ARGYLL AND BUTE COUNCIL **COMMUNITY SERVICES COMMITTEE**

Argyll & Bute Health & Social Care Partnership **13 June 2019**

Ministerial Strategic Group; Argyll and Bute Review of the Progress of Integration Self Evaluation

1.0 EXECUTIVE SUMMARY

The attached document is the Review of the Progress of Integration self-evaluation v7 submission. As a partnership submission we invited both NHS Highland and Argyll & Bute Council to review and provide comment prior to its formal submission on 15 May 2019.

IJB members and officers also contributed and it was completed on the basis of the feedback including an IJB non-business development session.

The document highlights proposed improvements with will be reviewed annually on progress.

This is submitted to the committee to consider and note the report.

Please note this paper has one report attached as appendix 1. The report itself references appendices 1-5.

2.0 INTRODUCTION

2.1 The Review of Progress with Integration of Health and Social Care final report to the Cabinet Secretary informed the structure of the support that will be given to Health & Social Care Partnerships to accelerate the process of integration.

It identified a number of proposals and committed to providing resource to support these. The first step in progressing this is in completing a partnership self-evaluation.

The impact for Argyll & Bute is potentially an accelerated amount of activity moving toward integrated practice and strengthening the ability to deliver this.

3.0 RECOMMENDATIONS

3.1 The committee is asked to read and note and consider the report.

4.0 DETAIL

4.1 The Review of the Progress of Integration self-evaluation states the assessed stage of establishment for integration and supporting evidence/notes and proposed improvements actions. The self-evaluation works through the proposed recommendations.

This self-evaluation will be reviewed in 2020 with a view to establishing progress.

The proposed improvements will become part of the 2019-20 work plan and be reported and monitored through current governance structures.

5.0 CONCLUSION

5.1 Argyll & Bute Council, NHS Highland, Argyll & Bute IJB and HSCP officers were asked to review and comment to enable the collation of a final draft for circulation prior to the submission on 15 May. No recommendations for action are required.

6.0 IMPLICATIONS

6.1 Policy

The self-evaluation is based on partnership input with agreed proposed improvements within current policy.

6.2 Financial

The self-evaluation highlights proposed improvements which are within the tolerance of the direction of travel so no financial impact is forecast at this stage.

6.3 Legal

The Argyll & Bute Scheme of Integration is the governing document of the Health and Social Care Partnership and outlines the partner legal responsibilities.

6.4 HR

The self-evaluation highlights proposed improvements which are within the tolerance of the direction of travel so no HR impact is forecast at this stage.

6.5 Fairer Scotland Duty:

The proposed improvements are consistent with the current direction of travel as considered by the Strategic Plan.

6.5.1 Equalities - protected characteristics

The self-evaluation has been authored in compliance with partner policies on equality and diversity. No EQSEIA was deemed required for this report.

6.5.2 Socio-economic Duty

As a partnership between Argyll & Bute Council and NHS Highland we work in partnership following each partner's commitment to ensuring that no disadvantage occurs.

6.5.3 Islands

This report covers the entirety of Argyll & Bute and takes into consideration the islands within current strategic and operational plans.

6.6. Risk

No formal risk assessment has been undertaken but some discussion on the short timescales and risk of completing of all areas of improvement has been voiced. This will be mitigated by the extraction of the proposed improvements and these will be monitored through the senior leadership meetings and subsequently the Integrated Joint Board.

6.7 Customer Service

No customer service impact forecast.

Chief Officer Joanna Macdonald

15 May 2019

For further information contact: Charlotte Craig, charlotte.craig@argyll-bute.gov.uk

APPENDIX 1

Review of the Progress of Integration Self Evaluation (please note the submitted report references appendices 1-5, one of which is a policy document the others links to public documents)

Ministerial Strategic Group for Health and Community Care

Integration Review Leadership Group

Self-evaluation

For the Review of Progress with Integration of Health and Social Care

March 2019

COSLA

Scottish Government
Riaghaltas na h-Alba
gov.scot

MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE (MSG)

REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE - SELF EVALUATION

There is an expectation that Health Boards, Local Authorities and Integration Joint Boards should take this important opportunity to collectively evaluate their current position in relation to the findings of the MSG review, which took full account of the Audit Scotland report on integration published in November 2018, and take action to make progress. This evaluation should involve partners in the third and independent sectors and others as appropriate to local circumstances. This template has been designed to assist with this self-evaluation.

To ensure compatibility with other self-evaluations that you may be undertaking such as the Public Services Improvement Framework (PSIF) or those underpinned by the European Foundation for Quality Management (EFQM), we have reviewed examples of local self-evaluation formats and national tools in the development of this template. The template is wholly focused on the 25 proposals made in the MSG report on progress with integration published on 4th February, although it is anticipated that evidence gathered and the self-evaluation itself may provide supporting material for other scrutiny or improvement self-evaluations you are, or will be, involved in.

Information from local self-evaluations can support useful discussions in local systems, sharing of good practice between local systems, and enable the Integration Leadership Group, chaired by the Scottish Government and COSLA, to gain an insight into progress locally.

