.13	Standard	8.83	52.95	1.55	3.0%	
31.46	Standard	6.29	37.75	1.10	3.0%	
44.13	Standard	8.83	52.95	1.55	3.0%	
50.38	Standard	10.08	60.45	1.75	3.0%	



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Item 10

Date of Meeting: 29th January 2020

Title of Report: Dementia Services Redesign

Presented by: **Caroline Cherry-Head of Service, Older Adults and Community Hospitals**
Julie Lusk-Head of Service, Mental Health, Learning Disability and Lifelong Conditions

The Integration Joint Board is asked to:

- **Note the extensive work carried out by the Dementia Redesign Group to focus on future service provision and pathways.**
- **Approve the recommendation of an Enhanced Community Dementia Team model as the further redesign of dementia services, made by the Transformation Board and SLT with a view to formal agreement in March 2020.**
- **Discuss the future governance of this work.**

1. EXECUTIVE SUMMARY

- 1.1 This paper reflects the work of the Dementia Services Review Group with a focus on the re-design of dementia services across the Health and Social Care Partnership to meet the challenge of the growth of people experiencing dementia and the impact on carers, communities and services.
- 1.2 This paper sets out a re-distribution of our assessment, treatment and care from one in-patient assessment resource for the whole area, to an enhanced specialist community resource within our localities.
- 1.3 The recommended option, following a review of care models and SWOT analysis, is to re-align our services and resources by having Enhanced Community Dementia Teams in each locality with referral to out of area specialist inpatient facilities when required (excluding Helensburgh and Lomond). This re-alignment, enhancing existing specialist community based dementia services, contains a recommendation within it to de-commission Knapdale Ward as a consequence of this redesign.
- 1.4 The rationale for this recommendation and service redesign is described below. This recommendation was agreed by the Transformational Board on the 7th December 2019.
- 1.5 It is out with the remit of the Board to revisit all the options but the rationale for the recommended option will be fully outlined. All options

considered in the SWOT analysis are outlined in **Appendix 1** whilst the role and remit of the Dementia Redesign Group is attached at **Appendix 2**.

- 1.6 Finally given the cross care group and geographical re-design implications, there is a need for the Dementia Redesign group to be reviewed and formalised in its role, function and future membership in order to implement agreed changes in a formal work plan over time.

2. INTRODUCTION

- 2.1 It is recognised that as the population lives longer the prevalence of dementia will increase. It is estimated that in 2014 there were 16,712 individuals newly diagnosed with dementia in Scotland. By 2020, this number is estimated to increase by 17% to 19,473 (see table 1 below).
- 2.2 The age group with the most estimated diagnosis of dementia appears to be 80-84 year olds (Scottish Government. 2016). Given that Argyll & Bute's population of adults aged over 75 set to rise by 30% by 2026 it is necessary to ensure that our dementia services are being delivered as efficiently and effectively as possible in order to meet this increase in demand. It is also necessary to ensure we work to the ethos of the national strategy and evidenced based practice.
- 2.3 Scotland is nearing the end of the third national strategy on dementia 2017-2020. The strategy notes:

“Our shared vision is of a Scotland where people with dementia and those who care for them have access to timely, skilled and well-coordinated support from diagnosis to end of life which helps achieve the outcomes that matter to them.”

The emphasis within this strategy continues to be early diagnosis and flexible responses for people on their dementia journey whatever their stage in life.

Our local developments need to reflect progress against the strategic vision for dementia care.

Projected Number of individuals Diagnosed 2020

	Total	Under 60	60- 64	65- 69	70- 74	75- 79	80- 84	85- 89	90+
Scotland	19,473	267	381	861	2,170	3,460	4,876	4,503	2,954
Ayrshire & Arran	1,558	17	29	68	177	289	393	359	227
Borders	525	5	10	23	61	97	135	117	77
Dumfries & Galloway	725	6	12	30	78	134	184	169	111
Fife	1,405	18	27	62	166	262	353	311	206
Forth Valley	1,087	15	21	49	127	203	282	241	150
Grampian	2,009	30	40	92	230	346	494	464	312
Greater Glasgow & Clyde	3,703	58	78	164	390	627	928	894	562
Highland	1,399	15	26	62	159	258	347	316	216
Lanarkshire	2,222	32	47	105	253	409	572	504	299
Lothian	2,790	46	56	123	308	482	681	645	449
Orkney	99	1	2	4	10	19	26	21	16
Shetland	87	1	2	4	10	17	21	19	14
Tayside	1,730	20	30	69	185	294	429	412	291
Western Isles	133	1	2	5	14	22	33	31	23

Source: ISD Dementia Prevalence rates 2014-2020

<https://www.gov.scot/publications/estimated-projected-diagnosis-rates-dementia-scotland-2014-2020/pages/7/>

- 2.4 It has been acknowledged within Argyll & Bute Health & Social Care Strategic Plan for 2019 – 2022 consultation documents that due to the increasing financial constraints we are unable to fully satisfy the public's current expectations of care. In the landscape of an ageing population and increasing health and social care demands, the HSCP is required to

look at alternative ways to deliver care, utilising staff, buildings and money as efficiently as possible.

Historically dementia assessment and care in Argyll & Bute has been delivered via an inpatient model and those with advancing dementia or experiencing distress within their illness were admitted to the Argyll & Bute Hospital in Lochgilphead. In 2010, in response to the changes in national policy, small community dementia teams were established in each locality in order to provide increased community support. The core business of the teams is to support self-management and early diagnosis. The impact of these teams has been shown by the year on year reduction in demand for dementia inpatient beds locally however they are significantly stretched and there is an evidenced level of significant unmet need.

3. DETAIL OF REPORT

3.1 Scoping Need and Demand

Post diagnostic support for dementia following diagnosis remains a HEAT (Health Efficiency Activity Target) and NHS Boards are measured on timescales for post diagnostic support being offered. Argyll and Bute have not met the HEAT targets on post diagnostic support for many years.

There is still a lot work to be done around ensuring that those diagnosed with dementia are given access to post diagnostic support services. Figures published by the Scottish Government show that in Highland only 32.5% of those diagnosed in 2016/17 were subsequently referred for post diagnostic support. A comparison of caseloads of the community teams and inpatient unit showed that demand for community services have increased year on year whilst demand for inpatient care has decreased. However as the current community teams were not set up to provide crisis support, nor have capacity to offer this, it would appear that there will be a continuing need to provide inpatient support during times of crisis until community team establishments are increased. This demonstrates unmet need within the community which will only rise in time.

Although there is no comparable data for dementia rates per locality the Alzheimer Scotland dementia diagnosis estimates for 2017 show:
Argyll & Bute – 1982 (total for four localities including Helensburgh)
<https://www.alzscot.org/campaigning/statistics>

3.2 Current Use of Inpatient Dementia Assessment Beds

Knapdale Ward, the inpatient assessment ward based in Lochgilphead, has 3 adults in situ at present. These adults were never intended to remain long term within the ward.

All adults are delayed in their discharge. Intensive social work assessment is now in place to find appropriate placements. All

placements will be out of area. Families are aware of a changing model but will be updated on any developments. The ward could not be decommissioned until all 3 adults are placed appropriate to their needs.

The admission rate is 1.5 per month over 3 years. This is in the context of a lack of fully functioning enhanced community teams.

Inpatient treatment should be considered when all other treatment options have been exhausted; the risks of admitting someone with dementia to hospital are well documented. In their publication “Ensuring a Human Rights Based Approach for People Living with Dementia” the World Health Organisation state:

“In many countries people living with dementia are often physically and chemically restrained, even when regulations are in place to uphold their rights.”

When a decision to admit a person to the local inpatient unit the person will be placed in a secure environment. The Scottish Health Service Cost Book (<https://www.isdscotland.org/Health-Topics/Finance/Costs/Detailed-Tables/Speciality-Costs/Long-Stay-Specialties.asp>) reported that Knapdale ward had the highest pharmacy cost of all dementia units in Scotland for 2017/18. It also reported a cost per occupied bed day for Knapdale of £908, again the highest costing dementia bed in Scotland. There are 15.49 WTE staff in Knapdale (a mixture of registered and non - registered nursing staff) Initially, following organisational policy, all staff would be offered opportunities to be redeployed within community teams with awareness that a skills development plan to support this transition will be required. There will be 16 new posts within the community which should ensure redeployment for in patient ward staff. However the geographical spread of community teams will present understandable challenges to staff relocation and a plan to support this change process for staff will need to be put in place.

3.3 The Case for Change: Enhanced nurse led community dementia team with referral to out of area specialist inpatient facilities when required and the planned de-commissioning of Knapdale Ward

The process of and case for change is outlined. There was unanimous agreement within dementia short life working group that services have to change to meet demand. A high level process mapping exercise was undertaken to identify issues and bottle necks within current pathway.



A & B Dementia
Pathway Process Map

Transforming Specialist Dementia Hospital Care – Government commissioned report outlining criteria for admission to dementia units.



Transforming
Specialist Dementia H

01 February 2018 to 31 January 2019 there were 2 routine admissions and 2 planned transfers for Inpatient assessment. This would indicate that less than 0.3% of the population of those diagnosed with dementia in Argyll & Bute required access to a specialist inpatient unit.

