The Health and Sport committee is asked to consider and note this response by Argyll and Bute HSCP to this inquiry which covers:

- Guidance from SGHD
- Outcome of Argyll and Bute HSCP Strategic Plan Consultation
- Establishment of Locality Planning Groups and membership
- Development of Fit for Future Quality and Finance Plan 2017-19
- Service Redesign and Transformation project groups
- Community Planning and other stakeholder involvement
- Assessment

1. EXECUTIVE SUMMARY

This report details the arrangements, approach and culture the A&B HSCP is aiming to put in place to incorporate meaningful and robust involvement and engagement by all its stakeholders in Health and Social Care service planning and delivery.

The Integration Joint Board of the HSCP has committed to applying SGHD guidance including the use of CEL 4 2010 Informing, Engaging and Consulting People in Developing Health and Community Care Services.

This, the IJB view is a very important distinction from the simplistic and misunderstood term “consultation”. Consultation is a formal process to obtain a specific response on a proposal or a single question. The IJB has approved a communications and engagement strategy detailing its approach and expectation for ensuring its staff, communities and stakeholders are involved and engaged in health and social care in Argyll and Bute (Appendix 1).

Its arrangements for involvement and engagement have been developed with all stakeholders and all remain committed to further developing and strengthening this so it becomes the norm. The IJB has an aim and objective to develop and support its partnership to embed and achieve the transformation in health and social care service at locality level. Why? - It believes this is the only way it can ensure its has safe,
sustainable, responsive and affordable services, addressing the geography of this remote rural area and the interface challenges with its care pathways to Glasgow,

Whilst our plan and intentions are clear and the structure is in place, the reality on the ground is that the HSCP has just completed its first year of operation following its establishment. These arrangements, relationships and processes are still in the development and norming phase and will continue to take time and resources to become embedded. This is in conflict with the scale and pace of transformational change required within a challenging financial, service viability and political context.

2. DETAIL OF REPORT

2.1 Guidance from SGHD

The development of legislation and associated guidance within the Public Bodies Public Bodies (Joint Working) (Scotland) Act 2014 further aligned the legacy of stakeholder and public involvement in NHS and Social Care services in Argyll and Bute building on existing partnership working between the council and NHS.

The pertinent guidance includes:

- Strategic Commissioning Plans Guidance Dec 2015
- Localities Guidance July 2015
- The Role of Third Sector Interfaces March 2015
- Statutory Guidance to Integration Authorities on their responsibilities to involve housing services September 2015

2.2 Argyll and Bute Strategic Plan and Locality planning

The shadow IJB in 2015 established a strategic planning group with representation from all stakeholders (Appendix 2) to develop its 3 year strategic plan. This was an extensive process, involving all partners and included a pre consultation briefing process for communities, staff and stakeholders, followed by a formal 3 month public consultation process on the strategic plan.

The material points coming out of this consultation from respondees were:

- Keep Services Local
- Better Patient Transport
- More Public & Patient Participation
- Increased Focus on Mental Health Services
- Communication between NHS and Social Work
- More Health Promotion Information & Services
- A Higher Quality, Better Paid Care Worker

This enabled the Argyll and Bute HSCP to clearly articulate its vision and objectives and to describe what services will look like in 3 years time.
What will Services Look like in 3 years time?  
(Argyll and Bute HSCP Strategic Plan 2016/17 – 2018/19)

- 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 remote 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 continue 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 doctors 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

The direction from the guidance and outcome of its Strategic Plan consultation included the establishment of 8 Locality groups configured around recognisable communities (below) again with representation of all stakeholders (Appendix 3 details the ToR of the group and membership)

<table>
<thead>
<tr>
<th>Locality</th>
<th>Population</th>
<th>Locality Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oban, Lorn &amp; the Isles</td>
<td>17,180</td>
<td>Easdale to Oban, to Port Appin to Dalmally</td>
</tr>
<tr>
<td>Mull &amp; the Islands</td>
<td>4,200</td>
<td>Isles of Mull, Iona, Colonsay, Tiree and Coll</td>
</tr>
<tr>
<td>Mid Argyll</td>
<td>9,399</td>
<td>Tarbert, Lochgilphead, Ardfern, Inveraray</td>
</tr>
<tr>
<td>Kintyre</td>
<td>7,741</td>
<td>Southend, Campbeltown, Muasdale, Carradale, Gigha</td>
</tr>
<tr>
<td>Cowal</td>
<td>14,489</td>
<td>Lochgoilhead, Strachur, Tighnabruaich, Dunoon</td>
</tr>
<tr>
<td>Bute</td>
<td>6,227</td>
<td>Isle of Bute</td>
</tr>
<tr>
<td>Helensburgh &amp; Lomond</td>
<td>26,163</td>
<td>Helensburgh, Kilcreggan, Garelochead, Arrochar</td>
</tr>
</tbody>
</table>
The process of supporting the development of each group to undertake involvement and engagement includes the establishment / development of existing communications and engagement groups alongside Health and Care Forums in each locality.

2.3 Fit for Future Quality and Finance Plan 2017-19

IJBs were directed to produce a 3 year strategic plan with the expectation that this would be underpinned by an indicative three year allocations, subject to annual approval through the respective budget setting processes from its host bodies.

In reality the 1 year annual cycle is compromising the ability of the HSCP to front load the investment required in community and care services to achieve the shift in the balance of care from acute to community care, at the pace of transformational change required.

The Argyll and Bute HSCP recognises that it has to achieve savings in its budget as its funding allocation does not meet all the inflation and demand pressures it has to meet. This is a significant driver for change but it is only one factor alongside service sustainability and safety, recruitment difficulties, independent care sector fragility and well documented population decline, demographic and multi-morbidity challenges.

Building on the legacy and lessons learned from 2016/17, the HSCP has used and challenged the Locality planning groups to support the development of its Quality and Finance plan 2017-2019. The input and engagement of all stakeholders and representative on each Locality planning group has produced a range of proposals which are aligned with the Strategic Plan and the Government Health and Social Care Delivery plan.

These service change plans are now embedded in the locality and the next step is to support the localities to own their further development and implementation over the next 2 years.

In support of this the IJB has acknowledged the need for increased communication and engagement capacity as part of its investment plan. This enhancement has received by national and local political support as a necessity.

Getting people to understand the case for change is an absolute necessity if stakeholder engagement is to be meaningful and focussed on coproduction of the necessary service transformational changes and other challenges that lie ahead.

The HSCP has commenced this process by issuing a briefing leaflet (Appendix 4) to all communities as well as hosting a number of drop in events to outline proposals. This has also been supported and led by our Argyll and Bute Third Sector Interface partners.

The outcome of this “informing” part of engagement has been used by the IJB at its March meeting to approve the Quality and Finance plan proposals but not the budget at this stage. The IJB Quality and Financial plan is attached in Appendix 5.

2.4 Service Redesign and Transformation project groups

The HSCP will be establishing a number of discrete projects and programmes of work to progress its service transformation portfolio. Some of these groups are already established, but all include stakeholder representation including public members. They
all interface with the Locality Planning Groups and are supported by the communication and engagement groups in each locality. Examples of which include:

- Planning the future for Lorn and Island Hospital
- Thomson Court Day Centre & Bute Community Redesign
- Struan & Cowal Community Redesign

2.5 Community Planning and other stakeholder involvement

The main aim of the Community Planning Partnership is to deliver the outcomes within the Single outcome agreement (SOA). The introduction of the community empowerment act regulation in April 2016 places Community Planning Partnerships (CPPs) on a statutory footing and imposes duties on them around the planning and delivery of local outcomes, and the involvement of community bodies at all stages of community planning.

Argyll and Bute CPP is in the process of reviewing and confirming its revised arrangement including the role of its 4 CPP Locality Forums which receive updates on locality service redesigns. The HSCP is represented on all of these groups ensuring interfaces and relationships with all CPP.

The HSCP is still developing its formal relationships with a variety of other stakeholders but has established arrangements with local housing providers and is a member of the Argyll and Bute strategic housing forum. It is also a member of the West of Scotland NHS regional planning group examining and developing specialist secondary and tertiary service provision

3 ASSESSMENT

The pace and scale of transformation required and the resource available to lever this, while taking stakeholders with us is a significant risk for Argyll & Bute IJB. The IJB is attempting to put in place meaningful and practical arrangements and support augmenting capacity and capability to deliver the changes which will improve outcomes for local people, while making best use of available resources.

The scale of change required the complexity of the health and social care system and pathways, the financial and political context, coupled with understandable community anxiety and concern are clear barriers to overcome. These barriers are potentially of an order which may delay or undermine delivery and require both national and local support to mitigate.

Christina West
Chief Officer
10th April 2017
Appendices

Appendix 1 – Argyll and Bute HSCP Communication and Engagement Strategy
Appendix 2 – Argyll and Bute Strategic Planning Group Membership
Appendix 3 – Argyll and Bute Locality Planning Group Terms of Reference
Appendix 4 – Argyll and Bute HSCP Fit for the Future Briefing Leaflet
Appendix 5 – Argyll and Bute HSCP Quality and Finance Plan 2017-19
ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP

Communications and Engagement Strategy
2016 - 2019

Version 0.7
07 June 2016
## Contents

<p>| | |</p>
<table>
<thead>
<tr>
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| 1. | Foreword by Christina West, Chief Officer  
     Argyll and Bute Health and Social Care Partnership | 3 |
| 2. | Our purpose | 4 |
| 3. | Communication and Engagement Principles/Objectives | 6 |
| 4. | Our Area / My locality – area wide and locality focused  
     - Roles, responsibilities and support  
     - Key contacts | 7 |
| 5. | What we will communicate  
     - General key messages  
     - My local areas | 11 |
| 6. | Who we will communicate with | 12 |
| 7. | How we will communicate and engage  
     - Communications and engagement toolkit | 13 |
| 8. | Review and evaluation | 15 |
| 9. | Statutory guidance requirements summary | 16 |
| 10. | Role of the Scottish Health Council | 18 |
| Appendices |   |
|   | Appendix 1: Media protocol  
     Appendix 2: Statutory requirements |   |
1. Foreword

The recent integration of health and social care services is about changing how we work in order to better align our services to meeting the health and social care needs of our communities in ways which are sustainable, flexible and responsive.

It is therefore essential that Argyll and Bute Health and Social Care Partnership (HSCP) communicates and engages with our local communities in an effective manner which places the views and priorities of these communities at the heart of everything we do.

This Communications and Engagement Strategy outlines the HSCP’s vision to work with local communities, our staff, the Third Sector and stakeholders across Argyll and Bute to improve the health and wellbeing of individuals and their families.

This Strategy also sets out how everyone with a part to play in delivering effective communication and engagement can work together so that Together we can transform health and social care to achieve our joint vision for the people of Argyll & Bute “to lead long, healthy and independent lives”.

Christina West
Chief Officer
Argyll and Bute Health and Social Care Partnership
2. Our Purpose

This Communications and Engagement Strategy will support the delivery of the HSCP Vision by working within the six principles of integration, that the HSCP:

1. Is integrated from the point of view of recipients
2. Takes account of the particular needs of different recipients
3. Takes account of the particular needs of recipients in different parts of the area in which the service is being provided
4. Is planned and led locally in a way which is engaged with the community and local professionals;
5. Best anticipates needs and prevents them arising
6. Makes the best use of the available facilities, people and other resources

More information on the Vision, Mission and Values of the HSCP is available in the Argyll and Bute HSCP Strategic Plan. Copies of the Plan are available on request or can be accessed on our website at: www.tinyurl.com/jrty6a7

As part of our overall communications and engagement with the public, staff, the Third Sector and other stakeholders we will also ensure:

- We are well informed as individuals and staff
- Information and learning is well communicated and shared openly and clearly
- Information flows up, down and across all levels and geographical areas
- Additional support to make information accessible will be made available if required
- We will build services through an ongoing conversation and dialogue with individuals
- We will use various methods to have conversations with people and we will build on the good practice that already exists
- We meet the legislation and standards for engaging and communicating by actively using them and asking the public and staff to feedback
- This strategy is updated on a regular basis to reflect the fact that it is a working document
We will use engagement with public, staff and our stakeholders to find out:

- Locally what will and won’t work
- Locally what will or won’t be the best use of our resources

This means that we need:

- Effective communications and engagement with everyone involved playing their part (co-ownership)
- Fully informed and actively engaged public and staff working together through the Locality Planning Groups to plan and deliver health and social care services that meet local needs and deliver the Health and Wellbeing outcomes
- To recognise that there should be a partnership approach to communications and engagement
- Top develop the relevant resources and structures in place to ensure we deliver on what is outlined in this strategy
3. Communication and Engagement Principles/Objectives

Effective and robust internal and external communication and engagement will play a crucial role in supporting the HSCP to achieve its vision, aims and strategic objectives. Outlined below are some of the key principles and objectives for the HSCP.