In completing this template please identify your rating against each of the rating descriptors for each of the 25 proposals except where it is clearly marked that that local systems should not enter a rating. Reliable self-evaluation uses a range of evidence to support conclusions, therefore please also identify the evidence or information you have considered in reaching your rating. Finally, to assist with local improvement planning please identify proposed improvement actions in respect of each proposal in the box provided. Once complete, you may consider benchmarking with comparator local systems or by undertaking some form of peer review to confirm your findings.

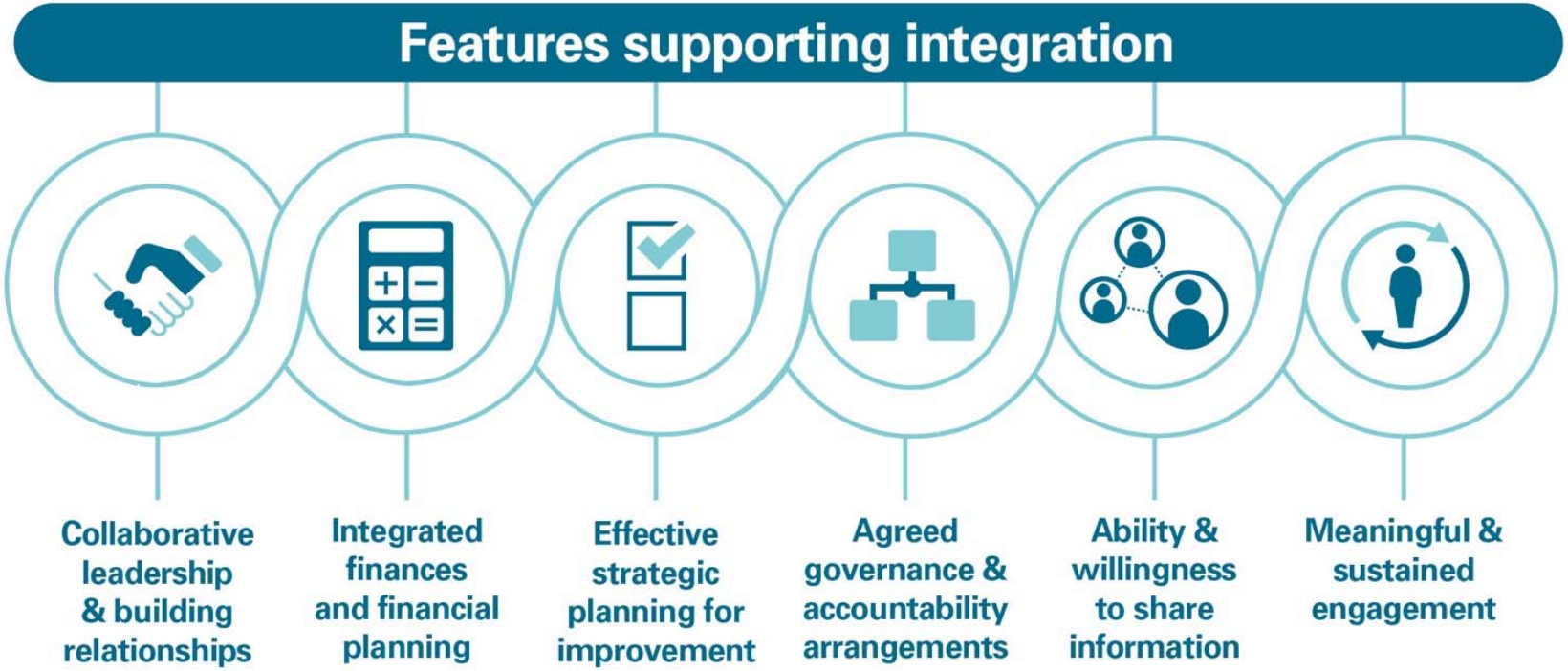
We greatly appreciate your assistance in ensuring completion of this self-evaluation tool on a collective basis and would emphasise the importance of partnership and joint ownership of the actions taken at a local level. **Please share your completed template with the Integration Review Leadership Group by 15th May 2019 – by sending to Kelly.Martin@gov.scot**

It is our intention to request that we repeat this process towards the end of the 12 month period set for delivery of the all of the proposals in order that we can collectively demonstrate progress across the country.

Thank you.

Integration Review Leadership Group

MARCH 2019



Name of Partnership	Argyll & Bute Health and Social Care Partnership
Contact name and email address	charlotte.craig@argyll-bute.gov.uk
Date of completion	14 May 2019

Key Feature 1 **Collaborative leadership and building relationships**				
Proposal 1.1 **All leadership development will be focused on shared and collaborative practice.**				
Rating Descriptor	**Not yet established**	**Partly established**	**Established**	**Exemplary**
Indicator	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
Our Rating			✓	
Evidence / Notes	Each of the following structures which support collaborative practice is supported by meeting minutes, terms of reference and action planning • Chief Officer national representation as Chair of the Adult Social Care Committee, Social Work Scotland • IJB Bi-monthly meetings; The IJB offers support and leadership at a strategic level and facilitates collaborative working and decision making through policy support, Minutes and papers published online. https://www.argyll-bute.gov.uk/health-and-social-care-partnership • Partner Leadership meetings(Joint leadership) • Argyll & Bute Council SMT/NHS Highland SLT participation, • Argyll & Bute Health and Social Care Partnership Senior Leadership Team, • Collaborative Planning Groups e.g. EU Exit, Emergency Planning • Strategic planning for collaborative service delivery/Community Planning Partnership • The development of shared service capacity			