Recognition of risks associated with hospital admission for those living with dementia

Reducing demand for Inpatient assessment service

Increasing demand for Community dementia services

Oban Lorn & Isles Dementia Team	MAKI Dementia Team	Cowal & Bute Dementia Team
Jan 2019 Caseload – 284 (44 pre- diagnosis) ↑ 54 since 07/17 (19%) <u>Staffing</u> CPN = 1 WTE Dementia OT = 0.8 WTE Alz Link Worker = 2 WTE	Jan 2019 Caseload – 322 ↑ 146 since 07/17 (45.3%) <u>Staffing</u> CPN = 1 WTE Dementia OT = 0.8 WTE (15 hrs vacant Kintyre) Alz Link Worker = 1.3 WTE	Awaiting Caseload Data <u>Staffing</u> CPN = 1WTE Dementia OT = 1 WTE Alz Link Worker = 2 TBC
Total MAKI & OLI	606	
Total Staffing	CPN = 2 WTE Dementia OT = 1.6 WTE Alz Link Worker = 3.2 WTE	

The Inpatient Assessment Ward temporarily closed to admissions since February 2018, for safety of staff and patients. No alternative service model was identified. There is no crisis response service within community to avoid admission to hospital. There is a lack of training, education and support for formal and informal carers as no capacity within existing community dementia teams. Moreover there remains a chronic challenge with recruitment within medical and nursing staff. There is a need to create progressive posts within a contemporary model of care in order to attract personnel to remote and rural areas.

3.6 Detail of the Approach

The enhanced community team option is modelled on the success of NHS Shetlands dementia team nurse based enhanced community service but also follows strategic drivers and evidence based practice.

In scoping dementia redesign activity within other health boards in Scotland the Alzheimer Scotland Clinical Nurse Specialist working in NHS Shetland reported that they currently work within a nurse led dementia service. The service comprises of two specialist dementia nurses working to an advanced nurse practice model. For those requiring a diagnosis, they take referrals for dementia assessment from GPs, hospital consultants and ANPs. They assess, arrive at preliminary diagnoses, and discuss with a Consultant Psychiatrist in Aberdeen via video-link. As a team, they formalise the diagnosis and agree a treatment plan. The nurses are both prescribers, so are able to commence cognitive-enhancing medication. They report swift times from referral to diagnosis, and increasing numbers of new referrals/diagnoses. They have a specific post-diagnostic service (part of a Scottish pilot project), comprising an OT and a post-diagnostic support worker and work closely with them, referring their patients to them.

The nurses also run a rapid-response service to address behavioural symptoms associated with dementia. This utilises advanced nurse practice including prescribing of psychoactive meds, and consultant psychiatrist input if needed. This has been very successful. Shetland does not have a dementia inpatient unit, and have had no admissions to hospital in Shetland for dementia related reasons for around two years, and no off-island transfers to mental health inpatient facilities for a similar timeframe.

Shetland also achieved a 72.0% post diagnostic support referral rate as opposed to Highlands 32.5%

The population in Shetland is 23,080 and could be equated to most Argyll & Bute localities in population size:

Cowal & Bute = 20,473

Oban Lorn & Isles = 19,996

Mid Argyll Kintyre & Islands = 20,177

Helensburgh = 26164

<https://www.argyll-bute.gov.uk/info/population-where-we-live>

The Model for the Future

It is a nurse led model of **Community Enhanced Dementia Team** supported by 1 WTE Psychiatrist for Argyll & Bute. There has been a reliance on locum Psychiatrists to provide specialist dementia input for a number of years. This has proved not only costly but de-stabilising for patients and staff. A nurse led model would reduce the reliance on a Psychiatrist for simple diagnosis and prescribing. The model would also create an exciting and rewarding career pathway for a mental health nurse

with a special interest in dementia care. Similarly, although community teams for older adults will be supporting many adults with dementia in the community, a social work focus within a specialist dementia service can support a clear crisis response and multi-disciplinary working.

It has been identified that there is a lack of crisis response and dementia education within the community setting including our care homes. The enhanced community teams would have the flexibility to provide this support. In addition, as part of the model links with developing dementia friendly initiatives in our communities, well established in other parts of Scotland and part of the national strategy, will take place over time. Our response to living with dementia goes beyond a clinical service response. Further work is required to support to further develop community services in line with further redesign of older adult day services.

By enhancing the community team establishments allowing capacity to build a crisis response element to the service with an education remit it would be expected that the current demand for inpatient care would further reduce.

Each team will be led by an Advanced Nurse Practitioner. This member of staff will have the authority to diagnose in less complicated cases and prescribe cognitive enhancers as well as psycho active medication when required. This would reduce the reliance on Psychiatry allowing for 1 WTE Psychiatrist to support all of the teams and provide supervision when complex diagnosis and presentations arise. This is exactly in line with using our resources to the optimum capacity.

Three fully functioning teams are recommended within 3 localities with further refinement on the function.

The team would be one fully integrated team but two components are illustrated below. The exact staff and skill mix needs further refinement by the Dementia Redesign Steering Group.

Enhanced Community Dementia Team

Dementia Clinic Section

Consultant Psychiatrist
Advanced Nurse Practitioner
(MH)
Senior Community Psychiatric
Nurse
Admin (shared)

Post Diagnostic Support Section

Occupational Therapist
AS Link Worker 2 per team
Band 3 Post Diagnostic Support
Worker
Social Worker
Admin (shared)

The Dementia Clinic Section

This part of the team would be responsible for assessment, diagnosis, prescribing of cognitive enhancers and monitoring. They would also lead on crisis prevention and intervention. The ANP in each locality would co-ordinate their diaries to ensure minimal conflicts with each other in order to provide a timely response if a sudden or emerging crisis arose within a community setting. Each team will be led by an Advanced Nurse Practitioner. This member of staff will have the authority to diagnose in less complicated cases and prescribe cognitive enhancers as well as psycho active medication when required. This would reduce the reliance on Psychiatry allowing for 1 WTE Psychiatrist to support all of the teams and provide supervision when complex diagnosis and presentations arise. This is exactly in line with using our resources to the optimum capacity.

Post Diagnosis Support Section

Once the person has received their diagnosis they will then be directly referred internally to the PDS service. This service will provide support with care planning, advice, sign posting, Power of Attorney, peer support, education, cognitive stimulation, social prescribing and carer identification and support. Social work roles would act as a key link with mainstream community teams, identifying and minimising crisis and linking to adult community teams for ongoing care management when required. This role has been tested within Dementia Teams in other parts of Scotland.

The existing teams would remain in situ whilst being part of a wider service. This would reduce variance in practice around Argyll & Bute and allow for cross locality working when required. Each team will be led by an Advanced Nurse Practitioner. This member of staff will have the authority to diagnose in less complicated cases and prescribe cognitive enhancers as well as psycho active medication when required. This would reduce the reliance on Psychiatry allowing for 1 WTE Psychiatrist to support all of the teams and provide supervision when complex diagnosis and presentations arise. There is no local 24hr staffed bed option. Where an emergency bed is required this would be provided within existing locality based services with in-reach support from the enhanced dementia team during normal working hours. As detailed in the Knapdale admission information, 62% of admissions were from another hospital environment. This option would reduce the risk of transitioning someone living with dementia to yet another hospital environment and instead, would bring the specialist support to the adult.

Argyll and Bute will be working with GGC to confirm the future pathway for specialist assessment and this will be concluded once this process is complete.

4. RELEVANT DATA AND INDICATORS

4.1 Noted in 3.1.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 This forms part of mental health redesign work but also supports the development of effective community services for older adults.

5.2 This work underpins the main strategic aim of the Partnership, to support adults to remain living well at home within their own communities.

6. GOVERNANCE IMPLICATIONS

6.1 The imperative of this redesign is to get the right support to the adult at the right time. **Appendix 3** highlights the budget breakdown and costs associated with the potential new model as opposed to the existing model. Costs are indicative and need further refinement however there are anticipated efficiencies.

6.2 As part of the Transformational work streams, the options appraisal was discussed and an agreed option was recommended in December 2019.

6.3 This paper went to the Senior Leadership Team for discussion in January 2020.

6.4 This paper went to the Staff Liaison Group in January 2020

6.5 Staff Governance

This paper went to the staff liaison group in January 2020. Further discussion with existing staff affected is required.

6.6 Clinical Governance

The Dementia Redesign Group will be reformed with an explicit terms of reference, role and remit. It will report to the Mental Health Redesign Steering Group.

7. PROFESSIONAL ADVISORY

The professional leads are supportive of a remodelling of how dementia care is delivered in Argyll & Bute and an enhanced community model of care in line with the aspiration of the Dementia Strategy and our Strategic Plan.

They recommend strong professional leadership involvement in the implementation phase to include risk identification and mitigation, workforce modelling and establishment settings in line with service delivery needs.

8. EQUALITY & DIVERSITY IMPLICATIONS

EQUIA is attached.



Dementia Redesign
EQIA Draft 2 (1).docx

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Not relevant.

10. RISK ASSESSMENT

Risks are outlined in the SWOT analysis, see **Appendix 1**. There are risks associated with the transition period, sourcing Advanced Nursing Practitioners and ensuring effective skills development. These risks can be mitigated in part by a detailed implementation plan.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The working group included the views of carers.

It is proposed that a formal consultation should take place between the January and March Board seeking views on the proposed changed model using the agreed IJB consultation process.

12. CONCLUSIONS

The dementia short life working group undertook an options appraisal to determine the preferred option for the future of dementia care in Argyll and Bute. Currently, the HSCP is not meeting post diagnostic targets, there is no effective pathway or service response other than diagnosis or referral to Knapdale for assessment.