Explaining the Partnership

- Explain the role and remit of the HSCP
- Explain clearly the aims and vision of the HSCP
- Raise the profile of the HSCP to make it an organisation that the public and staff feel belongs to them
- Build confidence that the HSCP is a responsive and effective organisation
- Proactively promote HSCP successes, achievements and activities, both internally and externally, to inspire confidence in local health and social care services

What it means to each of us

- Explain what the HSCP means to the public, service users, staff, the Third Sector and other stakeholders
- Support the improvement of health and wellbeing of people in Argyll and Bute by raising awareness of the role of the individual in achieving long, healthy and happy lives
- Support staff through change on an ongoing basis
- Ensure the HSCP utilises the wide range of skills that are available within the Third Sector, staff and local communities to assist with communications and engagement

What it means for local areas

- Ensure local needs and views help shape future health and social care services through the sharing of information and good practice. This will include ongoing engagement with service users, public and staff.

What it means for communications and engagement work

- Learn from best practice in communications and engagement methods
- Continually develop innovative and successful ways of communicating and engaging with our target audiences
- Provide feedback to the public on how their views have contributed to the decision making process through the “You Said We Did” philosophy
- Build continuous and meaningful engagement with communities, staff, service users and carers to help influence the shaping of local services
- Facilitate two way communications
- Utilise service user experience and opinion to improve quality
- Encourage the involvement and engagement of staff
4. Our Area / My Locality

The start of Argyll and Bute Health and Social Care Partnership on 1 April 2016 saw the transfer of responsibility for communication and engagement at a local level to the new 8 Locality Planning Groups. This supports and recognises the aim to empower local communities to become “Locality Planned, Owned and Delivered” health and social care services.

In common with many other services within the HSCP, communication and engagement will also need to be matched to varying requirements of the different localities.

There will therefore be two levels of activity required:

- Communication and engagement relating to health and social care services as it applies to the whole of Argyll and Bute
- Communication and engagement relating to health and social care services as it applies to specific localities

Locality Planning Groups are also expected to share good practice, learn together and continue to develop their relationship with the HSCP at an Argyll and Bute wide level.
Roles, responsibilities and support

Ensuring those who have a role in informing others will be key to making effective communication and engagement possible. The sharing of information will therefore be vital.

Given this requirement and the increasing demand for communications and engagement support from the 8 Locality Planning Groups (LPGs) the final meeting of the Communications and Engagement workstream agreed that rather than continue with the workstream approach an account manager approach would be used by the communications and engagement officers of the NHS and Council. This approach would mean that each LPG would be allocated a communications and engagement officer as their point of contact for advice and support.

The expertise of the other representatives on the communications workstream, who all possess a wide range of communication and engagement skills, would link directly with their LPGs.

Further each locality management group is responsible for ensuring the mechanisms and administration type resource is in place to support local communications and engagement. This is normal business. There is no new or additional resource for this therefore localities must look to work creatively with partners and through initiatives to make best use of communications and engagement funding and skills.

The information below sets out initial proposals on how this approach will operate and how those with an informing role will themselves be informed.

<table>
<thead>
<tr>
<th>Who</th>
<th>Communicating what</th>
<th>Informed by</th>
<th>Supported by</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Ritchie</td>
<td>Aims and vision of the HSCP and issues that relate to all local areas</td>
<td>Feedback from and to IJB</td>
<td>Communication and Engagement Strategy</td>
<td></td>
</tr>
<tr>
<td>Jane Jarvie</td>
<td>Information that supports employees to make the HSCP a success for all</td>
<td>Feedback from and to Strategic Management Team</td>
<td>Media protocol (see Appendix 1)</td>
<td></td>
</tr>
<tr>
<td>Caroline Champion</td>
<td>Communication through internal and external communication channels</td>
<td>Feedback from and to Locality Planning Groups</td>
<td>Scottish Government guidance (see Appendix 2)</td>
<td>£11k (non recurring)</td>
</tr>
</tbody>
</table>
### Locality Communication

<table>
<thead>
<tr>
<th>Who</th>
<th>Communicating what</th>
<th>Informed by</th>
<th>Supported by</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locality Planning Groups</td>
<td>Information relating specifically to their locality</td>
<td>Feedback from and to IJB</td>
<td>Communications and Engagement Strategy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carrying out local communications and engagement activities as appropriate to support progress of the delivery of services in line with the Strategic Plan</td>
<td>Feedback from and to Strategic Management Team</td>
<td>Media protocol (see Appendix 1)</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>Feedback from and to Account managers</td>
<td>Communications and Engagement Toolkit (see Section 7)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Feedback from and to staff and public</td>
<td>Locality admin support</td>
<td></td>
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### Key account manager contacts

<table>
<thead>
<tr>
<th>Locality Planning Group</th>
<th>Communications</th>
<th>Involvement / Engagement</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oban &amp; Lorn</td>
<td>Jane Jarvie, Communications Manager</td>
<td>Caroline Champion, Public Involvement Manager</td>
<td><a href="mailto:davidritchie@nhs.net">davidritchie@nhs.net</a> 01436 655040</td>
</tr>
<tr>
<td>Mid Argyll</td>
<td></td>
<td></td>
<td><a href="mailto:caroline.champion1@nhs.net">caroline.champion1@nhs.net</a> 01546 605680</td>
</tr>
<tr>
<td>Kintyre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Islay / Jura</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mull &amp; the Islands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cowal</td>
<td>David Ritchie, Communications Manager</td>
<td></td>
<td><a href="mailto:caroline.champion1@nhs.net">caroline.champion1@nhs.net</a> 01546 605680</td>
</tr>
<tr>
<td>Bute</td>
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<tr>
<td>Helensburgh / Lomond</td>
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</tr>
</tbody>
</table>
Key Contacts

Scottish Health Council
The Scottish Health Council will provide advice for localities in developing understanding and putting into practice Scottish Government guidance on engaging and consulting with communities and it will also provides advice and support when required across the HSCP.
Contact: Alison McCrossan (alison.mccrossan@scottishhealthcouncil.org)

Health Care Forums
Health Care Forums are an important forum for people living in each locality to be actively involved in how local services are planned and they are an important partner in representing the community within the HSCP.
Contacts: to follow

Third Sector Interface (TSI)
The Third Sector Interface is represented on the Integration Joint Board. At a locality level a TSI rep will be aligned to each locality planning group to provide advice and support on how its third sector members and their service users can be involved in and contribute to outcomes.
Contact: Lynda Syed (lynda@argylltsi.org.uk)

Communications and Engagement Officers
Contacts: David Ritchie (NHS), Caroline Champion (NHS), Jane Jarvie (Council)
5. What We Will Communicate

Key messages for communication and engagement will develop as part of the transformation of health and social care services – subject to those with an informing role being informed. They may vary from locality to locality and they may change and develop over time.

It is also important to recognise that the HSCP needs to inform and engage and at the same time listen to the public and our staff. This is at the heart of how we build and develop our services.

Generic messages appropriate to this stage are outlined below.

**General Key Messages**

- Health and Wellbeing is about moving from a reactive health and social care service to an anticipatory maintaining person centred service
- We need to ensure members of the public can share ‘their stories’ and experiences of using local services so we can continuously improve
- We are changing how we work to ensure we can continue to provide a safe and sustainable service that people need now and into the future
- We understand the different needs of local communities and will design and plan services that reflect these needs
- We will listen to our local communities
- We will be flexible so that we can develop or change services as local needs change
- We will highlight that the HSCP has limited resources

**My Local Area**

- We will match services to local area need through making best use of local skills, capacity and workforce across all partners
- To do this we need the public, staff, carers, Third Sector and our other stakeholders to get involved in Locality Planning Groups and their work
- This input from our local communities will support the Locality Planning Groups and will generate debate and dialogue for the continuous improvement and innovation of services
- Support people to take more control over their Health and Wellbeing by ensuring they have the most up to date information
- By following guidance and good practice
6. Who We Will Communicate With

Our general audiences are those listed below. This is not an exhaustive list and there may be times when the HSCP communicates with one sector or all sectors depending on the issue being communicated.

- Service Users
- Carers
- Public representatives
- Health and Care Forums
- Employees
- Partner and Third Sector Organisations
- Local community groups
- Voluntary organisations
- General public
- Elected Members
- Scottish Health Council
- Staff
- IJB
- Wider community
- Other agencies such as NHS Greater Glasgow & Clyde and the Scottish Ambulance Service
7. How We Will Communicate and Engage

Continually improving services through listening to service users, carers, staff and stakeholders is a key responsibility for Locality Planning Groups. This needs to be a priority for the HSCP and LPGs and should be based on good practice and reflects the vision, aims, objectives and 6 areas of focus in the Strategic Plan.

A Communications and Engagement Toolkit will provide guidance and a reference tool for the HSCP and in particular for Locality Planning Groups. The Toolkit will provide a framework, direction, ideas, resources, support, facilitation and signpost to where to find people/resources for support. It will also ensure compliance with Statutory Guidance, relevant legislation and Codes of Practice.

The toolkit will be a working document that will be developed and contributed to on an ongoing basis as the need arises and will take into account the sharing of best practice (what works/what doesn’t) across localities.

The initial toolkit (which will be available at the end of July) will include advice on the following:

Communication

- Succinct description for explaining integration, why it’s needed and the benefits for service users
- Roles and responsibilities of the various groups within the HSCP such as the LPGs, IJB etc
- Media protocol
- How to write in ‘Plain English’
- Non-jargon descriptions of phrases used in relation to integration
- FAQs that cover:
  - An explanation of the links between LPGs and others within the HSCP (i.e. information flow and links)
  - Roles and responsibilities
  - Dealing with the media – who does what, who are spokespersons, where to refer media enquiries (see media protocol in Appendix 1)
- Options for publicising and disseminating information (e.g. partners who can help with distribution)
- An introduction to carrying out engagement, including lessons learned
• Sign off process for producing information for issue
• How to produce leaflets/posters
• Social media – how and when to use it
• A guide to what and when to communicate
• Networking information i.e. partners who can help distribute information, provide support and training

**Engagement**

• Informing, engaging and consulting as and when appropriate
• Signposting to methods for effective engagement e.g. running a conversation café, engaging with service users e.g. young people
• Support for engagement activities e.g. facilitation, training and resources
• Sign off process for producing information for issue
• Monitoring and evaluation e.g. After Action Reviews
• Resourcing your engagement
• Locality engagement grab bag – holding all tools and information to support e.g. drop in event
• Feedback to those who have taken the time to contribute / share their views – “You Said, We Did” philosophy
• Engagement log template to evidence depth and types of engagement process conducted
8. Review and Evaluation

This strategy has 2 key roles:

- To support and develop the capacity and capability of Locality Planning Groups in delivering effective communications and engagement at a local level
- To deliver effective communications and engagement as required at HSCP wide level

It will therefore be evaluated on:

- How well it supports the Locality Planning Groups
- How well it facilitates effective communications and engagement

Evaluation of support for LPGs will be done by:

- Six monthly feedback by LPG chairs
- Review of progress against the strategy objectives detailed in Section 3

Evaluation of effectiveness of communications and engagement will be done by:

- Evaluation of engagement activities on an event by event basis
- Level of attendance, participation and involvement at meetings/events
- Surveys where appropriate
- After Action Reviews conducted by the Scottish Health Council where appropriate
- Frequency of news releases, social media interactions, patient and service user experience
- Number of staff and partners trained in and using communication methods
- Identification and alignment of communication resources from initiatives and other projects/programmes e.g. Technology Enabled Care (TEC)
9. Statutory Requirements

There are a number of Statutory Duties placed on the NHS and Councils, along with appropriate Codes of Practice. The following provides a brief description of each (see Appendix 2 for a more detailed outline).