	• Policy support in collocating leadership and multidisciplinary teams, shared learning through test of change. • NHS Highland Project Management Office • Committee and sub groups of the Integration Joint Board • Staff Liaison • Professional Leadership Group • Joint Inspections • Community Planning Partnership • Outcome 4 • Chief Officers Group Public Protection • Multi Agency Public Protection Arrangements • Violence Against Women Partnership • Community Justice Partnership • Adult Protection Committee • Alcohol and Drugs Partnership • Children's Strategic Group • Corporate Parenting Board • Child Protection Committee • Practice and Quality Assurance Group • Community Planning Partnership
Proposed improvement actions	1. Consolidating shared strategic planning to benefit the communities of Argyll & Bute by engagement in wider planning groups 2. Sharing best practice in health and social care nationally and with partners 3. Benchmarking with other Health and Social Care partnerships measureable with a minimum of two focused benchmarking visits 4. Policy development on shared corporate capacity around HR, supporting Governance and Strategic Commissioning 5. Developing community relationships through the Local Planning Groups measurable through Engagement Assurance Framework reported at Audit Committee 6. Development of Locality Planning Groups as part of the 2019 Engagement Strategy 7. Locality Managers and professional leads take ownership of actions.

Proposal 1.2 **Relationships and collaborative working between partners must improve**				
Rating	**Not yet established**	**Partly established**	**Established**	**Exemplary**
Indicator	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
Our Rating		✓		
Evidence / Notes	The collaborative structures identified in 1.1. offer opportunity for the development of collaborative practice. It provides the accountability for forums to highlight practices, pressures and business drivers and takes into account the statutory roles assigned to each partner which both enable and restrict integration. Argyll & Bute Health and Social Care Partnership is adept at utilising these structures both internal and public facing to ensure that through our strategic engagement and communications approach all stakeholders within the partnership are considered including our engagement with communities in developing the collaborative approach. The IJB has council and NHS representation, third sector, carer and public representation. This offers a cross section of input from both voting and non-voting members that guides the policy developments. The recent grip and control initiative provided an opportunity to take a whole business approach and harmonise processes within separate and existing systems, sharing the benefit of each partner's expertise to find the best route forward in the interim and inform longer term planning. The rating of partly established reflects the recent changes in leadership in the HSCP and NHS Highland and the aim to achieve and an embedded collaborative working relationship.			

Proposed improvement actions	1. Programme of development sessions for IJB members based on IJB business requirements and development opportunities 2. Supporting partner leadership teams in developing knowledge of business drivers evidenced through focused discussion in the identified structures. 3. Joint planning will be evidenced through meeting minutes of committees and other partnership committees and groups which highlight planning and delivery.

Proposal 1.3 **Relationships and partnership working with the third and independent sectors must improve**				
Rating	**Not yet established**	**Partly established**	**Established**	**Exemplary**
Indicator	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
Our Rating		✓		
Evidence / Notes	Argyll & Bute Health and Social Care Partnership has third sector strategic representation on the IJB. We are actively working with third sector and independent agencies operationally across a challenging geographical area in a challenging financial environment. Third and Independent sector agencies will be key to the transformational delivery of services which will require further strategic engagement. In 2019-20 we seek to develop and present our strategic commissioning position and process which will enhance the effectiveness of our working relationship, development of workforce opportunities and subsequently the longer term provision of services by these sectors. Add further evidence carers partnership forum/participation in the board/further third sector representation Both partners are Living Wage Employers evidenced through Argyll & Bute's **Contract Standing Orders** and **NHS Highland's Local Development Strategy 2017**.			
Proposed improvement actions	1. Delivery and monitoring of the Engagement Strategy and Communication Strategy 2. Development of Argyll & Bute Health and Social Care joint Strategic Commissioning 3. Consistently engaging the third sector in active representation from Third Sector Interface 4. Workforce planning presented to the IJB as ongoing development and monitoring			

Key Feature 2 **Integrated finances and financial planning**				
Proposal 2.1 **Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions. Improved longer term financial planning on a whole system basis is in place.
Our Rating		✓		
Evidence / Notes	The two partner agencies operate differing accounting policies. The disparate methodologies do not currently allow reporting of year to date spend information to be combined. This can prove challenging in providing a consistent joint financial picture to the board. Despite this, an integrated financial planning and reporting mechanism was developed and delivered in 2018-2019 which has significantly improved the understanding of the joint financial position. A single, integrated budget pack including the development of a financial risk register has been developed and provided to the IJB and partner management teams which covers the current financial position of the IJB and its constituent services as well as the medium term financial outlook for the partnership. This is evidenced by published IJB papers available online on both partner websites. All financial reporting, further including progress on the delivery of agreed savings and financial risks, is presented regularly to the IJB and management through the current Governance structures.			