The enhanced community dementia team emerged as the most appropriate service for the future of dementia care delivery within Argyll and Bute. This genuinely shifts the model of care to supporting adults with dementia within their own localities. However this needs embedded within developing pathways.

As a result the Transformation Board accepted the recommendation which includes the planned de-commissioning of Knapdale Ward.

IJB is asked to support the recommendation and proceed to next stage of stakeholder and public engagement on the preferred model to inform the final delivery model with all stakeholders. It is acknowledged that more detail is required on the model and this will be developed by the Dementia Services Redesign Group.

The Dementia Services Redesign Group is recommended as the vehicle to plan implementation of any future model and that the membership, role and remit of this group be fully reviewed to implement the proposed changes.

13.DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Authors Name:

Caroline Cherry-Head of Service, Older Adults and Community Hospitals

Nicola Gillespie-Local Area Manager, Mental Health

Lora White-Dementia Specialist Improvement Lead

Email caroline.cherry@argyll-bute.gov.uk

APPENDICIES

Appendix 1

SWOT Analysis of all options considered

Option 1 Retain Existing Model of Care with reduction to 3 Inpatient Assessment Beds

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">• Reduced cost	<ul style="list-style-type: none">• No community team development• Lack of admission criteria - increased risk of avoidable admissions• Risk to patients in a hospital environment i.e. infection, falls.• Several highly distressed patients confined in a small area.• Majority of patients out with their own locality• Limited ability to recognise physical illness – no RGNs• Risk of delay in discharge• Ward environment not focussed on enabling – no patient kitchen, patterned floor covering, locked doors....• Reduced demand for service• High cost associated with agency nursing staff/locum psychiatry cover.• Inefficient• Centralised service• Lack of integration with wider health and social care systems• No local specialist inpatient service

OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Develop robust admission/discharge criteria 	<ul style="list-style-type: none"> • Recruitment and retention of appropriately skilled Medical and Nursing Staff <ul style="list-style-type: none"> • National and local policy moved toward community based models of dementia care. • National recognition of limited need for inpatient treatment. • Lack of care home provision and timely access to care packages in Mid Argyll • No community based crisis response to prevent avoidable admissions

OPTION 2 - Enhanced Nurse Led Community Team – with inpatient provision (2 beds) located within existing adult services, staffed by RMN/HCA 24/7 for short term safety and stabilisation – SLA for longer term Specialist Dementia Inpatient Care with NHSGGC

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Local beds for emergency short term care • Phased approach to change • Investigations completed as inpatient – CT, ECG, bloods. • Patients have access to a local specialist dementia service at all stages of illness • Service is flexible to changing needs of population • Enhanced service has capacity to provide education and training to stakeholders • Clear roles for staff allowing right care at the right time • Enhanced career pathway for nurses • New roles and opportunities • Reduced reliance on psychiatry – cost effective • Reduced waiting time for non-complex diagnosis • Reduced waiting time to start treatment and access post diagnostic support • Enhanced communication pathway for all stakeholders in care • In reach service will provide support for care homes, care at home and local hospitals. • Enhanced support to facilitate a more rapid discharge from 	<ul style="list-style-type: none"> • If care home beds ?Quality of care staff • Out of area specialist beds leading to increased travel (excl Cowal & Bute) • Approximately 2 years to train an Advanced Nurse Practitioner • Cost associated with staff up skilling • Risk of delay in discharge leading to lack of bed availability for unmanageable crisis in the community. • Major service change – anxiety in public and staff • Inequalities with bed availability (centralised service) • No local specialist inpatient service

<p>acute care.</p> <ul style="list-style-type: none"> • No requirement for out of area referral for short term treatment • Clear pathways of care, swifter access to appropriate service • Improved access • Improved staff competence and skill • Optimising resources 	
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • New roles • Greater collaboration with provider partners in both primary, secondary care and the independent sector • Improve recruitment and retention by providing an enhanced career pathway for staff within a developing service. • Enhance public confidence in service • Relocate • Redesign • Bring services in line with local and national policy • Reduce hospital admissions • Provide human rights based care • Attract highly skilled, ambitious practitioners • Provision of skilled therapeutic interventions 	<ul style="list-style-type: none"> • Financial constraints in NHS and beyond • Recruitment and retention of appropriately skilled Medical and Nursing Staff • National and local policy moved toward community based models of dementia care. • Lack of care home provision and timely access to care packages in Mid Argyll • Staff stress • Capacity to support inpatient admission within existing acute inpatient services

Option 3 - Enhanced Nurse Led Community Team Only with SLA for longer term Specialist Dementia Inpatient Care with NHSGGC

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Skill mix • Community focus • Enhanced teams • Specialised care • Appropriate environment • Reduced length of stay in hospital/cost effective • Enhanced career pathways • New roles and opportunities • Equitable service throughout Argyll and Bute • Service has capacity to provide education and training to stakeholders • Clear roles for staff allowing right care at the right time • Enhanced career pathway for nurses • New roles and opportunities • Reduced reliance on psychiatry – cost effective • Reduced waiting time for non-complex diagnosis • Reduced waiting time to start treatment and access post diagnostic support • Enhanced communication pathway for all stakeholders in care • Community based crisis response – reducing inappropriate admission to hospital 	<ul style="list-style-type: none"> • Idealistic • ?Not reality based • Major service change • Anxiety in public/staff • Out of area specialist beds leading to increased travel (excl Cowal & Bute) • Approximately 2 years to train an Advanced Nurse Practitioner • Cost associated with staff up skilling • No local 24hr mental health supported care • Requirement for out of area referral for short term inpatient treatment • Reduced access to inpatient services

<ul style="list-style-type: none"> • In reach service to provide support for care homes, care at home and local hospitals. • Enhanced support to facilitate a more rapid discharge from acute care. • Clear pathways of care, swifter access to appropriate service • Improved access to community based services • Improved staff competence and skill • Optimising resources 	
OPPORTUNITIES	THREATS
<p>Social Worker added to team Closer working with TEC enabled care Mixed speciality (RCP view) New roles Greater collaboration with provider partners in both primary, secondary care and the independent sector Enhance public confidence – higher visibility of service Services in line with national direction Skilled person centred therapeutic interventions.</p> <ul style="list-style-type: none"> • Improve recruitment and retention by providing an enhanced career pathway for staff within a developing service. • Relocate • Redesign 	<p>Recruitment and retention of appropriately skilled Medical and Nursing Staff</p>

- Reduce hospital admissions
- Provide human rights based care
- Attract highly skilled, ambitious practitioners
- Provision of enhanced support for carers

Option 4 - Development of Knapdale Ward to provide Inpatient Assessment/Respite/Day Care/Outpatients/Information Hub & Community Team Base. Development of Enhanced Community Teams

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> Planned Admissions Joined up concept (Strengths of enhanced community team element captured in previous options) 	<ul style="list-style-type: none"> Stepping back in service delivery (NHS day care/respite) Knapdale unsuitable layout and design for a dementia unit Very busy environment if all services accommodated Uni-professional approach to inpatient/day service/respite No identified access to specialist dementia unit No data/evidence to back suggested bed numbers
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> ?Government funding (no clarity on what this means) 	<ul style="list-style-type: none"> Cost Recruitment Lack of identified need for inpatient assessment service

Appendix 2

Remit of the Mental Health and Dementia Services Development Steering Group



TERMS OF REFERENCE

Meeting Title: Mental Health and Dementia Services Development Steering Group

Meeting Remit

As directed by the Argyll and Bute Service Transformation Board, ensure the progression and delivery of transformational change, and redesign of the mental health and dementia services.

This will be achieved by providing:

- Development and implementation of Argyll and Bute's mental health and dementia services strategy.
- Recommendations for change to the Service Transformation Board
- Support for the redesign and development of Mental Health and Dementia services within Argyll and Bute.
- Accountability to the Service Transformation Board
- Supporting the resolution of any HR or organisational change issues.

The work plan will include:

- Monitoring delivery of savings and best value in line with the Quality & Finance Improvement Plan
- The review and future development and implementation of the Community Mental Health Teams within Argyll and Bute.
- The review and future development and implementation of Mental Health in patient services.
- Supporting the statutory requirement of MHO duties within the services.
- Consideration of educational needs with the services
- The review and future development of dementia care in Argyll and Bute, including in patient and community services.
- To be responsible and accountable for the allocation of new resources to mental health services in Argyll and Bute.
- Supporting and approving the application of PDSA improvement methodology to the development of these services.
- Determine method of engagement for service users and carers

The steering group will direct and support this work, via locality implementation/short life working groups.

- Mental Health Inpatients (Nicola Gillespie)

- **Community Mental Health Review (Gillian Davies)**
- **Dementia Inpatient & Dementia Community Services (Lora White/Mhairi Will)**
- **Psychological Therapies (Lucia Swanepoel / Ishbel Dumughn)**
- **Transition to Mental Health Services (Maggie Young / Karen Campbell)**

•
The Steering Groups will achieve the above by building on positive relationships, effective, open and honest communication.

The Mental Health & Dementia Steering Group will adhere to the HSCP Values of “CIRCLE”.