**CEL 4 (2010) Informing, Engaging andConsulting People in Developing Health and Community Care Services**

The principles of this Scottish Government guidance must be applied, proportionally, to any service change proposed by a Health Board, including any changes considered to be ‘major’. The guidance:

- Sets out the relevant legislative and policy frameworks for involving the public in the delivery of services
- Provides a step – by – step guide through the process of informing, engaging and consulting the public on service change proposals
- Explains the decision making process with regard to major service change and the potential for independent scrutiny
- Clarifies the role of the Scottish Health Council

**Patients Rights (Scotland) Act 2011**

A key ambition for NHS Scotland is that it is person-centred and provides services that put people at the heart of service provision. The Act:

- Aims to improve patients' experience of using health services and to support them to become more involved in their health and healthcare
- Acknowledges the important role of carers
- Encourages responsible use of NHS services and resources
- Recognises that NHS staff and all providers of NHS services should be treated with dignity, have their views valued, and supported to do their jobs well

**CEL 8 (2012) Guidance on Handling and Learning from Feedback, Comments, Concerns and Complaints about NHS Health Care Services**

The Patient Rights (Scotland) Act 2011 introduced the right to give feedback, make comments, raise concerns and to make complaints about NHS services and it also places a responsibility on the NHS to encourage, monitor, take action and share learning from the views they receive.

It should be noted that feedback, comments and concerns are not complaints. Complaints must be handled in accordance with NHS and Argyll and Bute Council procedures.
Participation Standard

The Standard sets out what NHS Boards need to do to make sure that people have a say in how health services are developed and delivered.

While there will be no Participation Standard assessment process, NHS Boards must use their 2015-2016 Feedback, Comments, Concerns and Complaints annual reports to demonstrate improvements in the handling of complaints and feedback and how the learning is used to make improvements.

National Standards for Community Engagement

The National Standards for Community Engagement sets out best practice guidance for engagement between communities and public agencies.

Equality Act 2010

The Act includes a key measure introducing the Public sector Equality Duty which came into force on 5th April 2011 and which is referred to as the General Equality Duty.

The General Equality Duty has three main aims. It requires public bodies to have due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic and people who do not share it

Community Empowerment (Scotland) Act 2015

The Community Empowerment (Scotland) Act provides a significant step towards communities having greater influence or control over things that matter to them. In particular, the Act emphasises the need to address disadvantage and inequality.

National Care Standards

The National Care Standards explain what you can expect from any care service used, written from the point of view of the person using the service. The National Care Standards are currently being reviewed. Further detail about the current Care Standards is provided at Appendix 1.
10. Role of the Scottish Health Council

The Scottish Health Council (SHC) was established by the Scottish Executive in April 2005 to ensure NHS Boards meet their Patient Focus and Public Involvement (PFPI) responsibilities, and to support them in doing so. The Scottish Health Council is a committee of Healthcare Improvement Scotland with a distinct identity.

The SHC promotes Patient Focus and Public Involvement in the NHS in Scotland. A key aspect of the role of the SHC is to support NHS Boards and monitor how they carry out their Statutory Duty\(^1\) to involve service users and the public in the planning and delivery of NHS services.

The Scottish Health Council has several core functions:

- **Community Engagement and Improvement Support** – providing proactive and tailored support for NHS Boards
- **Participation Review** – reviewing and evaluating NHS Boards' approaches to involvement through the Participation Standard
- **Service Change** – supporting NHS Boards to meet the requirement to involve people when planning or changing local services
- **Participation Network** – a centre for the exchange of knowledge, support, development and ideas.

The SHC is also responsible for providing secretariat and support services for Independent Scrutiny Panels. These are expert panels set up by the Scottish Government to consider proposals for major changes in local NHS services in Scotland.

By ensuring that NHS Boards listen and take account of people's views, the SHC aims to achieve a "mutual NHS" where the NHS works in partnership with service users, carers and communities.

Based on an understanding of the needs of those using local services, their life circumstances and experiences, Argyll and Bute Health and Social Care Partnership must ensure that service users, carers and the public are able to influence the planning and delivery of NHS services, and monitor how well services are performing.

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\(^1\) CEL 4 (2010) Informing, Engaging and Consulting People in Developing Health and Community Care Services
Appendix 1

Joint Media Protocol
Argyll and Bute
Health and Social Care Partnership

1. Introduction
The integration of health and social care introduces a whole new way of working for NHS Highland in Argyll and Bute and Argyll and Bute Council.

This Joint Media Protocol is designed to ensure publicity and communications activity for both organisations as the Partnership is co-ordinated, clear and consistent and provides both partners with clear guidance to follow when dealing with the media.

It includes guidance and best practice for managing both proactive and reactive media activity including news releases, media enquiries, photo opportunities and out-of-hours media activity.

It is predicated on statutory requirements that Partnership communications and media support will be provided by the existing communications teams within both host organisations (Council and NHS), based on the current set-up. However, this may be subject to change as arrangements for supporting services will be developed through a Service Level Agreement.

For the purposes of the protocol, these teams are collectively described as the Partnership communications team. In practice, this will involve each of the existing communications teams taking the lead at different times, depending on the nature of the media activity, and linking with other members of the Partnership communications team as appropriate.
2. Role of Locality Planning Groups in dealing with media

In order to support Locality Planning Groups and allow them to settle into their roles, the Partnership communications team will deal with all media enquiries. If a LPG requires media coverage, or receives media enquiries, they will contact their Account Manager to progress accordingly.

The Partnership will however keep this arrangement under review and will work closely with LPGs to investigate what opportunities are available for LPGs to build up their relationships, capability and capacity with local media.

3. Aims and objectives

The protocol establishes the level of communications support that will be provided by the Partnership communications team in dealing with the media and is designed to support and complement the overall objectives of the Partnership’s approved communications strategy.

It should be noted that these cannot be achieved by communications or media activity in isolation, and will be influenced by the Partnership’s engagement activity in terms of user and public involvement, as well as the operational work undertaken to deliver integrated services across Argyll and Bute.

The broad communications objectives are to deliver consistent, accurate information that supports understanding of and involvement with the development of Partnership objectives.

4. Roles and responsibilities

The media has a crucial role to play in helping ensure target audiences (defined in the communications strategy) are well informed about the Partnership, its services, priorities, values and activities.

The Partnership communications team is the key contact between the partnership and the media.

Any media contact directed elsewhere within a Partnership should be referred to the communications team immediately for appropriate action.
Integration Joint Board members who are contacted directly by the media for a comment on Partnership business and activities should contact the communications team for advice, support and guidance before responding, in line with existing protocols within the partner organisations.

5. Principles

- The Partnership communications team will work together to effectively promote the HSCP and its services in local and national media through a planned and sustained programme of activity.

- The Partnership communications team will provide a professional public relations and media management service that is consistent with legislative requirements, policy and best practice.

- The Partnership communications team will be responsible for dealing with the media, with a focus on promoting the work of the HSCP and protecting its reputation.

- Any media enquiries received by staff or members should be directed to the Partnership communications team immediately.

- Close links will be maintained between the Partnership communications team and the Partnership senior management teams and IJB to ensure they are kept up-to-date with partnership business, decisions and issues that could impact on media activity and interest.

- When speaking to the media on behalf of the Partnership, official spokespeople – whether elected members or not – must reflect the Partnership’s position in relation to all issues at all times.

- Communication with the media on health and social care issues will always be open and honest, and provide information in a clear, simple and user-friendly way.

6. Proactive Media Handling
During normal office/working hours, the Partnership communications team will liaise on all proactive joint and/or cross-organisational media regarding integrated services.

**Media releases**
A communications schedule will be prepared for the Partnership, setting out planned communications activity – including media activity – over a rolling 6 months period.

The Partnership communications team will liaise on all aspects of communication planning for the Partnership and be clear on who is undertaking what tasks and when.

This will help ensure that media activity is planned in advance as far as possible, researched and drafted by the Partnership communications team, and circulated to appropriate partners for consideration, comments and final sign-off before issue on a scheduled date.

**Spokespeople and process**
Media releases will be produced in line with existing communication practices/protocols, with quotes provided as follows:

- The Chair of the IJB will be the principal spokesperson for major policy decisions relating to the Partnership and will be pictured and quoted accordingly. The Vice Chair will be quoted when the Chair is not available.

- The Chief Officer will be quoted on operational issues. If the Chief Officer is not available the spokesperson will be the most relevant senior clinician or manager (depending on topic).

- Many proactive releases may also quote the individual delivering a piece of work, even if they are not in a senior position – for example, stories about smoking cessation. In all cases, proactive or reactive, all
releases are approved by the relevant senior manager or their nominated deputy.

All media releases should be copied to board members, the senior management team and the partnership communications team for information when issued. The releases should also be posted on all relevant partner websites and social media feeds.

**Photo opportunities**

Photo opportunities are a good way to help enhance media interest in and coverage of a proactive news story.

The Partnership communications team will be responsible for organising photocalls and photo opportunities in conjunction with the relevant manager.

Representatives from the HSCP should be invited to attend as and when required and invites will be issued in line with existing practices within the individual organisation.

Photography support will be arranged or commissioned by the Partnership communications team.

Photography permissions/consents must be in place for anyone appearing in photographs that will be issued to the media. Where this is not feasible – for example, due to large numbers in attendance at an event – clearly visible notices must be in place to advise that photographs will be taken.

Photography used to highlight sensitive or controversial issues must have the explicit permission of those featured that it can be used for that purpose.

7. **Reactive Media Handling**

During normal office/working hours, the communications teams for both organisations will liaise on all reactive joint and/or cross-organisational media regarding integrated services.

**Media enquiries**
A response will always be provided to media enquiries about the Partnership.

Media enquiries will be answered as quickly as possible – ideally within 24 hours or within the journalist’s deadline, whichever is sooner.

Partnership services are required to support the communications teams to ensure the Partnership can provide an accurate and appropriate response within the required deadline.

Responses will never say ‘no comment’ – where we are unable to comment, the response should say this and explain why.

Quotes must be signed off by the person they are attributed to – or an appropriate substitute, in line with standard practice – before issue.

Responses should only be issued to the media outlet that logged the enquiry.

Media enquiries about the Partnership that are deemed to be political will be discussed with the lead elected member for the Partnership to determine if they would like to respond politically.

All media enquiries must be recorded and logged in line with existing practices.

Media responses will be produced in line with existing practices, with quotes/interviews generally provided as follows:

- The Chief Officer of the Partnership will be the principal spokesperson for all media enquiries.

- Where required, the spokesperson will be the most relevant senior clinician or manager (depending on topic).

8. Media Handling Out of Hours
Outwith normal office/working hours (which vary slightly for each organisation), the communications team will provide an on-call media handling service in line with current arrangements. This will be restricted to urgent or
emergency media enquiries only and should not be used for routine media handling.

To manage urgent or emergency media enquiries, the relevant communications contact will liaise with their corresponding on-call duty officers (for Health, the senior manager on call) to jointly prepare an agreed statement.

The on-call communications contact for the other partner should be kept informed of the enquiry and a copy of the final issued statement circulated to the senior management team and the communications team in each partner organisation.

When pre-planned out-of-hours media activity is taking place, the Partnership communications team will liaise to ensure appropriate staff cover is provided.

9. Events and Official Visits
For events and official visits, the Partnership communications team will liaise to ensure there is appropriate representation from partners and current protocols and practices are followed at all times.

10. Media advertising
The Partnership communications team will continue to place media advertising in line with existing practices.

The finalisation and signing-off of content and creative for any media advertising for Partnership services or activities must be agreed by all relevant partners.

11. Filming requests
Filming requests relating to Partnership services will be managed by the Partnership communications team in line with existing practices.

12. Media monitoring
The Partnership communications team will monitor media coverage relating to the Partnership and its services and will take action to address any inaccuracies in the reported information.

Monitoring of the media coverage will be used to inform future communications planning and activity for the communications schedule.

13. Partnership communications team contacts

**NHS Highland**
David Ritchie
Communications Manager
Office: 01436 655040
Mobile: 077764 80406
Out of hours: 01463 655040 (Raigmore Hospital switchboard, ask for duty press officer)
davidritchie@nhs.net

**Argyll and Bute Council**
Jane Jarvie
Corporate Communications Manager
Office: 01546 604323
Mobile: 07769 138830
Out-of-hours: 07768 556 247
jane.jarvie@argyll-bute.gov.uk
APPENDIX 2

STATUTORY GUIDANCE / LEGISLATION

CEL 4 (2010) Informing, Engaging and Consulting People in Developing Health and Community Care Services

Scottish Government issued this guidance to assist NHS Boards in their engagement with service users, the public and stakeholders on the delivery of local healthcare services. The principles of the guidance must be applied, proportionally, to any service change proposed by a Board, including any changes considered to be ‘major’.