Proposed improvement actions	1. The HSCP is currently exploring a move to a single consistent method of recording year to date spend on a cash or accruals basis is being considered as a longer term measure. In the next 12 months there will be a consideration of an alignment of policy which potentially will significantly simplify the reporting of year to date figures for the board and improve their understanding of the financial position of the IJB. 2. While financial reporting has improved in terms of the integrated approach the process and suite of reports requires to be embedded and become business as usual. 3. Implementation of Audit Scotland Recommendations

Proposal 2.2 **Delegated budgets for IJBs must be agreed timeously**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium to long term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes. Relevant information is shared across partners throughout the year to inform key budget discussions and budget setting processes. There is transparency in budget setting and reporting across the IJB, Health Board and Local Authority.
Our Rating			✓	
Evidence / Notes	Budget planning for 2019/20 was completed jointly by the lead financial officers from both partners who worked closely with the IJB Section 95 Officer to produce the IJB's medium term financial plan and develop the 2019/20 which was subsequently presented to and agreed by the IJB at its meeting at the end of March 2019. Going into the current financial year it is planned to look at a longer term approach to financial planning, this ties with joint strategic decision making, service development and redesign.			
Proposed improvement actions	1. The budget planning process for 2020/21 and beyond is planned to commence during early 2019/20 in order to provide more time in the process for the development of the service redesigns which will be critical to sustaining the quality of services and financial position of the IJB in the future. 2. Review of financial Governance 3. These are new processes that require to be embedded to become business as usual and will be monitored.			

Proposal 2.3 **Delegated hospital budgets and set aside budget requirements must be fully implemented**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements. The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.	Fully implemented and effective arrangements for the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance. The set aside budget is being fully taken into account in whole system planning and best use of resources.
Our Rating			N/A	
Evidence / Notes	Budgets for all hospital services are held by Argyll & Bute HSCP and have been since date of establishment. There are no set aside budgets in Argyll & Bute.			
Proposed improvement actions	1. Although directly managed budgets are in place, there are practical difficulties in influencing service delivery and cost, most notably through external service level agreements with significant partners such as NHS Greater Glasgow & Clyde. 2. Argyll & Bute Health and Social Care Partnership is currently working with NHS Highland and NHS Greater Glasgow & Clyde to review the methodology of contracting to allow the HSCP to influence service delivery and shift the balance of care, including use of resources, from hospital settings.			

Proposal 2.4 **Each IJB must develop a transparent and prudent reserves policy**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered too.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
Our Rating			✓	
Evidence / Notes	Policy in place, reserves being managed effectively although to date little opportunity to generate free reserves. Improvement actions indicate the commitment to financial stability and may result in generating reserves with recognition that the HSCP requires to repay outstanding debt to parent bodies. *Appendix 1 Argyll & Bute HSCP Reserves Policy*			
Proposed improvement actions	1. Argyll & Bute has committed to achieving financial stability which may result in generation of reserves for the future. There is recognition that contingency arrangements would offer opportunity to support the development of health and care services for Argyll & Bute Communities.			

Proposal 2.5 **Statutory partners must ensure appropriate support is provided to IJB S95 Officers.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	IJB S95 Officer currently unable to provide high quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
Our Rating		✓		
Evidence / Notes	The IJB Section 95 officer has a strategic role with the two finance leads from the partner organisations delivering the operational role. The development of the aforementioned integrated financial planning and reporting mechanism in 2018-19 has offered a more streamlined opportunity for joint working and planning and the Section 95 officer to have an operational oversight through reporting. This can be evidenced through the approval of a balanced budget and savings plan for 2019-20 Further strategic planning and joint working will enable the partnership to deliver a congruent plan for the communities of Argyll & Bute. Finance teams provide financial reporting evidence to the Section 95 officer.			
Proposed Improvement actions	1. Restructuring of the Senior Leadership Team including the Section 95 officer role to reflect the requirement for greater joint strategic and operational capability through management oversight 2. Co-location of finance teams for increased joint working and capacity. 3. Establish regular formal liaison between the chief financial officers of each partner.			

Proposal 2.6 **IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
Our Rating		✓		
Evidence / Notes	An integrated budget has been approved by the IJB with funds allocated to the delivery partners as directed by the IJB as necessary to deliver the IJB's strategic objectives. Appendix 2 Argyll & Bute Draft Strategic Plan			
Proposed improvement actions	1. Review of the Scheme of Integration 2. Review of opportunities available through whole system planning and potential impact on statutory delivery. 3. Review of capital planning and resources. 4. Identifying a period of planning to work towards outcome based service redesign is key to an outcome based approach			

Key Feature 3 **Effective strategic planning for improvement**				
Proposal 3.1 **Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Lack of recognition of and support for the Chief Officer's role in providing leadership.	The Chief Officer is not fully recognised as pivotal in providing leadership. Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.	The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners. Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities	The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners. There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.
Our Rating		✓		
Evidence / Notes	The Chief Officer has membership within the senior leadership teams of each partner agency and is recognised as having both strategic and operational responsibilities in delivering the statutory responsibilities of each. Argyll & Bute can evidence a continued positive trajectory enabling the Chief Officer to lead the Health and Social Care Partnership with cognisance taken of the IJB as a separate public entity with corresponding responsibilities. The IJB has highlighted the importance of the Governance structure in providing accountability and the flow of information and subsequently the approval of any policy decisions which enable the Chief Officer to implement key strategic and operational decisions.			