We will demonstrate these shared values through the following agreed expectations for the meetings:

- **Start and end meetings on time.**
- **Stay on track**
- **Listen to others and don't interrupt-you will have a chance to speak.**
- **Accept that there will be differences of opinion.**
- **Show mutual respect.**
- **Leave egos at the door.**
- **Challenge ideas, not individuals.**
- **Be free to speak without fear of reprisal.**
- **Encourage contribution of the whole team.**
- **Do what you say you will do.**
- **Keep appropriate confidences.**
- **Make decisions based on clear and accurate information.**
- **Make decisions based on an integrated approach to care.**
- **Silence is viewed as agreement.**

Reporting and Accountability

Argyll and Bute HSCP Adult Services Management Team
Argyll and Bute HSCP SLT.
Argyll and Bute HSCP IJB.
Argyll and Bute Service Transformation Board

Membership	
Designation	Name
Interim Head of Service & Professional Leadership-Social Work (Exec Lead)	Phil Cummins
Locality Manager- MAKI & Mental Health (Chair)	Donald Watt
Head of Adult Services West	Lorraine Paterson
Professional Leadership -Nursing	Liz Higgins
Professional Leadership-AHP's	Carrie Hill
HR -Council	Jo McDill
HR-Health	Trudy Kennedy

Staff side-Health	Fiona Broderick
Staff side-Council	
Finance-Health/Council	Denise McDermott
Consultant Nurse Mental Health	Gillian Davies
LAM-Mental Health	Nikki Gillespie
LAM – Mid Argyll (Knapdale)	Kate MacAulay
LAM – Cowal & Bute	Jane Willaims
Alzheimers Scotland	Sarah Burgess
Acumen	Rachel McLean
Clinical Lead	Dr Tammy Burmeister
Clinical Nurse Specialist	Mhairi Will
Psychological Therapies	Lucia Swanepoel / Ishbel Dumughn
Advanced Nurse Clinical Education	Wendy O’Ryan
Practice Education Facilitator	Lora White
Alzheimer Scotland Dementia Nurse Consultant	Ruth Mantle
CAMHS Team Lead	Maggie Young
Mental Health Officer	Jacq Osborne / Julie Cameron
Service Improvement Officer	Colin Willis
Scottish Care Integration Lead	Margaret McGowan
Scottish Care Integration Lead	Janice Cameron

Quoracy

A minimum of six members in attendance

Agenda Setting

1 week before meeting.

Administrative Arrangements

Cheryl Stewart

Work Programme

Date	Regular Business	Special Items

Date TOR Agreed:

Review Date:

Appendix 3

Financial Information

	Existing Funded Establishment		Enhanced Community Dementia Team	
Inpatient Service - 12 Beds Knapdale Ward, Mid Argyll Hospital	Wte	£	Wte	£
Psychiatric Nursing	9.80	480,000		
Health Care Assistants	12.25	430,000		
	22.05	910,000		
Medical				
Consultant Psychiatry	1.00	140,000		
	1.00	140,000		
Community Dementia Service				
Psychiatric Nursing	3.00	150,000		
Occupational Therapy	2.52	130,000		
	5.52	280,000		
Alzheimer Scotland Link Workers	6.00	200,000		
	6.00	200,000		
Dementia Clinical Function				
Consultant Psychiatry			1.00	140,000
Psychiatric Nursing			6.00	350,000
Total Memory Clinic			7.00	490,000
Post Diagnosis Support Function				
Occupational Therapy			3.00	160,000
Social Worker (incl. Travel)			3.00	155,000
Health Care Assistants			9.00	280,000
Alzheimer Scotland Link Workers			6.00	200,000
Admin			1.00	30,000
Total Post Diagnosis Support Team			22.00	825,000
IT				5,000
Travel		20,000		30,000
Total Non Pays Costs		20,000		35,000
Total	34.57	£ 1,550,000	29.00	£ 1,350,000

Total Existing Funding		£ 1,550,000		£ 1,550,000
Remaining Budget		£0		£ 200,000

Analysis excludes potential protected earnings costs arising from closure of Knapdale Ward

Notes

Potential Costs of Out of Area Dementia Inpatient Referrals to NHS Greater Glasgow and Clyde for Information				
GG&C Cost per Inpatient Bed Day	Based on Average Length of Stay (Weeks)	Cost per Admission	No. of Admissions per Annum	Cost
£		£		£
350	8	£ 19,600		
			6	£ 117,600
			8	£ 156,800
			10	£ 196,000

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Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Item 11

Date of Meeting: 29th January 2020

Title of Report: HSCP Performance Exception Report - Financial Quarter 2 (2019/20)

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

The Integration Joint Board/Committee is asked to:

- Note the new scorecard performance for the FQ2 (19/20) reporting period
- Consider and note the HSCP performance against National Health and Well Being Outcome Indicators and the Ministerial Steering Group measures of integration for the HSCP
- Note the performance commentary with regard to actions to address exceptions against all indicators

1. EXECUTIVE SUMMARY

For FQ2 (19/20) as agreed there has been a redesign of the current scorecard and this has seen a reduction in the overall number of performance measures across the nine HWBOI's, namely a reduction from 65 to 44 individual performance measures.

The measures remain aligned within the report under the nine pillars which form the national outcome indicators. The new performance report details all the performance indicators on a quarterly basis and utilises the most available data at the time of reporting.

Performance for FQ2 19/20 notes 26 of the new 44 measures are reporting as on target or better, with 17 reported as being off target and 1 measure still under development.

Key areas of success against target for FQ2 (19/20) are:

- Increase in the percentage of telecare service users with enhanced telecare packages- Target=31% Actual= 44.1%
- Increase in the number of looked after and accommodated children with a plan for permanence after a year- Target=81% Actual=82.8%
- Reduction in the rate of emergency admissions for adults- Target=30,800 Actual=20,444

- Increase in the number of people seen within 5 days who are on Community Payback Orders- Target= 80% Actual=90%
- Increase in the proportion of last 6 months of life spent at home or in a community setting- Target=89% Actual=93%

The MSG performance indicators are now reported within the main scorecard and these have been split across the nine outcome indicators, this work to ensure that there is greater continuity and context with regards to the HSCP's performance with regards to the national measures for integration.

There is particular Scottish Government focus on the length of time patients are waiting for healthcare treatment with the introduction of their Waiting Times 3 year Improvement Plan (2019/20-2021/22). The plan aims to put in place arrangements to sustainably support a reduction in length of wait by providing additional investment across all boards to achieve the various waiting times targets and standards.

The number of breaching outpatients across all specialties was updated monthly and reported quarterly to the Integrated Joint Board under Outcome 4 of the IJB Scorecard, namely the 'number of outpatient ongoing waits >12 weeks.'

It is important the IJB is aware of the detail of current waiting times performance and a more detailed breakdown has been included in this report. There are a number of specialties which are breaching waiting times targets but actions with the additional funding received is now having an impact.

The scorecard development and changes on Pyramid will see a gradual transition from old to new scorecard across the month of January 2020, a new look to the scorecard will complete this evolution.

2. INTRODUCTION

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 (NHWBOI's) and 23 sub-indicators and additional measures which form the foundation of the reporting requirement for the HSCP. In addition the scorecard details progress against the Ministerial Steering Group (MSG) measures for monitoring the progress of integrated service delivery across the HSCP.

3. RELEVANT DATA AND INDICATORS

3.1 Overall Scorecard Performance for FQ2 (19/20)

Performance for FQ2 19/20 notes 26 of the new 44 measures are reporting as on target or better , with 17 reported as being off target and 1 measure still under

development

Key areas of success against target for FQ2 (19/20) are:










- Increase in the percentage of telecare service users with enhanced telecare packages- Target=31% Actual= 44.1%
- Increase in the number of looked after and accommodated children with a plan for permanence after a year- Target=81% Actual=82.8%
- Reduction in the rate of emergency admissions for adults- Target=30,800 Actual=20,444
- Increase in the number of people seen within 5 days who are on Community Payback Orders- Target= 80% Actual=90%
- Increase in the proportion of last 6 months of life spent at home or in a community setting- Target=89% Actual=93%





Appendix 1 identifies the most recent SOURCE performance data with regards to Argyll & Bute HSCP, benchmarked partnership performance against comparable IJB's for the 9 Health & Wellbeing Outcome Indicator's.

3.2 Scorecard Performance Exceptions for (FQ2-19/20)

The table below report the exceptions for FQ2 (19/20), including narrative identifying key trends and where appropriate actions reported to improve performance against targets.