The guidance:

- Sets out the relevant legislative and policy frameworks for involving the public in the delivery of services
- Provides a step – by – step guide through the process of informing, engaging and consulting the public in service change proposals
- Explains the decision making process with regard to major service change and the potential for independent scrutiny; and
- Clarifies the role of the Scottish Health Council

Whilst decisions regarding the provision of NHS services remain a matter for NHS Boards (with the exception of major service change), the guidance ensures a consistent and robust approach is adopted when Boards consider and propose new services or changes to existing services.

The guidance is also considered alongside associated guidance prepared by the Scottish Health Council on major service change (‘Guidance on Identifying Major Service Changes’) and the Options Appraisal process (‘Involving patients, Carers and the Public in Option Appraisal for Major Services Changes’).

It is against CEL 4 (2010) and supporting guidance on major service change that the Scottish Health Council monitors compliance. For any proposed services changes considered to be major, the Board, when submitting its final proposal to the Minister for approval, must enclose a report from the Scottish Health Council which assesses whether the Board has involved people in accordance with the expectations set out in the guidance.

Patients Rights (Scotland) Act 2011

A key ambition for NHSScotland is that it is person-centred and provides services that put people at the heart of service provision. The Patient Rights (Scotland) Act 2011 supports the Scottish Government’s vision for a high
quality NHS that respects the rights of patients, their carers, and all the people who deliver NHS services.

The Act:

- Aims to improve patient’s experience of using health services and to support them to become more involved in their health and healthcare
- Acknowledges the important role of carers
- Encourages responsible use of NHS services and resources
- Recognises that NHS staff and all providers of NHS services should be treated with dignity, have their views valued, and supported to do their jobs well

Providers of NHS services throughout Scotland practice the principles of good patient care every day. The Patient Rights (Scotland) Act 2011 sets out these principles in law.

The Act details what patients in Scotland have a right to expect of their health services, no matter whether they are delivered by NHS staff or on behalf of the NHS by independent contractors and their staff.

Everyone who works for NHS Scotland wants to ensure that the experience of patients is the best it can be. In turn, staff have to be supported to do their jobs to the best of their ability.

The Act also recognises that carers have an important role in supporting patients, and that their views must be taken into account when planning and providing care and treatment.

The Act does not undermine the importance of clinical judgement, effective and efficient use of the NHS and its resources, or any other rule of law.

For the first time, patients have a legal right to give feedback on their experience of healthcare and treatment, and to provide comments or raise concerns or complaints.

In line with the national NHS Complaints Procedure, NHS Boards and independent contractors must publicise their own complaints processes and encourage patients to give feedback.

All staff who have contact with patients should be trained to deal with feedback, comments, concerns and complaints. This may involve responding to feedback or signposting patients to relevant support. Employers should provide staff with the relevant training they need to enable them to respond appropriately, effectively and efficiently.

The Patient Rights (Scotland) Act 2011 introduced a new independent

“Our vision is that whatever the setting, care will be provided to the highest standards of quality and safety, with the patient at the centre of all decisions about their health care.”
Nicola Sturgeon MSP, 2012
Patient Advice and Support Service (PASS). The role of PASS is outlined in Section 6.

People can also share their stories about local health and care services through Patient Opinion and Care Opinion (see Section 6).

**CEL 8 (2012) Guidance on Handling and Learning from Feedback, Comments, Concerns and Complaints about NHS Health Care Services**

We know that the NHS in Scotland already provides excellent care but we also know that sometimes things do go wrong. The Patient Rights (Scotland) Act 2011, together with supporting Secondary Legislation\(^2\), introduced the right to give feedback, make comments, raise concerns and to make complaints about NHS services and it also places a responsibility on the NSH to encourage, monitor, take action and share learning from the views they receive.

The Guidance supports relevant NHS bodies and their health service providers (including Primary Care Service providers) in handling feedback, comments, concerns and complaints.

The aim is to continually develop a culture that values and listens to the views of service users, carers and stakeholders to help inform and improve the development and delivery of person – centred quality health care. A culture where all staff, who can potentially be the first point of contact, value all of the views expressed whether these are good or bad in order to learn from peoples’ experiences and make improvements. A culture where people feel comfortable about expressing their views of the NSH without fear of this affecting the treatment or service they receive or their relationship with the health care provider.

Important provision within the legislation includes “the requirement to demonstrate what learning and improvement has taken place as a result of feedback, comments, concerns and complaints”. Service user experience is already helping to shape excellent clinical/care services and fostering high levels of clinical/care performance.

The HSCP must, however, do more to encourage people to share their “stories”, make it ‘safe’ for them to do so. Achieving the aim of continuous improvement in the quality of care and services at the point of delivery is reliant on this service user experience as it allows the service to target and focus improvements appropriately.

Continuous service improvement through the experiences of service users and carers is a core responsibility for Locality Planning Groups (LPGs).

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\(^2\) Secondary Legislation issued under CEL 7 (2012) in relation to the handling of feedback, comments, concerns and complaints, namely the Patient Rights (Complaints Procedure and Consequential Provisions) and the Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012 (“ the Complaints Directions”)
(Section 5), embedding this into the day to day business of the HSCP and within a performance and accountability framework.

The legislation places a clear responsibility on the relevant NHS bodies and health care providers to record the data they receive in relation to feedback, comments, concerns and complaints.

It should be noted that feedback, comments and concerns are not complaints. Complaints must be handled in accordance with NHS and Argyll and Bute Council procedures.

**Participation Standard**

Better Health, Better Care: Action Plan stated that establishment of a Participation Standard would enable the collection of systematic, comparable information on participation from across the NHS in Scotland.

The Standard set out what NHS Boards need to do to make sure that people have a say, and a sense of ownership, both in their own care and in how health services are developed and delivered.

When the Participation Standard was introduced, it covered three aspects of participation which were set out in three Standard Sections:

- **Standard 1** Patient Focus
- **Standard 2** Involving People in Service Planning
- **Standard 3** Corporate Governance

NHS Boards were required to carry out a self – assessment against the Participation Standard annually. However, in 2015, the Participation Standard assessment process was changed and focussed on Health Boards’ Feedback, Comments, Concerns and Complaints annual reports for 2014-2015. At the end of the last year’s revised process, the Scottish Health Council reported that Health Boards had welcomed the opportunity to review approaches and highlight any gaps in their procedures for handling complaints and feedback.

As the focus was different from previous years, it was agreed that the 2014-2015 self-assessment would provide a baseline for complaints and feedback handling, offering the opportunity to demonstrate future improvement and that any levels previously attained through the Participation Standard process would not be applicable for this assessment.

In line with established NHS Participation Standard procedure, 2015 – 2016 will be an improvement year and no formal assessment is planned. NHS Boards must focus on delivering the improvements identified for them in the

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While there will be no Participation Standard assessment process, NHS Boards must use their 2015-2016 Feedback, Comments, Concerns and Complaints annual reports to demonstrate improvements in the handling of complaints and feedback and how the learning is used to make improvements.

The annual reports should follow the guidance issued by the Scottish Government in May 2014. The Scottish Health Council will carry out an analysis on NHS Boards improvement outcomes, including noting the progress made on previously identified improvements. This is not the same thing as a Participation Standard assessment.

There must be a sustained focus on feedback and complaints in the coming years, both with the development of a model complaints handling process for the NHS in Scotland, and in terms of developing an integrated approach to handling feedback and complaints in health and social care.

The Scottish Health Council will be engaging with NHS Boards and participation leads to review other standards to ensure that the opportunity for closer alignment across health and social care participation standards is fully explored. The Scottish Health Council will also examine the implications in terms of measuring the impact of Our Voice.

**National Standards for Community Engagement**

The National Standards for Community Engagement sets out best practice guidance for engagement between communities and public agencies. The National Standards provides a useful understanding of how to implement good practice in engaging with communities at a local level, and can be used to evaluate and measure the impact of engagement.

The Standards for Community Engagement are a good practice tool:

- developed through community and agency engagement
- tested in practice
- setting out mutual commitments between agencies and communities
- promoting equality
- celebrating diversity
- building skills and confidence
- providing indicators of best quality performance
• driving continuous improvement
• embedded at the heart of what government promotes in Scotland

The 10 National Standards for Community Engagement are:

**Standard 1** [The Involvement Standard]
We will identify and involve the people and organisations with an interest in the focus of the engagement

**Standard 2** [The Support Standard]
We will identify and overcome any barriers to involvement

**Standard 3** [The Planning Standard]
We will gather evidence of the needs and available resources and use this to agree the purpose, scope and timescale of the engagement and the actions to be taken

**Standard 4** [The Methods Standard]
We will agree the use methods of engagement that are fit for purpose

**Standard 5** [The Working Together Standard]
We will agree and use clear procedures to enable the participants to work with one another efficiently and effectively

**Standard 6** [The Sharing Information Standard]
We will ensure necessary information is communicated between the participants

**Standard 7** [The Working With Others Standard]
We will work effectively with others with an interest in the engagement

**Standard 8** [The Improvement Standard]
We will develop actively the skills, knowledge and confidence of all the participants

**Standard 9** [The Feedback Standard]
We will feedback the results of the engagement to the wider community and agencies affected

**Standard 10** [The Monitoring and Evaluation Standard]
We will monitor and evaluate whether the engagement meets its purposes and the national standards for community engagement
**Equality Act 2010**

The Equality Act 2010 replaced the previous anti-discrimination laws with a single Act. A key measure included within the Act was the introduction of the Public Sector Equality Duty which came into force on 5 April 2011 and which is referred to as the General Equality Duty.

The General Equality Duty has three aims. It requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- foster good relations between people who share a protected characteristic and people who do not share it.

The duty to have due regard to the need to eliminate discrimination also covers marriage and civil partnership. The Equality Act also gives Ministers the power to impose specific duties through regulations. The specific duties are legal requirements designed to help those public bodies covered by the specific duties meet the General Duty.

Following a government consultation, the [Equality Act 2010 (Specific Duties) Regulations 2011](#) were laid before Parliament for approval, and came into force on 10 September 2011. The [specific duties for Scotland](#) were laid before the Scottish Parliament on 21 March 2012 and came into force on 27 May 2012.

The regulations will promote the better performance of the Equality Duty by requiring the publication of:

- equality objectives, at least every four years
- information to demonstrate their compliance with the Equality Duty, at least annually

**National Care Standards**

The Care Inspectorate regulates and inspects care services to make sure they meet the right standards. When the Care inspectorate checks the quality of care, it does so against the National Care Standards.

The [National Care Standards](#) are a set of standards for care services in Scotland. The current National Care Standards were created by the Scottish Government under the Regulation of Care (Scotland) Act 2001.

National Care Standards were developed with people who use care services and what good quality of care service should be like. The National Care...
Standards explain what you can expect from any care service used, written from the point of view of the person using the service. They also help people raise concerns or complaints.

There are six main principles behind the National Care Standards:

<table>
<thead>
<tr>
<th>Dignity</th>
<th>Privacy</th>
<th>Choice</th>
<th>Safety</th>
<th>Realising Potential</th>
<th>Equality &amp; Diversity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be treated with dignity and respect at all times</td>
<td>Have your privacy and property respected</td>
<td>Make informed choices, while recognising the rights of other people to do the same</td>
<td>Feel safe and secure in all aspects of life, including health and well – being</td>
<td>Achieve all you can</td>
<td>Be valued for your ethnic background, language, culture and faith</td>
</tr>
<tr>
<td>Enjoy a full range of social relationships</td>
<td>Be free from unnecessary intrusion</td>
<td>Know about the range of choices</td>
<td>Enjoy safety but not be over – protected</td>
<td>Make full use of the resources that are available to you</td>
<td>Be treated equally and be cared for in an environment which is free from bullying, harassment and discrimination</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Be free from exploitation and abuse</td>
<td>Make the most of your life</td>
<td>Be able to complain effectively without fear of victimisation</td>
</tr>
</tbody>
</table>

The National Care Standards are currently being reviewed.

Scottish Social Services Council (SSSC) - Code of Practice for Social Service Workers and Code of Practice for Employers of Social Service Workers
The Codes of Practice for Social Service Workers and Code of Practice for Employers of Social Service Workers describes the standards of conduct and practice within which they should work. The Codes outlines what they are for and what they mean as a social service worker, employer, service user or member of the public.