Proposed improvement actions	1. Continued development of the collaborative working relationship through the existing structure outlined in 1.1 and evidenced through outputs of joint strategic planning. 2. Using the technical supporting role of HR in staff and organisational development. 3. Requirement for NHS Communications at local level to reinforce the role of Chief officer 4. HSCP to develop and implement own policies and procedures to support strategic and operational decisions e.g. colocation

Proposal 3.2 **Improved strategic inspection of health and social care is developed to better reflect integration.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL INSPECTORATE BODIES RESPONSIBLE			

Proposal 3.3 **National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

Proposal 3.4 **Improved strategic planning and commissioning arrangements must be put in place.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide some support for strategic planning and commissioning.	Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.	Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs. The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.
Our Rating		✓		
Evidence / Notes	Strategic planning is undertaken with all key stakeholders through public consultation and managed through the Strategic Planning Group. Strategic Planning supports the direction of travel as an evidence base for commissioning strategies. This is further supported by local authority procurement strategies for all Adult Care and Children and Families contracts that have been subject to a procurement process, this is a planning tool to ensure that the that the resulting contracts meet the needs of clients. The Health & Social Care Partnership are in the early stages of a wider project to develop its market facilitation plan and commissioning strategy, with input from the Strategic Planning Team; Strategic Finance team; Procurement and Commissioning Team and our local Third Sector Interface. The group are currently gathering information on existing contracts and services (including grants) and analysing spend in order to baseline the current provision. Gathering this market intelligence is the first stage of the process, thereafter they will assess the gap between current provision and desired future provision and how the market can be influenced to deliver this in the medium and longer term.			

Proposed improvement actions	1. Develop role and effectiveness of the Strategic Planning Group to support the IJB 2. Completion of initial market facilitation 3. Development of partnership practice in strategic commissioning aligned with partnership process and increased financial and performance monitoring to be built in to the accountability structure. 4. Commitment to having a strategic commissioning plan 5. Reference to strategic needs assessment 6. Cognisance taken of thematic areas arising from Adult and Children's Resource Group 7. Future contact management support

Proposal 3.5 **Improved capacity for strategic commissioning of delegated hospital services must be in place.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements. Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.	Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets. There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.
Our Rating		✓		
Evidence / Notes	IJB approved budget 2019-20 submitted policy savings proposals which support the shift in the balance of care. Ongoing relationship with NHS Highland and NHS Greater Glasgow and Clyde in developing "the right service at the right time" The HSCP has a well-established financial and planning process for acute services from its main provider in NHSGG&C. This has been in place for over 12 years in the form of an SLA. The HSCP has delegated resources and responsibility for the acute services within Argyll and Bute. It adopts a whole system capacity and service planning across all its local hospital services (RGH, community hospital, Acute psychiatry) The HSCP is part of the West of Scotland Regional Health and Social care planning group and participates in the design, delivery and shaping of the West of Scotland Health and Social Care Deliver Plan.			

Proposed improvement actions	• The HSCP beyond its financial negotiation with NHSGG&C will need to establish a formal arrangement with its fellow HSCPs who use the service (GGC, Renfrew, Inverclyde, West Dumbarton etc) once the delegated/set aside budget is enacted in October 2019 to examine how it can influence /shape and ultimately commission acute activity. • It will need to enhance and/or designate focused resource across commissioning, finance and contracting/procurement will be required to support this. • Strengthen its role in supporting the implementation of the West of Scotland Health and Social Care Deliver Plan once approved by the Cabinet Secretary

Key Feature 4 **Governance and accountability arrangements**				
Proposal 4.1 **The understanding of accountabilities and responsibilities between statutory partners must improve.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities. The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.
Our Rating		✓		
Evidence / Notes	The Health and Social Care Partnership has a Scheme of Integration and Standing Orders. It has a committee structure relating to Audit, Clinical and Care Governance and is supported by partnership groups and committees which have accountability to the IJB. This incorporates Strategic Planning, Quality and Finance, Partnership, Primary Care Modernisation, Adult and Children's Services, Staff Liaison and Transformation. The HSCP is currently reviewing its Governance arrangements to increase clarity on the roles and accountabilities.			
Proposed improvement actions	1. Review of the Scheme of Integration 2020 2. Review of Governance arrangements: a. Development of a Health and Social Care Partnership Code of Corporate Governance b. Mapping of the governance structure c. Review of current terms of reference			

	d. Review delegated authority and explore if change is required. 3. Iterate statutory duties of each partner 4. Repository of control documents, policies and operating procedures 5. Planned external Audit of Governance Arrangements