National Health & Wellbeing Indicator and Performance Measure		Target	Latest (FQ2)	FQ1 Actual	Performance Narrative
1	The percentage of adults supported at home who agree that their health & care services seemed to be well co-ordinated	74%	72%	72%	Performance Narrative: This performance measure is part of the bi-Annually reported Health & Care Experience Survey and as such future performance update will be reported for Feb 2020. Area specific analysis notes that H&L reported 63% against a 70% average across the other areas.
2	The number of unplanned bed days for Mental Health specialties	3974	5716	4431	Performance Narrative: There is a general increasing performance trend from FQ1 to FQ2. Area specific data notes that B&C had the largest reported number of unplanned bed days(2096) against (890) for H&L
2	The number of Accident & Emergency attendances	4240	456	4487	Performance Narrative: The performance trend against this data notes an increase from FQ1 to FQ2 against target. In particular H&L note (2027) number of A&E attendances against, (1735) for OLI, (474) for B&C and (328) for MAKI
2	The percentage of population in community or institutional settings	2%	2.1%	2.1%	Performance Narrative: The performance trend against this measures remains flat in trajectory and is slightly below percentage target (0.1%)

National Health & Wellbeing Indicator and Performance Measure		Target	Latest (FQ2)	FQ1 Actual	Performance Narrative
2	The percentage of Looked After Children who are looked after at home or in a community setting	90%	84.2% 	84.1%	Performance Narrative: Trend against this target shows a very slight improvement from FQ1 to FQ2 (0.1%) but overall remains (5.8%) below target.
3	The percentage of adults supported at home who agree they are supported to live as independently	81%	79% 	79%	Performance Narrative: This performance measure is part of the bi-annually reported Health & Care Experience Survey and as such future performance update will be reported for Feb 2020. Area specific analysis notes that H&L reported (75%) against, (81%) for OLI, (82%) for B&C and (90%) for MAKI
3	The percentage of Accident & Emergency attendances seen within 4 hours	95%	91.2% 	93.2%	Performance Narrative: The area specific breakdown for this measures notes the largest number of people seen within the 4hrs (1792) in H&L, OLI (1672), B7C (411) and MAKI (288). There is a reducing overall trend against target.
4	Percentage of adults supported at home who agree their support had impact improving/maintaining quality of life	80%	74% 	74%	Performance Narrative: This performance measure is part of the bi-annually reported Health & Care Experience Survey and as such future performance update will be reported for Feb 2020.
4	Outpatient ongoing waits over 12 weeks as a percentage of all new outpatients on waiting list for consultant led outpatient appointments for specialties subject to Treatment Time Guarantee in Argyll and Bute	25%	32% 	29%	Performance Narrative: There is currently extensive work being done alongside NHS Highland to provide more consultant lead clinic spaces in order to reduce patient wait. The details of improving performance against target is noted within Section 4 of this report.
5	The number of days people spent in hospital when ready to be discharged, per 1,000 population	160 days	163 days 	139 Days	Performance Narrative: Trend analysis notes an increase in the number of days (3 days per 1000) against target and an increase of (24 days per 1000) against the previous quarter.
5	Percentage of substance misuse clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.	90%	86.3% 	94.9%	Performance Narrative: The data trajectory notes a (3.7%) reduction in performance against target and (8.9%) reduction from FQ1. It is expected that a recovery of previous performance for FQ3 is supported by overall trend data.
6	The percentage of carers who feel supported to continue in their caring role	37%	33% 	33%	Performance Narrative: This performance measure is part of the bi-annually reported Health & Care Experience Survey and as such future performance update will be reported for Feb 2020
6	Percentage of carers who have received a carers assessment/support plan	20%	17% 	15.7%	Performance Narrative: The data for the measure is new for FQ2 and is now part of the quarterly national data submission to the Scottish Government

National Health & Wellbeing Indicator and Performance Measure		Target	Latest (FQ2)	FQ1 Actual	Performance Narrative
7	The percentage of Children on Child Protection Register with a completed Child Protection Plan	100%	93% 	79%	Performance Narrative: Trend analysis shows improving performance against target, locality specific breakdown notes B&C (100%), H&L (86%), MAKI (100%) and OLI (100%). The net effect of a reduction in the H&L performance against target is singly affecting overall performance
7	The percentage of Adult Protection referrals completed within 5 days	80%	55% 	40%	Performance Narrative: Trend analysis notes that performance for FQ2 (55%) remains significantly below target (80%). There is an increase of (15%) from previous quarter. Area specific date notes MAKI (20), B&C (17), H&L and OLI (9)
8	Percentage of PRDs completed for the Health & Social Care Partnership	90%	72% 	64%	Performance Narrative: Locality breakdown notes percentage completion for Adult Care East (27%), Adult Care West (56%), Children & Families and Criminal Justice (90%) and Strategic Planning & Performance (100%).
8	Health & Social Care Partnership Attendance	4.10 Days	5.03 Days 	5 days	Performance Narrative: Current data is only available for HSCP- Social Work staff- further development is required to include NHS Highland data. Locality breakdown notes for B&C (4.94 days), H&L (4.48 days), MAKI (4.93 days) , OLI (5.33 days) and Strategic Planning & Performance (8.09 days)
9	Health & Social Care Partnership Finance				Under Development

4. Waiting Times Performance-FQ2 (19/20)

Argyll & Bute's anticipated performance in terms of the number of patients in breach of consultant waiting times targets for new appointments has been quantified in the NHS Highland Annual Operational Plan (AOP) submitted in March 2019. The AOP was informed by a "demand, capacity, activity, queue" analysis (DCAQ) process which identified the additional capacity that would be required to address average demand on a specialty by specialty basis.

The AOP details a position for each quarter end census point throughout 2019/20 and the following two financial years. There is particular focus on achieving the projected FQ4 19/20 position of 333 outpatients to be in breach of the 12 week target with the 26 week position also subject to scrutiny. This is an interim point to ultimately achieve a zero breaching patient waiting times position as at the end of March 2021.

The HSCP has received £245,000 in 2019/20 to support this activity with 60% of the funding released in the first tranche and the balance to be released if waiting times performance trajectories are met.

Planned inpatient/daycase care is also subject to AOP projections however in general the HSCP is able to meet the 12 week Treatment Time Guarantee (TTG) target that applies within this setting from decision to treat to treatment. For the purposes of the IJB to reassure and demonstrate the improvements made the most up to date activity data for the outpatient position as at end December 2019 is available and has been presented.

4.1 FQ2 Outpatient Waiting Times Performance

The majority of the clinics provided in Argyll and Bute are provided by visiting consultants from NHS GG&C. However, there are some local specialties which are also not meeting waiting times targets at present.

A comparison between the FQ2 position and the AOP figures across all consultant outpatient specialties reporting variances against the 12 week target is detailed below.

12 week target

618 New Outpatient Appointments at Consultant Led Clinic breaches as at Q2 19/20. This is against a projected AOP forecast figure of 411 (+ 50.4%)

26 week target

252 New Outpatient Appointments at Consultant Led Clinic breaches as at Q2 19/20. This is against a projected AOP forecast figure of 127 (+ 98.4%)

4.2 FQ3 Outpatient Waiting Times Performance Update

At mid December 2019 we are projecting **346** 12 week outpatient breaching patients against the AOP figure of 382 (- 9.4%) and **112** 26 week breaches against the AOP figure of 103 (+ 8.7%) as at the quarter end.

12 WEEK POSITION	AOP Figure FQ3 19/20	FQ3 Projection as at 18/12/19	Difference
Dermatology	87	28	-59
Ear, Nose & Throat (ENT)	76	62	-14
General Medicine*	16	20	4
General Surgery*	0	4	4
Gynaecology	0	43	43
Ophthalmology	100	10	-90
Oral and Maxillofacial Surgery	10	1	-9
Orthodontics	5	6	1
Paediatrics	0	3	3
Pain Management*	40	80	40
Respiratory Medicine	0	1	1
Trauma and Orthopaedic	48	88	40
Grand Total	382	346	-36

26 WEEK POSITION	AOP Figure FQ3 19/20	FQ3 Projection as at 18/12/19	Difference
Dermatology	20	6	-14
Ear, Nose & Throat (ENT)	13	22	9
General Medicine	0	1	1
General Surgery	0	1	1
Gynaecology	0	0	0
Ophthalmology	36	3	-33
Oral and Maxillofacial Surgery	5	1	-4
Orthodontics	0	0	0
Paediatrics	0	0	0
Pain Management	20	66	46
Respiratory Medicine	0	0	0
Trauma and Orthopaedic	9	12	3
Grand Total	103	112	9

Note * - A&B HSCP consultant specialty

The expected FQ3 position shows significant improvement from FQ2 with the 12 week position having decreased by 44% from the previous quarter. A series of waiting list initiative clinics have been ongoing since September 2019 with notable improvements made in Dermatology and Oral Surgery. AHP triage of the ENT and Orthopaedic lists undertaken by audiology and physiotherapy is facilitating patients to be seen within these settings where appropriate.

Pain management continues to be a significant risk, the consultant who provided this service has left. Service options being examined include locum and support from the Independent Sector. However, this will not be considered without additional recurring funding to maintain a safe service for return patients. This is the service at most risk at present

Increased funding will be apportioned to increase Gynaecology capacity and internal transformational work alongside tightened data quality procedures will address patients breaching in General Medicine and General Surgery. The HSCP is working closely with NHS Highland on preparing its funding requirements for 2020/21 to put in place sustainable service provision

4. GOVERNANCE IMPLICATIONS

4.1 Financial Impact

There are a number of National Health & Wellbeing Outcome Indicators (NHWBOI's) and Waiting Times Performance which support the quality and financial performance of the HSCP including productivity, value for money and efficiency.

4.2 Staff Governance

A number of the National Health & Wellbeing Outcome Indicators (NHWBOI's) indicators under outcome 9 and the Waiting Times Performance are pertinent for staff governance purposes

4.3 Clinical Governance

A number of the National Health & Wellbeing Outcome Indicators (NHWBOI's) and Waiting Times Performance support the assurance of health and care governance and should be considered alongside that report

5. EQUALITY & DIVERSITY IMPLICATIONS

The National Health & Wellbeing Outcome Indicators (NHWBOI's) and Waiting Times Performance help provide an indication on progress in addressing health inequalities

6. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

None

7. RISK ASSESSMENT

None

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None

9. CONCLUSIONS

It is recommended that the Integration Joint Board/committee:

Note overall scorecard performance for the FQ2 19/20 reporting period with regards to the National Health and Well Being Outcome Indicators and Waiting Times Performance

10. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Author Name: Stephen Whiston

Email: stephen.whiston@nhs.net

Appendix 1- A&B HSCP Benchmark HWBOI Performance (FQ2-19/20)

The table below identifies the most recent SOURCE performance data with regards to Argyll & Bute HSCP, benchmarked partnership* performance, and the Scotland-wide performance against the 9 HWBOI's and their 23 sub-indicators.