The two Codes are referenced to together as they are complimentary and mirror the joint responsibilities of employers and workers in ensuring high standards, and contribution to continuing to raise standards of social services.

The Code of Practice for Social Service Workers is a list of statements that describe the standards of professional conduct and practice required of social service workers as they go about their daily work. The purpose of the Code is to set out the conduct that is expected of social service workers and to inform service users and the public about the standards of conduct they can expect from social service workers. It forms part of the wider package of legislation, practice standards and employers’ policies and procedures that social service workers must meet.

The Code of Practice for Social Service Workers includes the following selected statements:

**Social service workers must**

1. Treat each person as an individual
2. Respect and, where appropriate, promote the individual views and wishes of both service users and carers
3. Support service users’ rights to control their lives and make informed choices about the services they receive
4. Communicate in an appropriate, open, accurate and straightforward way

The Code of Practice for Employers of Social Service Workers sets down the responsibilities of employers in the regulation of social service workers. It is a list of statements that describe the standards of professional conduct and practice required of social service workers as they go about their daily work. The intention is to confirm the standards required in social services and ensure that workers know what the standards of conduct employers, colleagues, service users, carers and the public expect of them.

The purpose of the Code of Practice for Employers of Social Service Employers is to set down the responsibilities of employers in regulating social service workers. The purpose of workforce regulation is to protect and promote the interests of service users and carers. Employers are responsible
for making sure that they meet the standards set out in the Code, provide high quality services and promote public trust and confidence in social services.

The Code of Practice for Employers of Social Service Employers includes the statement that social service employers must:

Promote the Codes of Practice, making service users and carers aware of the Codes, and informing them about how to raise issues through local policies / procedures.

Both Codes are intended to reflect existing good practice and anticipates workers and employers will recognise in the Codes the shared standards to which they already aspire.

**Community Empowerment (Scotland) Act 2015**

The Community Empowerment (Scotland) Act provides a significant step towards communities having greater influence or control over things that matter to them. In particular, the Act emphasises the need to address disadvantage and inequality.

The Act as a whole is highly ambitious and commits government and public services to engage with, listen to and respond to communities, easing the way towards communities having greater influence over how land and buildings are managed and used. Its detailed provisions set out many opportunities for communities, offering consultation on programmes and priorities, involvement in local outcomes improvement processes, reporting on progress of various kinds and, importantly, making support available to communities.

With careful consideration of the links between the Act and supporting guidance and regulations, the principles underpinning the Public Bodies (Joint Working) (Scotland) Act 2014 and recent regulations for community learning and development⁴, there is an unprecedented opportunity to position community participation more sustainable in a very wide range of local initiatives and plans.

There are three major elements of the Act that communities should be aware of:

- The strengthening of community planning to give communities more of a say in how public services are to be planned and provided
- New rights enabling communities to identify needs and issues and request action to be taken to these, and
- The extension of the community right to buy or otherwise have greater control over assets

The Act formalises the role of Community Planning Partnership (CPPs). The purpose of community planning is defined by the Act as “improvement in the achievement of outcomes resulting from, or contributed to by, the provision of [public] services.” Public services are a key factor in the quality of life for many people so it is important for communities to think about how they can take advantage of the legislation and engage with public services to highlight needs and issues, participate in developing plans and proposals and, where appropriate, play a part in providing services or projects.

Community planning partners must now include the whole range of public services that engage and work with communities. Public partners include Health Boards, Health and Social Care Partnerships, Integration Joint Boards, Local Authorities, Third Sector and Independent Sector.
Prescribed Membership of Strategic Planning Groups

Integration Authorities are obliged to establish a Strategic Planning Group for the area covered by their Integration Scheme for the purposes of preparing the strategic plan for that area. The group must involve members nominated by the Local Authority or the Health Board, or both. In effect, this provides for the partners who prepared the Integration Scheme, and are party to the integrated arrangements, to be involved in the development of the strategic plan.

In addition, the Integration Authority is required to involve a range of relevant stakeholders. These groups must include representatives of groups prescribed by the Scottish Ministers in regulations as having an interest.

The table below identifies the initial membership for the Argyll and Bute HSCP Strategic Planning Group.

<table>
<thead>
<tr>
<th>Representative</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Officer HSCP</td>
<td>1</td>
</tr>
<tr>
<td>At least 1 member of NHS Highland Board</td>
<td>1</td>
</tr>
<tr>
<td>At least 1 Elected member of Argyll and Bute Council</td>
<td>1</td>
</tr>
<tr>
<td>Health Professionals (GP, Consultant RGH &amp; MH, AHP, + others)</td>
<td>10</td>
</tr>
<tr>
<td>Social Care Professionals</td>
<td>2</td>
</tr>
<tr>
<td>Users of Health and Social Care</td>
<td>2</td>
</tr>
<tr>
<td>Carers of users of Health and Social Care</td>
<td>2</td>
</tr>
<tr>
<td>Commercial providers of health care</td>
<td>0</td>
</tr>
<tr>
<td>Non-commercial providers of health care</td>
<td>1</td>
</tr>
<tr>
<td>Commercial providers of Social care</td>
<td>1</td>
</tr>
<tr>
<td>Non-commercial providers of Social care</td>
<td>1</td>
</tr>
<tr>
<td>Non-commercial providers of Social housing</td>
<td>1</td>
</tr>
<tr>
<td>Third sector bodies within the Local Authority carrying out activities related to health or social care</td>
<td>1</td>
</tr>
<tr>
<td>Locality Representatives *</td>
<td>4</td>
</tr>
<tr>
<td>Representative of NHSGG&amp;C *</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>29</strong></td>
</tr>
</tbody>
</table>
ARGYLL AND BUTE HSCP LOCALITY PLANNING GROUP

TERMS OF REFERENCE

1.0 Purpose
The purpose of the xxxxx Locality Planning Group is to be the engine room in achieving the vision of the Argyll and Bute HSCP

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

Its mission for the 3 year strategic plan period is to work in partnership with local communities to offer services that are:

- Easily understood.
- Accessible, timely and of a high quality
- Well-coordinated.
- Safe, compassionate and person-centred.
- Effective and efficient, providing best value

The following are the key values to which those employed or contracted by the Partnership, or who are stakeholders in it, will be expected to adhere:

- Person centred
- Integrity
- Engaged
- Caring
- Compassionate
- Respectful

2.0 Role and Remit

2.1 Role
The Locality Planning Group role is to govern and account for delivery of the strategic plan objectives at locality level

Its focus and objectives over the plan period determined by the Integration Joint Board are the following six areas:

- Promote healthy lifestyle choices and self-management of long term conditions
- Reduce the number of avoidable emergency admissions to hospital and minimise the time that people are delayed in hospital.
- Support people to live fulfilling lives in their own homes, for as long as possible.
• Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing.
• Institute a continuous quality improvement management process across its service driving out “waste, harm and variation”
• Support staff to continuously improve the information, support and care that they deliver.
• Efficiently and effectively manage all resources to deliver Best Value

2.2 Remit

The locality planning groups remit is to develop, engage, communicate and enact the implementation of the 3 year Strategic Plan, at locality level by:

• Developing an annual Locality implementation plan that accords:
  o With the 6 areas of focus and strategic objectives of the Argyll and Bute HSCP
  o Delivers against the road map of “what we expect to look like in 2018/19”
  o Transformation to a health and well being organisation
  o Financial and service sustainability

• Assess progress against the locality plan which will be implemented by locality management utilising performance management processes

• Review the locality plan on an annual basis in line with the strategic plan review cycle and provide an annual report.

• Achieve a “Locality Planned, Locality Owned, Locality Delivered” service portfolio with person centred care and outcomes at its heart.

Exclusions:

Not to address current day to day Staff & Management operational issues.

2.3 Capability

To undertake its role the locality planning group will be established and developed over the 3 years of the plan period as follows.

• Membership (as per Appendix 1 prescribed by guidance) with the Locality Manager as Joint Chair
• “Tooling up” the localities capacity and capability in the areas of:
  • Locality Public Health and inequality profiles and information
  • National and local Outcome targets and performance
  • Workforce planning and performance (sickness absence, locum/agency costs, capability development targets)
    o Statutory
    o Partners
  • Public and User/Carer involvement and feedback shaping service delivery and continuous improvement
  • Continuous improvement – enhancing quality by driving out “ Waste, Harm and Variation” focusing on the patient/care pathway
  • Budgets and resource prioritisation and allocation
  • Financial and Resource performance- efficiency, savings and productivity
  • Commissioning – analyse, plan, deliver and review, health and care services
  • Scope out and update the profile and arrangement of locality services, resource and assets
  • Ensuring appropriate communications and engagement strategy / plan/ process is in place
• Identify service, workforce, OD, financial, clinical and care governance risks to inform the organisational risk register.

**Responsibility of members**

Roles and responsibilities of representatives: i.e. members of the public and Community Councillors, third sector etc.

Roles will be to:
- Ensure the views of service users, carers and the local community are sought
- Ensure you inform service users, carers and the local community of any service options or any recommendations for service change etc
- Contribute to the public engagement communication plan. This plan is required to encourage ongoing dialogue and engagement between the HSCP and the local community.

Responsibilities will be to:
- Familiarise yourself with the background to the group and all information relating to the group as it continues its work.
- Attend meetings and drop in events relating to the work of the group.
- Ensure the views of your local community, sector etc are represented and taken account of at group meetings.
- Work in partnership, as a full member of the group, with the other members of the group to enable decisions to be made.
- Abide by the rules of confidentiality with regard to sensitive issues or documents discussed by the group.

Public representatives should also:
- Have an interest in Health and Social care
- Understand the issues which the service being considered by the group raise, for your local community.
- Be able to express the views of service users, carers and the community.
- Ensure that your sub group is considering all views, both the majority and minority views.

**Role of Health Care Forum**
- To support and facilitate representatives as necessary to enable them to fulfil the above roles and responsibilities.
- Wherever possible, concerns or difficulties should also be expressed to the Chairs of the group.
- HCF will endeavour to match inexperienced public representatives with experienced public representatives.
- HCF will arrange any training or additional support required by public representatives to enable them to fulfil their roles.

**Role of the HSCP**
- The HSCP has governance (clinical, financial and safety) and budgetary responsibility to ensure provision of a Health and Care Service to the population of Argyll & Bute prioritising health promotion and ill health prevention as well as treatment.
- The HSCP is responsible for achieving performance targets and outcomes against national Board and council policy, standards and targets
- The HSCP is responsible for ensuring the delivery of high quality services which are accessible, sustainable, and efficient and deliver value for money and will undertake reviews and redesign of service to maintain and improve services.
- The HSCP is required to ensure meaningful public engagement and involvement in the provision and/or review of service and will put in place processes and systems accordingly complying with CEL 4 (2010).
What is confidentiality?
- That considered by the group which must not be relayed out with the group without the consent of the group.
- Trust, Respect, Standards, Consent, Due Process.
- Entrusted (With Information) – Disclosure versus Non Disclosure. (Confidence knowing what can/ cannot be shared)

Roles and Responsibilities of Group/ sub groups or Work stream members
- Summary at end of meeting. Salient points, as agreed by the group and report back to Locality Planning group.
- Summaries of the Sub Groups are included in the Project Review Group Minutes.

Declaration of interest of Group Members
- Each member will give a declaration of interest in the process This declaration will form part of these terms of reference (Appendix 2)

3.0 Reporting and Accountability
The Locality Planning Group Reports to the locality management team
The locality management team is accountable to the Strategic Management team on the locality plan performance

4.0 Joint Chairs
Locality Manager & Nominated Representative

5.0 Membership (see Appendix 1 for guidance as to who should be on the group)
This should build on any existing groups but should not be simply a merger.

<table>
<thead>
<tr>
<th>Designation</th>
<th>Name</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

6.0 Quoracy
The Locality Planning Group will be quorate subject to 50% of standing membership being present.

7.0 Meeting cycle
The meeting cycle for the Locality Planning Group will initially be monthly until September 2016.
Thereafter its frequency will be reviewed
8.0 Voting

9.0 Agenda Setting
The agenda will comprise agreed standing items and relevant agenda items submitted 5 working days prior to any meeting.