Indicator 4.2 **Accountability processes across statutory partners will be streamlined.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
Our Rating		✓		
Evidence / Notes	Argyll & Bute HSCP has over the past twelve months seen development in this area but as referenced in 4.1 there is not yet the governance structure in place that offers a fully transparent flow of information. Current developments have ensured that minutes of committees are published in conjunction with IJB papers to the public. Argyll & Bute HSCP operates a streamlined process maximising the expertise of the partnership organisation and preventing duplication of services.			
Proposed improvement actions	1. Supported by activities highlighted in 4.1 2. Review of accountabilities and responsibilities as a public body e.g. publications, complaints handling, FOI, Records Management 3. Regular Scheme of Integration Review as prescribed			

Proposal 4.3 **IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
Our Rating			✓	
Evidence / Notes	Statutory membership is met and in place. Prescribed inclusive leadership approach of the Chair/Vice Chair to supporting the IJB members Review of effectiveness of supporting systems to ensure that decision making is based on evidence and direction Regular review of IJB and Committee Action Logs to ensure delivery Monthly informal meetings with Chair/Vice Chair and senior officers			
Proposed improvement actions	1. Review of membership to evaluate if additional representation would improve outcomes for Argyll & Bute 2. Continued development of accountability and responsibility roles 3. Ensure directions and actions are logged for follow up 4. Use of the Audit process to support the development of IJB practice. 5. Bi-monthly meetings			

Proposal 4.4 **Clear directions must be provided by IJB to Health Boards and Local Authorities.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	No directions have been issued by the IJB.	Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
Our Rating		✓		
Evidence / Notes	The HSCP has instigated a more directional approach in recent months with direction given through IJB papers and will evaluate and reflect on the effectiveness of this in the coming year. Updated board/committee/meeting templates to reflect requirement for direction and ensure the flow of information IJB minutes Integrated financial reporting			
Proposed improvement actions	1. Continued development of accountability and responsibility roles through the development of the corporate governance of the Health and Social Care Partnership. 2. Seek the development of shared practice and congruence where appropriate in multi-partnership area e.g. NHS Highland/NHS Greater Glasgow & Clyde. 3. Ensure directions and actions are logged for follow up 4. Use of the Audit process to support the development of IJB practice.			

Proposal 4.5 **Effective, coherent and joined up clinical and care governance arrangements must be in place.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making is not well understood. Necessary clinical and care governance arrangements are not well established.	There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making. Arrangements for clinical and care governance are not clear	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB. Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.
Our Rating			✓	
Evidence / Our Notes	There is a strong understanding of the key role clinical and professional leadership plays in supporting decisional making. The 2017-18 annual report indicators highlight we are just marginally away from our target. The HSCP is working very hard to improve this and we are seeing real progress in coping with the increasing demand and ensuring best practice. With a rising older population and constrained services we need to ensure that resources are deployed in the best way to improve outcomes for local populations. The Clinical and Care Governance Committee continues to ensure the delivery of safe and effective person-centred care and the continuous monitoring of professional standards of care and practice. The committee continues to provide the Argyll and Bute HSCP Integrated Joint Board with assurance that procedures and processes are in place to deliver effective clinical and care governance. The safety of people who use HSCP services is at the forefront of everything we do and overall performance against the national outcome is very good and the following examples highlight the work we are doing. • Clinical and Care Governance Framework in place • Clear structure of Clinical and Care Governance meetings and reporting, with standard agenda covering health and social care.			

	• Minutes of Clinical and Care Governance Committee on IJB agenda • Significant Adverse Events Review scrutiny group established – members include senior officers, professional leads and clinical governance staff. • Single point of access for Health and Social work complaints • Professional Leads forum established • Further work required to harmonise joint reporting processes The following report highlights the recent joint inspection for children and young people's services and the structures available to support the clinical and care governance committee in this area. *Appendix 3 Joint Inspection of services for children and young people in need of care and protection in Argyll & Bute.*
Proposed improvement actions	1. Clinical and care Governance Committee Terms of Reference are currently under review to further strengthen the integrated approach. 2. Strengthen inclusion of social care 3. Ensuring greater engagement with clinical and care governance structures across the partnership

Key Feature 5 **Ability and willingness to share information**				
Proposal 5.1 **IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
Our Rating		✓		
Evidence / Notes	The annual report is structured in reporting the 9 National Health and Wellbeing Outcomes, Integration Joint Board measures, Customer Services, Governance, financial performance and inspection findings. Children and Families and Community Justice are currently reported separately.			
Proposed improvement actions	1. Performance monitoring is scrutinised through the audit committee and subsequently the board on a regular basis and is being reviewed to look at a further integrated approach. 2. Benchmark against a comparable HSCP annual report 3. Review trend data including LGBF indicators to be reported.			