Indicator	Title	Argyll & Bute	Angus	East Lothian	Highland	Midlothian	Moray	Scot Borders	Stirling	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	93%	95%	94%	94%	92%	93%	94%	94%	93%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	79%	76%	72%	86%	86%	83%	83%	84%	81%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76%	71%	68%	79%	80%	75%	74%	73%	76%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	72%	71%	66%	76%	71%	73%	75%	76%	74%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	80%	77%	75%	83%	71%	80%	83%	79%	80%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	85%	78%	80%	87%	76%	80%	88%	86%	83%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	74%	77%	75%	86%	73%	79%	80%	81%	80%
NI - 8	Total combined % carers who feel supported to continue in their caring role	33%	34%	36%	38%	32%	39%	36%	38%	37%
NI - 9	Percentage of adults supported at home who agreed they felt safe	83%	80%	81%	84%	79%	84%	86%	88%	83%
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	NA	NA	NA	NA	NA	NA

Indicator**	Title		Angus	East Lothian	Highland	Midlothian	Moray	Scot Borders	Stirling	Scotland
NI - 11	Premature mortality rate per 100,000 persons	393	350	333	402	409	394	388	353	432
NI - 12	Emergency admission rate (per 100,000 population)	12,734	11,070	10,061	10,869	11,072	8,965	12,423	9,695	12,259
NI - 13	Emergency bed day rate (per 100,000 population)	114,539	101,329	100,122	107,946	119,404	90,596	132,370	101,658	118,462
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	83	104	99	113	109	77	109	104	103
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90%	91%	88%	90%	87%	90%	86%	89%	88%
NI - 16	Falls rate per 1,000 population aged 65+	26	25	19	15	18	15	19	22	22
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	74%	83%	84%	86%	87%	82%	79%	92%	82%
NI - 18	Percentage of adults with intensive care needs receiving care at home	68%	56%	61%	55%	68%	68%	62%	64%	62%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	640	314	641	1,248	1,323	1,063	761	540	793
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	24%	23%	21%	21%	23%	20%	21%	23%	24%
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	NA	NA	NA	NA	NA	NA
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	NA	NA	NA	NA	NA	NA
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	NA	NA	NA	NA	NA	NA

*Improvement Service Benchmarking Family Groupings for Children, Social Work and Housing Indicators

** Latest Data based on ISD Core Suite of Integration Indicators Standards as at Jun 2019 and may be impacted by data completeness.

Appendix 2- Health & Wellbeing Outcome Indicators- Success Measures for FQ2 (19/20)

Performance element	Status	Target	Actual	Owner
NI-1 - % of adults able to look after their health very well or quite well (Health & Wellbeing Outcome Indicators)	●	FQ2 19/20 93.0 %	FQ2 19/20 93.0 %	Julie Lusk
NI-3 - % of adults supported at home who agree they had a say in how their support was provided (Health & Wellbeing Outcome Indicators)	●	FQ2 19/20 76.0 %	FQ2 19/20 76.0 %	Caroline Cherry
NI-13 - Emergency Admissions bed day rate (Health & Wellbeing Outcome Indicators)	●	FQ2 19/20 30,800	FQ2 19/20 20,444	Elizabeth Higgins
NI-16 - Falls rate per 1,000 population aged 65+ (Health & Wellbeing Outcome Indicators)	●	FQ2 19/20 5	FQ2 19/20 4	Caroline Cherry
A&B - % of Total Telecare Service Users with Enhanced Telecare Packages (Telehealthcare)	●	FQ2 19/20 31.0 %	FQ2 19/20 44.1 %	Stephen Whiston
MSG 1.1 - Number of emergency admissions - A&B (MSG Indicators 2019)	●	FQ2 19/20 2,142	FQ2 19/20 1,807	Elizabeth Higgins
MSG 2.1 - Number of unplanned bed days acute specialties - A&B (MSG Indicators 2019)	●	FQ2 19/20 14,172	FQ2 19/20 12,021	Caroline Cherry
NI-5 - % of adults receiving any care or support who rate it as excellent or good (Health & Wellbeing Outcome Indicators)	●	FQ2 19/20 80.0 %	FQ2 19/20 85.0 %	Julie Lusk
NI-6 - % of people with positive experience of their GP practice (Health & Wellbeing Outcome Indicators)	●	FQ2 19/20 83.0 %	FQ2 19/20 85.0 %	Julie Lusk
CA72 - % LAAC >1yr with a plan for permanence (C&F Placement Process)	●	FQ2 19/20 81.0 %	FQ2 19/20 82.8 %	Alex Taylor

NI-12 - Rate of emergency admissions per 100,000 population for adults (Health & Wellbeing Outcome Indicators)	●	FQ2 19/20 3,065	FQ2 19/20 1,951	Elizabeth Higgins
NI-14 - Readmission to hospital within 28 days per 1,000 admissions (Health & Wellbeing Outcome Indicators)	●	FQ2 19/20 99	FQ2 19/20 54	Caroline Cherry
MSG 5.1 - % of last six months of life by setting community & hospital - A&B (MSG Indicators 2019)	●	FQ2 19/20 88.2 %	FQ2 19/20 89.9 %	Caroline Cherry
NI-11 - Rate of premature mortality per 100,000 population (Health & Wellbeing Outcome Indicators)	●	FQ2 19/20 432	FQ2 19/20 393	Julie Lusk
NI-17 - % of SW care services graded 'good' '4' or better in Care Inspectorate inspections (Health & Wellbeing Outcome Indicators)	●	FQ2 19/20 83.0 %	FQ2 19/20 84.1 %	Caroline Cherry
CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS (C&F Plans - PIs)	●	FQ2 19/20 90.0 %	FQ2 19/20 92.0 %	Alex Taylor
NI-9 - % of adults supported at home who agree they felt safe (Health & Wellbeing Outcome Indicators)	●	FQ2 19/20 83.0 %	FQ2 19/20 83.0 %	Caroline Cherry
CP43 - No of Child Protection Repeat Registrations - 18 months (Child Protection)	●	FQ2 19/20 0	FQ2 19/20 0	Alex Taylor
CJ63 - % CPO cases seen without delay - 5 days (Supervision of Offenders)	●	FQ2 19/20 80.0 %	FQ2 19/20 90.0 %	Alex Taylor
A&B - % of Adult Protection referrals that lead to AP Investigation (Adult Protection)	●	FQ2 19/20 5.0 %	FQ2 19/20 6.6 %	Julie Lusk
A&B - % of complaints (Stage 2) responded within timescale (Clinical Governance - HSCP)	●	FQ2 19/20 20.0 %	FQ2 19/20 23.8 %	Elizabeth Higgins

NI-10 - % of staff who say they would recommend their workplace as a good place to work (Health & Wellbeing Outcome Indicators)	●	FQ2 19/20 67.0 %	FQ2 19/20 71.0 %	Jane Fowler
NI-15 - Proportion of last 6 months of life spent at home or in a community setting (Health & Wellbeing Outcome Indicators)	●	FQ2 19/20 89.0 %	FQ2 19/20 93.0 %	Caroline Cherry
NI-18 - % of adults with intensive needs receiving care at home (Health & Wellbeing Outcome Indicators)	●	FQ2 19/20 62.0 %	FQ2 19/20 68.0 %	Julie Lusk
NI-20 - % of health & care resource spend on hospital stays where patient admitted in an emergency (Health & Wellbeing Outcome Indicators)	●	FQ2 19/20 24.0 %	FQ2 19/20 18.0 %	Judy Orr
MSG 4.1 - Number of DD bed days occupied - A&B (MSG Indicators 2019)	●	FQ2 19/20 2,151	FQ2 19/20 2,018	Caroline Cherry

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Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Item 12

Date of Meeting: 29th January 2020

Title of Report: Transformation Programme Board Report

Presented by: Stephen Whiston

The Board is asked to:

- Note the update on the programme progress

1. EXECUTIVE SUMMARY

- 1.1 This report provides the IJB with an update on what progress has been made on the programmes following the paper presented to the IJB on the 25 September 2019.
- 1.2 The Board agreed the range of recommendation and actions outlined in the September report which identified that the following work streams were to be paused and or reviewed / informed once the new adult Heads of Service were in post:
- Care home/housing – Paused to December 2019
 - Learning disability – SIO resource identified and appointment made in December 2019
 - Acute Hospital services – review and realignment
- 1.3 There were also a number of changes in the executive leadership in the programmes due to changes in the adult HoS as referenced above and these are being implemented from December 2019.
- 1.4 It was approved that the Finance and Policy committee would provide governance oversight of the Transformation Programme and since November reports have been provided to the committee with a formal written report covering the other programmes presented on the 12th December 2019 notably:
- Children's Services
 - Dementia redesign
 - Community Model of Care
 - Corporate Services – IT system integration

2. INTRODUCTION

The IJB has put in place a “Transforming Together” programme with 8 work streams to strengthen and build on our achievements to date and continue the changes required to meet our vision, priorities and objectives.

These have been detailed in the HSCP 3 year Strategic Plan, with priorities for service change detailed for years 1, 2 and 3. Each of these service transformation work streams are expected to involve significant change in services over the period of the HSCP strategic plan (Appendix 1 details the objectives of each work stream).

They have all progressed over the course of the last 12 months but not all have met expected timelines or achieved the expected outcomes including cost savings in years one and two (appendix 2).