10 Administrative Arrangements
Administrative support will be provided from within the Locality Planning Group

11 Work Programme

<table>
<thead>
<tr>
<th>Date</th>
<th>Regular Business</th>
<th>Special Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2016</td>
<td>Establish LPG, membership and ToR Feedback SPG Consultation – Locality Level</td>
<td>communication and engagement for public and staff</td>
</tr>
<tr>
<td></td>
<td>Public Health Profile presentation</td>
<td></td>
</tr>
<tr>
<td>Feb 2016</td>
<td>Review Transformation priorities for year 1 identify indicative action plan</td>
<td>communication and engagement for public and staff</td>
</tr>
<tr>
<td></td>
<td>Review “tooling up” Information/resources</td>
<td></td>
</tr>
<tr>
<td>March 2016</td>
<td>Review Indicative Action plan with timescales for 2016/17</td>
<td>communication and engagement for public and staff</td>
</tr>
<tr>
<td>April 2016</td>
<td>Sign off Action plan for 2016/17</td>
<td>communication and engagement for public and staff</td>
</tr>
<tr>
<td>May to Sept</td>
<td>Review and progress action plan and support capability and capacity development of LPG</td>
<td>Monthly report to Locality management group</td>
</tr>
<tr>
<td>April 2017 onwards</td>
<td>Assess progress on implementation of locality plan and development of performance monitoring reports</td>
<td></td>
</tr>
</tbody>
</table>

Date TOR Agreed:  
Review Date:
# Appendix 1 – Membership

## Argyll and Bute Locality Planning Group Member, Description & Role

<table>
<thead>
<tr>
<th>Member</th>
<th>Group</th>
<th>Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td>General Practice. The GMS contract makes provision for every GP practice to nominate an integration liaison, which provides a starting point for GP engagement</td>
<td>Locality Lead GP to be identified</td>
</tr>
<tr>
<td>Public</td>
<td>Communities. People living locally must have a meaningful role in localities. Existing Public Participation Forums and local patient participation groups can play a valuable role as communities of interest, such as Community Councils. Methods to support hard to reach groups must also be identified</td>
<td>Health Care forum, PPG representatives and methods of involvement enacted – children’s, hearing impaired, autism etc</td>
</tr>
<tr>
<td>Carers</td>
<td>Carer Representative – 2 representatives networked into local or A&amp;B wider carers groups</td>
<td>Carer groups</td>
</tr>
<tr>
<td>Primary Care – pharmacy, Dental, Optometrist etc</td>
<td>Primary Care. Each profession in the wider primary care team should have the opportunity to participate in the development of the locality plan and local decision making that affects their profession,</td>
<td>Either via membership of the locality or via a clear mechanism that enables them to feed into and be made aware of the decision making process.</td>
</tr>
<tr>
<td>Acute Service, Scottish Ambulance Service</td>
<td>Secondary Care. - Arrangements in this respect will vary local Managed Clinical Network and Community Hospital arrangements will provide a starting point for secondary care SAS – essential role will require their formal involvement in locality planning via liaison groups and initiatives</td>
<td>Clinicians and representatives from unscheduled care as &amp; when appropriate Area manager representation as and when required</td>
</tr>
<tr>
<td>Housing</td>
<td>Housing- input from people who have responsibility for housing, given the focus within integration on supporting people, as far as possible, to stay in their own homes and building healthy, resilient communities</td>
<td>ACHA or other housing reps</td>
</tr>
<tr>
<td>Social Work</td>
<td>Social Work and Social Care. Social workers, and people working in social care more generally, play an important role in helping people to maintain their independence; their input will be critical to effective locality arrangements</td>
<td>Locality SW- Adults and Children Carer representatives</td>
</tr>
<tr>
<td>Member</td>
<td>Group</td>
<td>Representative</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------------------------</td>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>Independent Sector</td>
<td><strong>Independent sector</strong> Care providers have an essential role in provision of a profile of care services. Commissioning of care requires development of market capability and capacity to meet new arrangements</td>
<td>Independent Sector representative</td>
</tr>
<tr>
<td>Third Sector</td>
<td><strong>Voluntary sector</strong> – foundation of community resilience, and innovation as well as access to specialist and independent services/support e.g. Marie curie, Alzheimer’s, Red cross as well as local resources, etc. Their involvement will vary in intensity but communication and links vital via TSI.</td>
<td>3rd sector representative</td>
</tr>
<tr>
<td>Public Health and planning support</td>
<td><strong>Public Health/ Planning Improvement resource</strong> - public health and health promotion is vitally important to support the evidence base of what each locality areas challenges are and to assist in making the biggest impact on inequalities. Planning and improvement skills to facilitate change provide local capacity and capability, and drive continuous improvement and best value.</td>
<td>Public health representative</td>
</tr>
<tr>
<td>Operational Service Manager</td>
<td><strong>Senior operational manager Health and social care</strong> – Responsible and accountable for delivery of services in the locality they have a key role in managing this process and driving change through collaborative working with other partners</td>
<td>Locality Manager Health and Social Care (Adults and Children)</td>
</tr>
</tbody>
</table>
Appendix 2 - Register of Declaration of Interests – XXXXXXX Locality Planning Group Members

Declaration of Interest

The NHS and Council Code of Accountability and good governance practices requires project or planning group members to declare interests which are relevant and material to the work being conducted. XXXXXX Locality planning group members have declared relevant interests and these are formally recorded below:

Members are also asked to declare interest at any agenda item and undertake an objective test of resilience of this.

<table>
<thead>
<tr>
<th>Name</th>
<th>Job title</th>
<th>Declared Interest</th>
<th>Date of Declaration/confirmation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Company or Organisation</td>
<td>Interest</td>
</tr>
</tbody>
</table>

ToR Locality Planning Group v0.3 April 2016
**Fit for the Future**

**Quality & Finance Plan 2017/18 & 2018/19**

**Argyll & Bute HSCP—Our First Year**

The Argyll and Bute Health and Social Care Partnership (HSCP) came into being in April 2016. Our Strategic Plan 2016–2019 sets out our local priorities for the next three years in response to the national policies of the Scottish Government. It also takes account of what you have said is important to you.

You told us that you want your local services to:

- reduce the need for emergency or urgent care, or a crisis response (anticipatory care)
- prevent ill health—increase confidence and improve skills to support us to live life to the full and maximize independence
- maintain health and wellbeing – provide the support to look after ourselves and stay well

**What have we achieved?**

In the last year, we have done a lot. We have successfully established a local kidney dialysis unit in Campbeltown with the support of the community there. Mental health inpatient services will soon be moving into the Mid Argyll Hospital providing a higher standard of care in a more caring environment for our patients. We have community day responder services which support people in their homes and allow unpaid carers to have a break from their caring role. We have invested money and recruited more staff to maintain our 24 / 7 casualty (A&E) departments in our local hospitals.

**What is the Timeframe?**

At its meeting on 29th March, the Integration Joint Board (IJB) will be presented with the budget plan which will outline how we aim to achieve £22 million savings. We want to hear your views and ideas on this over the next few weeks. This does not mean your involvement will end. We will continue to speak to you so you are involved in how services are delivered in the coming months.

**We need to do more**

The Scottish Government Health and Social Care Delivery Plan (December 2016) [http://www.gov.scot/Publications/2016/12/4275/downloads](http://www.gov.scot/Publications/2016/12/4275/downloads) says we need to change services more quickly. The focus on preventing ill health, early intervention and supported self—management mirror our local priorities but we know we need to do a lot more than we are now.

**Pressures on providing services**

We are having problems recruiting key medical and care staff. This means we are paying for locums and agency staff which costs us a significant amount of money. A number of care homes have closed as they have been unable to meet appropriate care standards, are unable to recruit care staff and the cost of providing services has proved too much.

**Our unprecedented challenge**

We are required to get value for money and use our resources more efficiently and effectively, and we must be honest about that. In the next 2 years we need to save £22 million (8.5%) on our annual budget of £257 million. This is due to cost and inflation pressures and the level of funding given to us by NHS Highland and Argyll and Bute Council. It is challenging but with your assistance we can do it.

This is where we need your help to identify what services are important to you and tell us where you think we can make savings.
What is happening?
Our Strategic Plan outlines our priorities for health and social care services across Argyll and Bute. Our priorities are in response to national policies as set out by the Scottish Government but also based on what you have said is important to you. When we consulted with you in the past, you said “We want to live a long, healthy, happy and independent life supported by health and social care services when we need them.” We want to support you to achieve this.

What does this mean for you? This means that we can no longer provide services as we do now. If we carry on as we are, we will not be able to support the growing number of people who will need our support in the future.

Our challenges are no different to anywhere else in Scotland or indeed nationally. You will have seen in the newspapers, on TV and on Social Media that the NHS and Social Care system is under increasing pressure. Services are becoming overwhelmed by the increasing number of people who need our support and are struggling to deliver the high quality care that we want to provide.

How has this happened and what are we doing about it? Have a look at the short video Audit Scotland—How We Can Transform Health and Care Services, it explains what we are facing and what we must do to get us back on track.

Financial Challenge—£22 Million Savings
Our citizens and staff have said they understand the need for change, they know we need to make significant savings. In the next 2 years we need to save £22 million. Why? The cost of delivering services as we do now, the cost of inflation and the level of funding given to us by NHS Highland and Argyll and Bute Council to deliver health and social care services.

We Want Your Views!
Our vision is to build on the excellent services currently provided across Argyll and Bute. We want to ensure that your local services will support you to live a long, healthy, happy and independent life. However, we need to change how services are delivered in the future and make significant savings.

We want to hear your views on how we can meet our financial challenge. Do you have any ideas? Come along to one of our events, see back page or look out for adverts in your area.

Your feedback is important. We will be using what you say to consider how we can redesign and improve services so they are fit for the future but with the money available to us.
**What Are We Planning To Do?**

We need to ensure we have the right services in the right place at the right time. We are committed to keeping your local hospital at the heart of your community and will ensure we retain the high quality level of care and safety which they provide, when people need it. But we also know we can no longer provide services as we do now.

You said “We want to stay at home for as long as possible.” To support people to live in their homes for as long as possible, we need to provide more community based services and aim to do this by investing an additional £2 million in these services.

This means we can reduce the number of beds in our hospitals but we will not compromise safety of patients and there will always be sufficient beds for those who do need a stay in hospital. Fewer people will need to be cared for in a nursing or care home.

What we are proposing will be a new way of organising and delivering care. This will have an impact on everyone in Argyll and Bute, both our citizens and our staff. We understand how anxious you are about the proposed changes and we want to work with you during this difficult time.

**What Areas Are We Looking At?**

- **Children and Families Services**—reduce the number of children placed out of area
- **Services in the Community**—review how we provide some services which will enable us to invest £2 million new money in more community care teams (nursing, care services), improving health and anticipating care needs
- **Hospital and Care Home Services**—prevent people staying in hospital longer than they need to and use our resources to support more community based services (Balance of Care)
- **Corporate or Support Services**—reduce the number of buildings we operate from, co-locate with the Council in Lochgilphead, centralise appointment booking, and integrate social work and health administration

**Communication & Engagement with you**

Your local Communications and Engagement Group is responsible for the engagement plan for changes proposed for your local area. These groups are made up of public, third sector, union, NHS and Council Staff. The Scottish Health Council provide guidance and support. Our plans for the next few months are to:

- **Inform you** - we need to share information about the services, their costs, the needs our communities have now and in the future, our resources, and other background information
- **Engage with you** - we need the time to discuss all this information with you. We will be holding a number of events across Argyll and Bute during March for both our citizens and staff. See back page for details of the events already planned. These are the first in a series of events to keep you updated on what is happening locally and keep you involved.
- **Reporting on what you say** - we need to gather what people say and report that back to the Integration Joint Board (IJB)

If there are other ideas about how to develop services according to good practice, but within the budget of the Health and Social Care Partnership, we want to hear about them.
CONVERSATION CAFÉS

We are holding a number of drop in events (conversation cafés) for local communities and staff to come and join us in discussion. Here you can share your views, tell us if you have any ideas on where we can save money and ask questions.