Proposal 5.2 **Identifying and implementing good practice will be systematically undertaken by all partnerships.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.	Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice. Better use could be made of inspection findings to identify and share good practice.	The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked. Inspection findings are routinely used to identify and share good practice.	Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice. Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice. All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.
Our Rating		✓		
Evidence / Notes	Specific evidence is presented below which a direct is output of recent inspection and review. *Appendix 3 Joint inspection of services for children and young people In Argyll and Bute* *Appendix 4 Annual Report 2017-18* • Joint inspection improvement plan • Child protection plan • Chief social workers report • Self-evaluation • Integrated financial reporting • Highland Quality Report • Children & Families improvement group			

Proposed improvement actions	1. Benchmarking of practice nationally 2. Updates on implementation of learning from lessons learned 3. Review implications for Governance and accountability

Proposal 5.3 **A framework for community based health and social care integrated services will be developed.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

Key Feature 6 **Meaningful and sustained engagement**				
Proposal 6.1 **Effective approaches for community engagement and participation must be put in place for integration.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
Our Rating		✓		
Evidence / Notes	Argyll & Bute has recently approved both a new engagement strategy and a communication strategy. This will be deployed through 2019-20 with performance against the intentions reported through the Governance structure. • IJB published papers and minutes available on each partner website • Engagement Strategy • Communications Strategy • Strategic Plan Consultation • IJB meeting • Quality Impact Assessments • Locality Planning Groups • Community Café			
Proposed improvement actions	1. Engagement assurance framework reporting to Audit committee to monitor the deployment of the engagement strategy 2. Chair and Vice Chair providing regular opportunity to support the contribution of carers and representatives on the IJB 3. Robust Governance to ensure that information is provided in a timely manner and two way communication is the norm. 4. Review of the deployment of the Communications strategy to ensure appropriate communication and channels are being utilised to full effect.			

Proposal 6.2 **Improved understanding of effective working relationships with carers, people using services and local communities is required.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Work is required to improve effective working relationships with service users, carers and communities.	Work is ongoing to improve effective working relationships with service users, carers and communities. There is some focus on improving and learning from best practice to improve engagement.	Meaningful and sustained engagement with service users, carers and communities is in place. There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.	Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB. There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships.
Our Rating		✓		
Evidence / Notes	Argyll & Bute is a wide geographical area with diverse needs across an ageing population. We have the benefit of a population who are invested in their public services and in 2018-19 restructured the engagement structure for a more effective way of communicating with key communities. We hope to achieve the sustained engagement required to work with communities and increase our mutual understanding of needs and constraints to innovate and deliver modern services • IJB published papers and minutes available on each partner website • Carers strategy (Appendix 5) • Strategic Planning Group • Locality Planning Groups • Community Café • Strategic Needs Assessment • Carers Partnership • Carers Collaborative • Life Changes Trust			

	The aforementioned benchmarking offers the opportunity to seek and share best practice and further improve effective working relationships with service users, carers and communities
Proposed improvement actions	1. Benchmarking on shared and best practice with other HSCP's/Independent and Third Sector 2. Engagement assurance framework reporting to Audit committee to monitor the deployment of the engagement strategy 3. Review of Communications channels and engagement

Proposal 6.3 **We will support carers and representatives of people using services better to enable their full involvement in integration.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	Carers and representatives on the IJB are supported by the partnership, enabling engagement. Information is shared to allow engagement with other carers and service users in responding to issues raised.	Carers and representatives of people using services on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities. Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.
Our Rating		✓		
Evidence / Notes	• IJB published papers and minutes available on each partner website • Carers Consultation • Strategic Planning Group • Locality Planning Groups • Community Café • Carers Partnership • Children's engagement			
Proposed improvement actions	1. Engagement assurance framework reporting to Audit committee to monitor the deployment of the engagement strategy 2. Chair and Vice Chair providing regular opportunity to support the contribution of carers and representatives on the IJB 3. Robust Governance to ensure that information is provided in a timely manner and two way communication is the norm. 4. Review of the deployment of the Communications strategy to ensure appropriate communication and channels are being utilised to full effect.			

Appendix 1

Argyll & Bute HSCP Reserves Policy

ARGYLL AND BUTE INTEGRATION JOINT BOARD

RESERVES POLICY

1. Background

1.1 To assist local authorities (and similar bodies) in developing a framework for reserves, CIPFA have issued guidance in the form of the *Local Authority Accounting Panel (LAAP) Bulletin 55 – Guidance Note on Local Authority Reserves and Balances*. This guidance outlines the framework for reserves, the purpose of reserves and some key issues to be considered when determining the appropriate level of reserves. As the Argyll and Bute Integration Joint Board has the same legal status as a local authority, i.e. a section 106 body under the Local Government (Scotland) Act 1973 Act, and is classified as a local government body for accounts purposes by the Office of National Statistics (ONS), it is able to hold reserves which should be accounted for in the financial accounts and records of the Integration Joint Board.

1.2 The purpose of a reserves policy is to:

- outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
- identify the principles to be employed by the Integration Joint Board in assessing the adequacy of the Integration Joint Board's reserves;
- indicate how frequently the adequacy of the Integration Joint Board's balances and reserves will be reviewed; and
- set out arrangements relating to the creation, amendment and use of reserves and balances.

1.3 In common with local authorities, the Integration Joint Board can hold

reserves within a usable category.

2. Statutory/Regulatory Framework for Reserves

Usable Reserves

2.1 Local Government bodies - which includes the Integration Joint Board for

these purposes - may only hold usable reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework includes the General Fund, the power to hold this reserve is outlined in the Local Government Scotland Act 1973. The IJB has no power to hold any other usable reserves, including the Repairs and Renewals Fund and an Insurance Fund as the power to hold these is included in the Local Government Scotland Act 1975.