The IJB considered a report on the programme at its meeting on the 25th September 2019 and directed officers to progress the recommendations made i.e.

- To change the executive leadership of the project,
- Review and resource the programme project officer support subject to availability of resource for each work stream
- Amend the governance reporting arrangements to the Finance and Policy committee.

This paper provides an overview to the Board over the progress made in the last 3 months.

3. DETAIL OF REPORT

Acute Services – Executive Lead Liz Higgins Lead Nurse

Acute Services is currently under review in terms of planning and resource allocation to enable delivery. Due to the complexity and requirement for increased consultation small pockets of work have been undertaken but not with the anticipated transformational impact. A highlight report on the re-aligned work streams will be presented to the next Finance and Policy Committee in January

Community Model of Care- Executive Lead Caroline Cherry Head of Adult Services

This transformational work stream has been developing a model of care across communities in order to support adults (primarily older adults within our communities) to live well at home. The progressed work has included pathway development; co-location of staff and the use of Carefirst across teams and the sharing of good practice including reablement approaches.

It was recognised that whilst good progress had been made in developing a multi-disciplinary community team approach and supporting practice development led by Linda Currie, Lead AHP, some areas of work were service developments and not necessarily transformational.

Linda Currie and Caroline Cherry have been reviewing the Community Model of Care against the original strategic plan and have a paper developed which embeds an early intervention and community asset approach as well as pursuing a clear model of care within our teams to ensure consistency across the Partnership. This is in line with the ethos of the Christie Commission Report on the future delivery of

public services (2011) and our need to ensure a strong focus on prevention within our communities. Accordingly, it is recommended that the name of the work stream changes to Communities Together.

Additionally the refreshed implementation of Self Directed Support (Social Care) Scotland Act (2013) will sit under this work stream.

A summary of this work stream is outlined below.

The aim of Communities Together is to support older adults to stay well and independent within their own communities wherever possible.

- ✓ We will focus on community assets and well-being to avoid the use of formal/statutory services wherever possible recognising the differences within communities
- ✓ We will embed individual choice and control wherever possible where formal services are required
- ✓ Our Health and Social Care community services will be easy to access and offer an approach which is strength based and minimises duplication

The next phase will involve further discussion with a wide range of colleagues and a refreshment of actions to align with the three areas outlined above.

Learning Disability & Autism- Executive Lead Julie Lusk

This project has also been recommended for a full review of project specification, work packages and resource due to lack of progress made beyond business as usual reviews of care provision. An update/report with deliverables and milestones will be provided to the Finance and Policy committee at its February meeting.

Care Homes and Housing- Executive Lead Linda Currie Lead AHP

As agreed at the IJB this programme has been on pause until planning support resource was available in December 2019. This is now in place and an update report will be brought to the next Finance and Policy committee meeting in January.

Children's Services – Executive Lead Alex Taylor Head of Children's Services

Within this service there are a number of work areas detailed below and highlight reports have been provided to the Finance and Policy committee outlining progress and next steps. Further work on timelines, deliverables re outcomes and evidence and use of existing capacity re core and cluster accommodation was requested and will be presented in February to the committee.

- Commissioning Children's disability services
- Youth Justice
- Children's Management structure review
- Children's Core and Cluster housing

Corporate Services – Executive lead (as specified)

Co-location- Charlotte Craig Business Improvement Manager

This is now reported on a monthly basis to SLT to ensure progress. Co-location of Oban social work and health staff is progressing with detailed plans now in place and on-going staff involvement and consultation.

Planning for the accommodation of the remaining Aros main building staff has been hampered by late and additional information. Communication has been a challenge but measures have now been put in place to address this. While slower than required progress continues to be made.

Community IT System – Stephen Whiston Head of Strategic Planning and Performance

An implementation group continues the work to normalise and expand the use of the social work Carefirst system by NHS community and AHP staff. This project has a key facilitation and supporting role for the community model work stream referenced above.

New work streams 2020/21

Proposed work streams in establishing joint council and NHS Catering transformation work stream and HSCP Business Administration pending outline specifications before March 2020.

4. RELEVANT DATA AND INDICATORS

Project highlight updates are being presented to the Finance and Policy committee for scrutiny.

There is further requirement to ensure the golden thread between the Strategic Plan, Project specification and a milestone report for activity across the programme of work is articulated.

Risks and issues are collated separately but interdependencies do exist and the Transformation Board would seek to address this with the developing the leadership role of the new Heads of Adult Services.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Transformation work streams are identified as key driving activity to deliver the priorities of the Strategic Plan.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Quantifiable to each work stream, none presented for recommendation today.

6.2 Staff Governance

No staff governance issues identified relating to this report

6.3 Clinical Governance

Any issues noted in accompanying QIA, EQEISA documentation and highlighted when recommendation is requested from the committee to the IJB

7. PROFESSIONAL ADVISORY

Professional advisory referenced through each work stream

8. EQUALITY & DIVERSITY IMPLICATIONS

Please ensure that you have considered the requirement for EQIA and notify completion if required.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

None in the presentation of this report.

10. RISK ASSESSMENT

Risks and issues specific to work stream project management.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Planned as per each individual work stream, there is no requirement for recommendation to be made to the IJB at present.

12. CONCLUSIONS

As presented at the IJB in September 2019, this paper provides an update on the status of the various transformational work streams and actions in hand to review and change executive leadership and project support.

The highlight reports presented at the Finance and Policy committee detail the progress, challenges and issues and next steps regarding transformational work and financial savings.

Further review and specification now that the new Adult Heads of Service are in post is in hand as indicated.

New work areas will be developed for 2020/21 and presented as outlined.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Author Name Stephen Whiston
 Email Stephen.whiston@nhs.net

Appendix 1 – Transforming together work streams 3 Year priorities

Transformational Area 1 - Children's Services		
Priorities Year 1:	Priorities Year 2:	Priorities Year 3:
<ul style="list-style-type: none"> Strengthen Early Intervention and Support 	<ul style="list-style-type: none"> Use of logic modelling to help define and separate strategic and operational performance measures. Align all self-evaluation involving children and young people's services under the Children and Young People's Service Plan to provide more uniformity when identifying multiagency and single agency performance measures Deliver the Children and Young People's wellbeing survey. Develop the 2020 – 2023 Children and Young People's Service Plan 	<ul style="list-style-type: none"> Launch 2020 – 2023 Children and Young People's Service Plan
How will we measure our progress?		
We will monitor outcomes against our plan objectives, service inspections and feedback.		

Transformational Area 2- Care Home and Housing

Priorities Year 1:	Priorities Year 2:	Priorities Year 3:
<ul style="list-style-type: none"> Scoping of future needs and planning future care homes and housing models (Phase 2/3) 	<ul style="list-style-type: none"> Agree the future shape of service provision at locality and Argyll and Bute level for the cohort of care provision required (Phase 3/4) Develop a commissioning strategy (Phase 3/4) 	<ul style="list-style-type: none"> Working in partnership with Argyll & Bute Council Housing Services, local Registered Social landlords and care home providers to fulfil the future requirement of care homes or housing from existing or new stock. (Phase 4)

How will we measure our progress?

Set targets and objectives including:

- Reduce out of area placements
- Provision of care home or specialist housing at the time required, without delay

Transformational Area 3 - Learning Disability Services

Priorities Year 1:	Priorities Year 2:	Priorities Year 3:
<ul style="list-style-type: none"> Develop 'Care Campus' approaches to services that will be designed, commissioned, and delivered in a way that meets the identified needs of individuals and groups, rather than assigning provision in 'categories' of 	<ul style="list-style-type: none"> Fully utilise opportunities offered through Self-directed Support to influence the variety of providers and support available to meet personal outcomes for people with learning disabilities Work with people with Learning Disabilities and their carers when devising packages of care to 	<ul style="list-style-type: none"> Deliver training focused on identifying risk, prevention, choice and rights to our staff and those of partner organisations Further embed and strengthen links made between services (e.g.

<p>care needs.</p> <ul style="list-style-type: none"> • Reduce the number of people cared for 'out of area', by making provision available within Argyll & Bute. • Use approaches such as 'Strategic Change through Person Centred Thinking' to obtain qualitative and quantitative information from those receiving services and use it to shape our plans to help them achieve their objectives. • 	<p>incorporate carers' needs and expertise in the design and delivery of these packages. Examples of this will include:</p> <ul style="list-style-type: none"> • Involving carers of people with learning disabilities when identifying potential services that meet the outcomes of the person with a learning disability as part of the approach to developing new commissioning plans. • Asking carers how best to support caring relationships and make sure the wellbeing of carers themselves will be supported and enhanced. • Invest in the asset based/community capacity building approach to ensure people with learning disabilities have access to a choice of community resources, lifelong learning and employment opportunities 	<p>child to adult, adult to older people's care) to ensure that all transitions are well planned and managed whether due to age or change of needs or health. People will be supported and be fully involved at periods of transition across all Services.</p>
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How will we measure our progress?