Events for March have been arranged as follows:

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>DATE</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference Room, Corran Halls, Oban</td>
<td>1st March</td>
<td>2pm—5pm, 6pm—8pm</td>
</tr>
<tr>
<td>Village Hall, Craignure, Isle of Mull</td>
<td>2nd March</td>
<td>12noon—3pm</td>
</tr>
<tr>
<td>Community Centre, Lochgilphead</td>
<td>3rd March</td>
<td>2pm—5pm, 6pm—8pm</td>
</tr>
<tr>
<td>Community Centre, Campbeltown</td>
<td>8th March</td>
<td>2pm—5pm, 6pm—8pm</td>
</tr>
<tr>
<td>Columba Centre, Bowmore, Isle of Islay</td>
<td>9th March</td>
<td>2pm—5pm</td>
</tr>
<tr>
<td>Conservatory, Cowal Community Hospital, Dunoon</td>
<td>13th March</td>
<td>2pm—5pm, 6pm—8pm</td>
</tr>
<tr>
<td>Green Tree Café, Rothesay, Isle of Bute</td>
<td>15th March</td>
<td>12noon—3pm</td>
</tr>
<tr>
<td>Pillar Room, Victoria Halls, Helensburgh</td>
<td>16th March</td>
<td>2pm—5pm, 6pm—8pm</td>
</tr>
</tbody>
</table>

Come and join us for a chat and a cuppa

Remember, you can ask us to come to your group or meeting!

Further events will be organised for April and May, look out for details in the local paper or social media.

“WE WILL LISTEN TO YOU, LEARN FROM YOUR EXPERIENCES AND USE THIS INSIGHT TO GUIDE WHAT WE DO”
Argyll and Bute Health and Social Care Partnership

Quality and Finance Plan
2017-18 to 2018-19

March 2017
CONTENTS

Introduction to Plan 1
Case for Change 2
National Priorities 3
Our Approach 3
Pace of Change 4
Integrated Budget – Key Facts 5
Understanding the Financial Challenge 7
Proposed Quality and Finance Plan 9
Investment Plan 11
Next Steps 11

APPENDICES:

Annex A- Quality and Finance Plan 2017-18 to 2018-19 12
Annex B- Investment Plan 20
Introduction to the Plan

The Argyll and Bute Health and Social Care Partnership (HSCP) came into being in April 2016. The Health Board and Local Authority have delegated the responsibility for planning and budgeting for service provision for health and social care services to the Integration Joint Board. The Integration Joint Board are responsible for directing a total resource of £256m. Our Strategic Plan 2016—2019 outlines our ambitions and our local priorities for the next three years which will ensure that we deliver our vision that:-

“People in Argyll and Bute will live longer, healthier, happier independent lives”.

The Argyll and Bute Health and Social Care Partnership has identified six areas of focus in delivering our vision:

- Efficiently and effectively manage all resources to deliver Best Value
- Support staff to continuously improve the information, support and care they deliver
- Reduce avoidable emergency admissions to hospital and minimise the time people are delayed
- 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 improvement approach

In December 2016, the Scottish Government published the Health and Social Care Delivery Plan which highlights the urgent need to address the rising demand being faced across health and social care services and the changing needs of an ageing population. Critical to this is shifting the balance of where care and support is delivered from hospital to community care settings, and to individual homes, when that is the best thing to do. This provides a clear
impetus to the wider goal of the majority of the health budget being spent in the community by 2021.

Our Quality and Finance Plan 2016-19 is key to supporting the delivery of the strategic plan and setting out our plans to deliver a shift in the balance of care. The ability to plan based on the totality of resources across the health and care system to meet the needs of local people is one of the hallmarks of integrated care. Financial planning is key to supporting this process and identifying the transformation which is required to provide safe and sustainable services to the local community over the medium term.

**Case for Change**

Argyll and Bute Health and Social Care Partnership is facing significant challenges as a result of our ageing population, challenges of recruitment and a reduced workforce, the cost of implementing new legislation and policies and financial pressures. If nothing else changes spend would need to increase by 11% by 2020. While not a new set of challenges for Argyll and Bute, the scale and pace of change which is required over the next two years is unprecedented, with a reduction in costs of £20 million required over the next two years.

The recent Report on Social Work in Scotland (Social Work in Scotland, Accounts Commission Sept 2016) recognised that current approaches to delivering health and social care are not sustainable in the long term. The report highlighted the significant level of challenges faced by Health and Social Care Partnerships because of the combination of financial pressures caused by a real-terms reduction in funding, increased demographic pressures and the cost of implementing new legislation and policies. Audit Scotland concluded that if Health and Social care Partnerships continued to provide services in the same way, spending would need to increase by 16-21% by 2020.

Increased demand for services linked to constraints in public sector funding and changing demographics are the most dominant challenges. It is estimated that between 2010 and 2035 the population of Argyll and Bute will decrease by 7% overall, the number of working age adults will decrease by 14%, whilst the number of people aged 75+ will increase by 74%. This leads to reduced Scottish Government funding allocations for both the Health Board and Local Authority, reduced workforce capacity and increased demand for services.

Within this local and national context it is essential that the Partnership develops and maintains a Quality and Finance plan to enable it to direct resources at the services which will deliver the greatest impact, support a shift in the balance of care and will set the context for annual budgets.

Some difficult decisions and choices need to be made which will understandably cause concern if people don’t understand or accept the case for change.
National Priorities

The Scottish Government have outlined expectations from the integration of services which include:

- Commitment to shift the balance of care, so that by 2021-22 more than half of the NHS front line spending will be in Community Health Services
- Invest in prevention and early intervention, particularly in early years, with the expectation that work will continue to deliver 500 more health visitors by 2018
- Produce plans to minimise waste, reduce variation and duplication
- Reduce medical and nursing agency and locum expenditure as part of a national drive to reduce spend by at least 25% in-year
- Reduce unplanned admissions, occupied bed days for unscheduled care and delayed discharges therefore releasing resources from acute hospital services
- Shift the balance of spend from institutional to community services

Health and Social Care Partnerships are required to measure performance against nine National Health and Wellbeing Outcomes and for Argyll and Bute there are 23 sub indicators which sit below these outcomes to demonstrate the performance of the Partnership. In addition to these the Scottish Government will track:

1. Unplanned admissions
2. Occupied bed days for unscheduled care
3. A&E performance
4. Delayed discharges
5. End of life care; and
6. The balance of spend across institutional and community services

There is a focus on integrated services to deliver real change to the way services are being delivered, with a realism that the care system is broken and delivering services in the same way is not a viable option.

Our Approach

In considering these challenges the Partnership must redesign care, services and ways of working to ensure we deliver safe, high quality services which are sustainable and affordable. It is clear from the scale of the financial challenges faced that the current models of care are not sustainable. This will be a major challenge as doing more of the same will not deliver the scale of change required.

You said “We want to stay at home for as long as possible.” To support people to live in their homes for as long as possible, we need to provide more community based services and aim to do this by investing an additional £1.1 million in these services. This alongside the continuation of investment of specific funding allocations to drive forward integration work including the Integrated Care Fund, Technology Enabled Care and Delayed Discharge will lead to a total investment in transformational change of £3.5m.
This means we can reduce the number of beds in our hospitals but we will not compromise safety of patients and there will always be sufficient beds for those who do need a stay in hospital. Fewer people will need to be cared for in a nursing or care home as we provide a higher level of care to support people within their own homes.

Ensuring local access to care in the face of workforce challenges means urgently reviewing our use of technology to support people to access care and reduce the need for travel.

While service redesign and change is high profile, a focus on eliminating the waste and inefficiency in our systems is another way in which we can ensure the most effective use of both our workforce and our budget. Within the Partnership we are building our capacity and capability to use the tools of lean and quality improvement, while recognising that it is wholesale adoption of these approaches which will have maximum impact.

There are minimum requirements for the services delegated to Integration Joint Boards, which are broadly adult social care services, adult community health services and a proportion of adult acute services. In Argyll and Bute all health and social care services have been included in the delegations to the Integrated Joint Board, including children’s services and all acute hospital services. This leaves the Argyll and Bute Integration Joint Board with full responsibility and resources for the whole of the care pathway. This puts us in a unique position to influence and take decisions based on a whole system approach and this is something that can be capitalised on when developing and implementing the Quality and Finance Plan, particularly when shifting the balance of care from hospitals or institutional settings to the community.

**Pace of Change**

We need to do more. The Scottish Government Health and Social Care Delivery Plan (December 2016) says we need to change services more quickly. The focus on preventing ill health, early intervention, reducing health inequalities and supported self—management mirror our local priorities but we know we need to do a lot more than we are now.

Across the country and beyond the challenges to bring in new models of care that are sustainable from both clinical and financials view points are significant. Here in Argyll and Bute we also face some additional pressures due to the remoteness and rurality of some of our communities plus we have a higher proportion of older people. Many of our communities are therefore fragile. As an important partner in maintaining the social and economic vibrancy, concerns around health service quality or service changes can and do generate considerable attention from communities, local and national politicians as well as staff.

While there appears to be a general understanding and acceptance that the models of care have to change there are many views on what and where these changes should be. The biggest challenge we face is needing to speed up the pace of change while at the same time taking staff, communities and partners with us.
This plan sets out our commitment to continue to transform care to deliver the best possible outcomes for the people of Argyll & Bute. Our transformational journey includes moving towards more people being cared for at home. These aspects will be delivered through a combination of prevention and anticipatory care, better use of technology and developing and embedding new models of care. It will also very much be a collaborative approach working with our statutory partners, voluntary and third sectors as well as our staff and local communities. Clearly wider work delivered through public health, primary care, children’s services are ongoing and will shape improved outcomes in the longer term.

There are risks around the pace and scale of change being insufficient or delivery of change being compromised which may result in:

- No or little reduction in health inequalities, especially for those in poverty who experience the poorest health
- Continued focus on more acute care which will not reduce the numbers of people acquiring long term conditions
- A missed opportunity to improve the quality of life of those with long term conditions.

**Integrated Budget – Key Facts**

**How do we spend our money just now?**

- £58m - Hospital Services in Greater Glasgow and Clyde 23%
- £50m - Adult Social Care Services (Care at home, care homes etc) 20%
- £46m - Hospital Services in Argyll and Bute 18%
- £26m - Community Services (Public Health, nursing, OT etc) 10%
- £20m - Childrens Services (Social Care, Maternity, Mental Health etc) 8%
- £19m - Prescribing in Argyll & Bute 7%
- £15m - GP Services in Argyll & Bute 6%
- £13m - Dentists, Opticians & Chemists 5%
- £6m - Management and Corporate Costs 2%
- £4m - Other Commissioned Services 1%
- £19m - Prescribing in Argyll & Bute 7%
This is summarised below:

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Services</td>
<td>40%</td>
<td>£103m</td>
</tr>
<tr>
<td>Adult Social Care Services</td>
<td>20%</td>
<td>£50m</td>
</tr>
<tr>
<td>Community Services</td>
<td>10%</td>
<td>£26m</td>
</tr>
<tr>
<td>Prescribing</td>
<td>7%</td>
<td>£19m</td>
</tr>
<tr>
<td>GPs, Dentists, Opticians and Chemists</td>
<td>11%</td>
<td>£28m</td>
</tr>
<tr>
<td>Everything else</td>
<td>12%</td>
<td>£30m</td>
</tr>
</tbody>
</table>

In Argyll and Bute a relatively small number of service users account for much of the activity and resource consumption in the health and social care system, with 50% of the resource spent on hospital and prescribing costs to provide services for 2% of the population. Across Scotland less than 4% of all service users account for 50% of total expenditure in health services, so this is consistent with the national picture. A better understanding of this group of service users and how they interact with health and social care services will help the Partnership better manage and commission services in the future and ensure an improved care experience and outcome for these people.

There is a clear direction from the Scottish Government that the integration of health and social care has been introduced to change the way key services are delivered, with greater emphasis on supporting people in their own homes and communities and less inappropriate use of hospitals and care homes. By 2018 the national aim is to reduce unscheduled bed days in hospital care by up to 10 percent (i.e. by as many as 400,000 bed days) by reducing delayed discharges, avoidable admissions and inappropriate long stays in hospital. Actions taken by Integration Joint Boards to deliver on these targets will assist to reduce the growth in the use of hospital resources, support balance across NHS Board budgets and give clear impetus to the wider goal of the majority of the health budget being spent in the community by 2021.
Understanding the Financial Challenge

Funding

The Health and Social Care Partnership is funded through delegations from the Council and Health Board, the estimated funding for 2017-18 is illustrated below:

Partner contributions to the Health and Social Care Partnership are contingent on the respective financial planning and budget setting processes of the Council and Health Board and the financial settlements that they receive from the Scottish Government. There is uncertainty around funding available from 2018-19 onwards as both partners will set one year budgets for 2017-18 and the impact of the Scottish Government budget allocation and local spending decisions is not known. However funding assumptions can be made around the ongoing reductions to public sector funding and priorities.