3. Operation of Reserves

3.1 Reserves are generally held for three main purposes:

- a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- a means of building up funds, often referred to as earmarked reserves (or earmarked portion of the General Fund in Scotland), to meet known or predicted requirements; earmarked reserves are accounted for separately but remain legally part of the General Fund.

3.2 The balance of the reserves will normally comprise of one of three elements:

1. Funds that are earmarked or set aside for specific purposes. In Scotland, under Local Government rules, earmarked reserves are accounted for separately but remain legally part of the General Fund. The identification of earmarked reserves may include:
    - future use of funds for a specific purpose, as agreed by the Integration Joint Board; or
    - reserves for unspent revenue grants or contributions.
2. Funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
3. Funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the Integration Joint Board.

3.3 For effective financial management there is a need for clear, transparent

reporting arrangements for reserves. For each earmarked reserve there should be a clear protocol setting out:

- the reason / purpose of the reserve;
- how and when the reserve can be used;
- procedures for the reserves management and control; and
- a process and timescale for review of the reserve to ensure continuing relevance and adequacy.

4. Role of the Chief Financial Officer

4.1 The Chief Financial Officer is responsible for advising on the target level of reserves. The Integration Joint Board, based on this advice, should then approve the appropriate strategy as part of the budget process.

5. Adequacy of Reserves

5.1 There is no guidance on the minimum level of reserves that should be held. In determining the reserve levels the Chief Financial Officer must take account of the strategic, operational and financial risks facing the Integration Joint Board over the medium and longer term and the Integration Joint Board's overall approach to risk management.

5.2 In determining the level of general reserves, the Chief Financial Officer

should consider the Integration Joint Board's Strategic Plan, the medium term financial strategy and the overall financial environment. Guidance also recommends that the Chief Financial Officer reviews any earmarked reserves as part of the annual budget process.

5.3 In light of the size and scale of the Integration Joint Board's responsibilities, over the medium term it is proposed that a prudent level of general fund reserves will represent 2% of net expenditure. This value of reserves must be reviewed annually as part of the Integration Joint Board budget process to take into account the financial environment at that time. The level of other earmarked funds will be established as part of the annual financial year-end process.

6. Reporting Framework

6.1 The Chief Financial Officer has a fiduciary duty to ensure proper stewardship of public funds.

6.2 The level and utilisation of reserves will be formally approved by the

Integration Joint Board based on the advice of the Chief Financial Officer. To enable the Integration Joint Board to reach a decision, the Chief Financial Officer should clearly state the factors that influenced this advice.

6.3 As part of the budget report the Chief Financial Officer should state:

- the current value of general reserves, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure;
- the adequacy of general reserves in light of the Integration Joint Board's medium term financial strategy;
- an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and
- if the reserves held are under the prudential target, that the Integration Joint Board should be considering actions to meet the target through the budget process.

7. Accounting and Disclosure

7.1 Note that while in a Local Authority context all receipts and payments are made via the General Fund, in respect of the Integration Joint Board all receipts and payments will be administered through the financial ledgers of the respective partners. Any overall General Fund reserve balance will be held by Argyll and Bute

Council on behalf of the Integrated Joint Board, no interest will be credited to the Integration Joint Board for balances held. It is not permitted to carry a negative reserve balance.

7.2 Expenditure should not be charged direct to any reserve. Any movement within Revenue Reserves is accounted for as an appropriation and is transparent. Entries within a reserve are specifically restricted to 'contributions to and from the revenue account' with expenditure charged to the service revenue account.

March 2017

Appendix 2

Argyll & Bute HSCP Draft Strategic Plan 2019-21

https://www.nhshighland.scot.nhs.uk/Meetings/ArgyllBute/IJB%20briefing/IJB%20Papers%202019/5.1(ii)%20AB%20HSCP%20Draft%20STRATEGIC%20PLAN_2019-2022v22.pdf

Argyll & Bute HSCP Draft Strategic Plan 2019-21 Appendices

https://www.nhshighland.scot.nhs.uk/Meetings/ArgyllBute/IJB%20briefing/IJB%20Papers%202019/5.1(iii)%20AB%20HSCP%20Draft%20STRATEGIC%20PLAN201922_APPENDICES_v22_27.03.19.pdf

Appendix 3

Joint Inspection of services for children and young people in need of care and protection in Argyll & Bute.

http://www.careinspectorate.com/images/documents/4859/Joint%20inspection%20of%20services%20for%20children%20and%20young%20people%20in%20Argyll%20and%20Bute%20March%202019.pdf

https://www.argyll-bute.gov.uk/moderngov/documents/s129410/Appendix%203%20AB%20Annual%20Performance%20Report%202018%20VER%2021kg.pdf

Appendix 5

Argyll & Bute HSCP Carers Strategy

https://www.argyll-bute.gov.uk/sites/default/files/finalargyll_and_bute_strategy_for_carers_-_v.3.pdf