In order to ratify strategic outcomes/priorities and ensure that they are met, immediate next steps will include:

- Establishing a steering group with responsibility to deliver the Implementation Plan, with representation from partners, including provider organisations; Dec 2019
- Devising and delivering an outcomes-based implementation plan for this Strategy by Jan 2019
- Setting out funding priorities and ambitions within the implementation plan (identifying clearly the opportunities and need for savings to be made); by Jan 2019
- Putting in place robust monitoring and reporting arrangements (i.e. a performance framework, consistent with strategic and corporate requirements); by Apr 2019
- Identifying risks to achieving the strategic outcomes and propose mitigation measures; by Jan 2019
- Developing Commissioning Plans for all services to be provided;
- Establishing consultation plans (using the Engagement Specification) with people with learning disabilities and their carers' as part of the process to set our strategic objectives; by Feb 2019
- Utilising feedback from professionals and those affected by our plans through a Health Impact Assessment and Equality and Socio-Economic Impact Assessment; by Mar 2019

Transformational Area 4 – Community Model of Care

Priorities Year 1:

- Multi-disciplinary teams will be established across all Argyll and Bute.
- All teams have a Single Point of Access.
- All teams have a daily huddle with referral and caseload allocation.
- All teams are working appropriately and where necessary, extended hours to deliver care.

- All teams are working to the agreed standards for community teams in Argyll and Bute.
- Generic workers will be a key role within the teams

Priorities Year 2:

- All teams will be working on an 'asset based approach'.
- The use of TEC will be fully embedded in the assessment and care in the community.
- IT will support mobile and agile working for the community teams.
- The teams will be working to a single record and data system.
- Advanced nurse practitioners will be developing in the teams.
- Anticipatory care planning will be fully embedded within the team.

Priorities Year 3:

- Advanced nurse practitioners will be embedded in the teams.
- A frailty pathway will have been developed and implemented in all teams.
- Improvement work will be shared and implemented as standard work.
- Agreed outcome measures will have been tested and implemented.

How will we measure our progress?

- Reduced delayed discharges in Argyll and Bute.
- Improved discharge planning with Greater Glasgow and Clyde.
- Reduced number of unnecessary emergency admissions to hospital.
- Reduced length of stay in hospitals.
- More people will be looked after at home rather than hospital or care home.
- Reduced number of professionals involved with a person in receipt of care.

Transformational Area 5 - Mental Health Services

Priorities Year 1:	Priorities Year 2:	Priorities Year 3:
<ul style="list-style-type: none"> • Progress planned developments associated with Transforming Together agenda for mental health : - • Community Mental Health Services review and outcomes • Psychological Therapies • Care Reviews • Inpatient services • Dementia services, including development of a local dementia strategy 	<ul style="list-style-type: none"> • Establish clear pathways to keep patients in local hospitals before transferring to acute units and further develop community supports and strategies, aimed at supporting individuals to remain at home and in their community and ensure effective admission and discharge planning. 	<ul style="list-style-type: none"> • Consider and consolidate standardisation of processes; roles and responsibilities; care and support co-ordination and utilisation of effective training and delivery models (i.e. specialist / generic), as appropriate to support mental health and dementia services locally.
How will we measure our progress?		
<ul style="list-style-type: none"> • Monitor the number of acute admissions, year on year to assess the effectiveness of community supports and strategies which support individuals at home. • Evaluate and monitor reductions in demand and spend for out of hour's services; Police Scotland and interventions by other emergencies services. • Realise reductions in acute hospital admissions and / or use of compulsory measures in terms of detention under Mental Health legislation. • Monitor the number of crisis interventions provided by practitioners. • Monitor the number of service users requiring detentions in community hospitals. • Evaluate service and carer satisfaction levels relating to above outcomes. 		

Transformational Area 6 – Hospital Services

Priorities Year 1:	Priorities Year 2:	Priorities Year 3:
<ul style="list-style-type: none"> • Moderate reduction in the number of hospital beds. • Begin service specification for all community hospitals. • Complete bed modelling exercise across all inpatient areas. 	<ul style="list-style-type: none"> • Completion of service specification for Community Hospitals and Lorn and Islands Rural General Hospital. • Increase day case services in all hospitals. • Fully embed Quality Improvement initiatives across all hospitals. • Reduction in unscheduled activity into NHS GG&C Hospitals 	<ul style="list-style-type: none"> • Continue to deliver more care in the community, less inpatient care and appropriate use of our A&E Departments, reducing unscheduled activity into Glasgow.
How will we measure our progress?		
<ul style="list-style-type: none"> • We will monitor and manage the level of acute activity delivered locally 		

- Reduce the increase in emergency activity into NHS GG&C Hospitals
- Incorporate into our patient outcomes and experience of services patient/user feedback
- Monitor and manage services to ensure consistent high quality standards of care.

Transformational Area 7 – Corporate Services

Priorities Year 1:	Priorities Year 2 and 3:
<ul style="list-style-type: none"> • Implement co-location plans and arrangements as identified • Identify other estate rationalisation and co-location opportunities • Increase the number of health staff using the single health and social care IT system- “CareFirst” • Pilot mobile App for staff using the “CareFirst” IT system 	<ul style="list-style-type: none"> • Provide single integrated corporate services for health and social care staff in Finance, HR etc. • Put in place a single unified telephone and IT system between the NHS and the council saving money and increasing productivity of staff • Establish and operate a single catering service for Education, NHS and Social Care within Argyll and Bute
How will we measure our progress?	
<ul style="list-style-type: none"> • Reduced number of buildings and estate • Productivity benchmark targets improved • Significant cost reduction in corporate services of between 10-20% (To be confirmed) 	

Appendix 2 – Transforming together Cost saving plan

SUMMARY OF SAVINGS TARGETS 2019/20 BY TRANSFORMATION WORKSTREAM

Ref.	Unachieved Savings Description	Manager	Target	Year to 31 Dec 2019		%	Full Year
			£' 000	Achieved £' 000	Unachieved £' 000	Achieved	£'
Learning Disability and Autism							
1819-19	Review and Redesign of Physical Disability Services	Jim Littlejohn	28	0	28	0%	
1819-19	Review and Redesign of Learning Disability Services - Sleepovers and Technology Argyll Wide	Jim Littlejohn	299	0	299	0%	
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Cowal	Alison McKerracher	125	0	125	0%	
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Helensburgh	Linda Skrastin	152	0	152	0%	
1819-19	Review and Redesign of Learning Disability Rothesay Resource Centre	Jane Williams	14	0	14	0%	
1819-19	Review and Redesign of Learning Disability Assist Cowal Resource Centre	Jayne Lawrence Winch	30	0	30	0%	
1819-19	Review of Ext Residential Learning Disability Placements	Jim Littlejohn	194	0	194	0%	
1920-47	Review of lower priority (P3 and below) cases to ensure appropriate and in line with best practice	LAMs	170	0	170	0%	
	Totals		1,012	0	1,012	0%	
Community Services workstream							
1819-8	Assessment and Care Management	Jim Littlejohn/Donald Watt	42	0	42	0%	
1819-22	Adult Care West - Restructure of Neighbourhood Teams (SW & Health)	Caroline Cherry	250	0	250	0%	
1819-25	Older People Day/Resource Centre - Address high levels of management - consolidate opening hours - shared resource	Caroline Cherry	212	0	212	0%	
1819-46	Adopt a Single Community Team Approach to undertaking Assessment and Care Management	Caroline Cherry	120	0	120	0%	

1920-40	Implement best practice approaches for care at home and re-ablement across all areas following Bute pilot	Linda Currie / Caroline Cherry	300		0
1920-41	Extend use of external home care transferring hours as gaps occur	Donald Watt	33	0	33 0%
1920-42	Step up/step down of care to be suspended except for exceptional cases	Judy Orr	227	0	227 0%
1920-43	Cap on overtime	Donald Watt / Morven Gemmill		87	0
1920-44	Reduction on adult services social work travel	Jim Littlejohn/ Donald Watt	25	0	25 0%
1920-45	Planned changes in staffing	Morven Gemmill / George Morrison		28	0
1920-46	Cap on Care Home placements equivalent to £30,000p.a.	LMs / HoS	160	0	160 0%
1920-48	Reinforcement of guidelines on self-directed support (SDS) direct payment packages and limit to appropriate standard hourly rates	LAMs	15	0	15 0%
1920-49	Reduction of overtime being worked in internal home care	LAMs	4	0	4 0%
1920-50	Review provision of respite flat at Jura Progressive Care Centre	Donald Watt	5	0	5 0%
	Totals		1,508	0	1,508 0%

Childrens Services

1819-14	Redesign of Internal and External Childrens Residential Placements	Pamela Hoey	200	0	200 0%
1819-15	Children and Families Management Structure	Alex Taylor	150	0	150 0%
1819-31	Integrate HSCP Admin, digital Tech and Central Appoint System	Alex Taylor / Kirsteen Larkin	125	21	104 17%
1819-16	Children & Families services staffing	Alex Taylor	50	0	50 0%
1819-40	SLA and Grants operate within allocation	Alex Taylor	23	0	23 0%
	Totals		548	21	527 4%

Corporate Services - co-location

1819-4	Closure of West House / Argyll & Bute Hospital site	David Ross	120	100	20 83%
1819-5	Closure of Aros (running costs)	David Ross/Charlotte Craig	40	0	40 0%

Corporate services - catering						
1819-33	Catering, Cleaning and other Ancillary Services	Alex / Jayne Jones/ Caroline Cherry		100		30
1819-32	Catering and cleaning review		20	n/a	n/a	n/a
Acute services						
1819-44	Advanced Nurse Practitioners - Oban	Caroline Henderson	14	0	14	0%
1920-38a	LIH Theatre nurse staffing - HAK112	Caroline Henderson	60	22	38	37%
1920-38b	Lorn & Islands Hospital staffing	Lorraine Paterson	200	52	148	26%
1920-22	Dunoon Medical Services	Rebecca Heliwell	100	0	100	0%
Totals			374	74	300	20%

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