Cost and Demand Pressures

A detailed analysis of the cost and demand pressures has been undertaken for the Partnership and assuming nothing else changes an additional £17m would be required to meet current and anticipated costs and demand over the next two years. These are illustrated below:
• The assumptions for pay inflation costs reflect the current inflationary assumptions of both partner bodies and the cost of the apprenticeship levy
• Demographic and volume pressures reflect increases across all service areas including amongst other areas healthcare packages, new medicines funding, growth in prescribing demand, growth in adult care services, younger adult supported living services and continuing care for children
• Non pay inflation includes anticipated increases to third party payments, including the expected uplift to NHS GG&C for acute services and cost increases for prescribing
• The Living Wage pressures include the full year implications of moving to the Living Wage from October 2016 and the increased rate for 2017-18, with an assumption the rate will increase year on year to reflect the national commitment to reach a national living wage of £9.00 per hour by 2020.

There are significant cost and demand pressures across health and social care services and these are expected to outstrip any funding uplifts and have a significant contribution to the overall budget gap for the Partnership.

The Budget Gap

The Integration Joint Board has a responsibility to set a balanced budget and to delegate resources back to the Council and Health Board for the delivery of services. The funding and cost estimates are prepared for each partner separately but these are consolidated and viewed as one integrated budget with one bottom line position for the delivery of health and social care services.

Taking into account the estimated funding and the pressures in relation to costs, demand and inflationary increases the estimated budget gap for the Partnership for the two years to 2018-19 is outlined below:

<table>
<thead>
<tr>
<th></th>
<th>2017-18 £m</th>
<th>2018-19 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Budget</td>
<td>256.1</td>
<td>258.9</td>
</tr>
<tr>
<td>Cost and Demand Pressures</td>
<td>7.9</td>
<td>4.7</td>
</tr>
<tr>
<td>Inflation</td>
<td>2.0</td>
<td>2.6</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>266.1</td>
<td>266.2</td>
</tr>
<tr>
<td>Total Funding</td>
<td>(258.9)</td>
<td>(257.3)</td>
</tr>
<tr>
<td><strong>Budget Gap</strong></td>
<td><strong>7.2</strong></td>
<td><strong>9.0</strong></td>
</tr>
<tr>
<td>Impact of 2016-17 Position</td>
<td>3.8</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>In-Year Budget Gap</strong></td>
<td><strong>11.0</strong></td>
<td><strong>9.0</strong></td>
</tr>
<tr>
<td><strong>Cumulative Budget Gap</strong></td>
<td><strong>11.0</strong></td>
<td><strong>20.0</strong></td>
</tr>
</tbody>
</table>
The overall budget gap for the delivery of Health and Social Care services is £11m for 2017-18 and a further £9m in 2018-19, a total of £20m over the two years. The Quality and Finance Plan requires to outline service changes which will achieve these savings together with delivering on strategic objectives and outcomes.

**Proposed Quality and Finance Plan 2017-18 to 2018-19**

The Quality and Finance Plan has been in development since October 2016 when the process started with Locality Planning Groups identifying priority areas for service change to deliver on the strategic objectives and the required savings to deliver a balanced integrated budget for the two years 2017-18 and 2018-19.

The areas of focus identified as part of this process are illustrated below:

- Community Model of Care
- NHS Greater Glasgow and Clyde Acute Services
- Care Homes
- Lorn and the Islands Hospital
- Mental Health Services
- Learning Disability
- Children's Services
- Corporate Services

The Quality and Finance Plan is included as Annex A, this provides the detail around plans to change services in line with the areas of focus identified.

The key principles that have been identified through the process are:

- Requirement to plan over a longer period and produce a two year plan in line with the remainder of the Strategic Plan
• Build on lessons learned from the current year where there are a number of service changes that haven’t progressed as planned
• Staff costs account for a significant proportion of the budget, we need to reduce our budget but also need to retain the staff skills and experience we have and implement service changes through workforce flexibility to deliver services in a different way
• View the budget gap as one bottom line position and develop plans around that, no assumption that same level of resource will be allocated back to partners for Health and Social Care services
• Acknowledge that an investment plan is required to build capacity in Community Teams to shift the balance of care and that project management support is required to drive forward the change agenda

The Quality and Finance Plan 2017-18 to 2018-19 builds on the service changes aimed at shifting the balance of care that commenced in 2016-17.

There are savings totalling £3.1m from 2016-17 which have not been delivered on a recurring basis and these will remain on the plan. In addition efficiency savings totalling £2m have been identified that can be removed from service budgets without any impact on front line service delivery.

The savings identified on the plan total £11.6m, with £8.2m planned to be delivered in 2017-18 and a further £3.4m in 2018-19.

The Quality and Finance Plan does not fully address the estimated budget gap with a shortfall in identified savings of £2.8m in 2017-18 and a further £5.6m in 2018-19, there will be a requirement for further service changes to be identified to bridge the remaining budget gap. There is a significant financial risk to the Health and Social Care Partnership and the Council and Health Board partners of not fully identifying savings. There is a risk that any further service changes may impact on the delivery and safety of services and the ability of the Integration Joint Board to meet strategic objectives and national expectations around service delivery.

Risks

There are major risks associated with the scale and pace of change required to deliver the service changes and recurring savings from the Quality and Finance Plan. There are a number of specific identified risks:

• Project management skills and capacity are not sufficient to deliver in the required timescales
• Evidence base and communications and engagement is insufficient to convince communities of the case for change in required timescale
• Demands on leadership and management capacity to lead transformational change while maintaining current services
• Evidence base and communications and engagement is insufficient to convince staff of case for change in required timescale
• Scale of efficiency requirements means some plans may not be in line with the Health and Social Care Partnership’s strategic objectives

**Investment Plan**

The Argyll and Bute Health and Social Care Partnership has an ambitious strategic plan. In order to facilitate this additional funding has been provided by the Scottish Government which can be used to help transform services and to support integration. This additional funding is now recurring baseline funding for the Partnership. It is important to note that whilst the allocation of this funding is extremely useful in directing resource specifically to delivering the strategic plan, the totality of the HSCP budget is available to transform health and social care services.

The total investment resource available is £3.5m, which consists of £1.8m Integrated Care Funding, £0.6m Delayed Discharge Funding, £0.5m Technology Enabled Care and £0.6m set aside for community investment, from the additional £250m of Scottish Government funding allocated in 2017-18. £1.1m of this funding has been set aside specifically to deliver on the service changes outlined in the Quality and Finance Plan. The investment plan is included as Annex B. The ongoing allocations from the Integrated Care Fund and Delayed Discharge funding are currently being reviewed and will be included when allocations for 2017-18 and 2018-19 have been finalised.

The investment plan includes resource requirements for additional programme management support to deliver the service changes. One of the lessons learned from the current year is that there is limited capacity within service teams to deliver on the scale of service change required together with continuing to have a focus on operational service delivery. This investment will ensure that there is dedicated support to ensure the delivery of service changes and ultimately recurring budget savings.

**Next Steps**

This Quality and Finance Plan is a step in developing the Health and Social Care Partnership’s strategy to meet the challenges of health and social care integration. The plan has been aligned to the objectives of the Strategic Plan and the performance outcomes and objectives. There will be a requirement to further develop the plan to add further savings to address the remaining budget gap. This work has already started and all services and the Integration Joint Board will be involved in developing plans to ensure we have a financial plan which is sustainable over the longer term.
### Children's Services

<table>
<thead>
<tr>
<th>Ref</th>
<th>Description</th>
<th>Proposed Actions Required</th>
<th>Positive Impact on Quality and Outcomes and Fit with Strategic Priorities</th>
<th>Risks and Other Impact</th>
<th>Impact on Statutory Services</th>
<th>2017-18 Budget Reduction £000</th>
<th>2018-19 Budget Reduction £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>CF01</td>
<td>Redesign of Internal and External Residential Care Service</td>
<td>Minimise the use of external placements, increase the capacity of our residential units by adding satellite flats and developing a care and cluster model. Develop social landlord scheme to support 16+ young people moving from foster care or residential care. Further review and where possible bring back all 16+ year olds to local area, to do this we need: • to work with our education partners to support complex young people • to work closely with SCRA, who make decisions on placements, to evidence that our internal homes can provide better needs of young people in Angil than external placements. • to increase capacity through satellite flats by working with housing providers in Oban, Dunoon and Helensburgh • Work with foster carers to help them understand continuing care, work with adult services to develop a transitions protocol and understanding of where responsibility lies. This incurs: We need to develop a pilot model in Helensburgh for care and cluster to test the model, work to increase employment opportunities for young people to increase their links to local community.</td>
<td>Children and young people from Angil and Bute live in Angil allowing greater access to services as they grow older. We believe we are best equipped to support our most vulnerable however we need to increase our capacity and redesign the services to meet growing needs place on us by Children and Young People Act. Continuing care has75% of individual young people costed to stay in their current placements as it is their legal right. If redesign successful then there will be opportunities to minimise the cost of continuing care for 16, 17 and 18 year olds. The current costs for continuing care in 2016-17 is £300k and is estimated to be £615k in 2017-18. Using the redesign this could be reduced by £300k in 2016-17 and a further £100k in 2018-19.</td>
<td>Social Work working with higher need young people impacts on Police, Education and SCRA.</td>
<td></td>
<td>No risk to statutory service.</td>
<td></td>
</tr>
<tr>
<td>CF02</td>
<td>Redesign staffing structure across Children and Families service to comply with duty under CYP Act and government initiatives within NHS.</td>
<td>Scooping of children and Families staffing requirements as case load increases due to the requirements of the Children and Young People (Scotland) Act the service will be looking after children for longer. For the next 8 years there will be a steady increase only leveling out in 2026. Incrementally the service will require 5 additional social workers. Health visiting pathway requires additional Health Visitors, additional services for children in distress are required. Requirement to scope and cost a new staffing structure through consultation with staff and those who use the service, we will develop a programme board and look at front line staff and management structure to further develop integrated teams. Reviewing workloads and supporting third tier sector to undertake social care tasks.</td>
<td>Services should be better equipped to deal with service demands and legislation. Services potentially will be delivered by the third sector on behalf of the health and social care partnership in line with 3 year HSCP strategic plan. Managing transformational change while meeting the current demands places risks on service delivery.</td>
<td>Lack of capacity to undertake redesign of service. Funding is required to set up the pilot, without the pilot and a new model of care we will be unable to fulfill our statutory duty for continuing care under the CYP Act.</td>
<td></td>
<td>No risk to statutory service.</td>
<td></td>
</tr>
<tr>
<td>CF03</td>
<td>School Hostels - Explore the opportunities to maintain hostal income.</td>
<td>May be opportunities to actively market accommodation over holiday periods and use annexe accommodation to attract tourists at a reduced cost. Although we have an income budget that we currently do not achieve we would hope to over recover income.</td>
<td>Opportunity to use HSCP assets to generate income in line with 3 year strategic plan.</td>
<td>Potential risk impact unable to fulfill our statutory duty to deliver continuing care for 16-25 year olds if redesign increases the number of placements risks can be reduced significantly.</td>
<td></td>
<td>No risk to statutory service.</td>
<td></td>
</tr>
</tbody>
</table>

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**Annex A**

- **CF01**
  - Impact on Statutory Services: No risk to statutory service.
  - Risks and Other Impact: Capacity to undertake redesign of service.
  - Positive Impact on Quality and Outcomes and Fit with Strategic Priorities: Redesign staff model as well as third sector providing services traditionally provided by health and social care partnership.

- **CF02**
  - Impact on Statutory Services: No risk to statutory service.
  - Risks and Other Impact: Volatile Budget based on need and influenced by decisions made by outside bodies, potential to over spend.
  - Positive Impact on Quality and Outcomes and Fit with Strategic Priorities: Children and families service where staff, young people and families deliver health visiting, NHS, Social Work Services however services traditionally provided by health and social care partnership.

- **CF03**
  - Impact on Statutory Services: No risk to statutory service.
  - Risks and Other Impact: Lack of Use.
  - Positive Impact on Quality and Outcomes and Fit with Strategic Priorities: Opportunity to use HSCP assets to generate income in line with 3 year strategic plan.
Quality and Finance Plan 2017-18 to 2018-19

LORN AND THE ISLANDS HOSPITAL:

AC01 Lorn and the Islands Hospital: Future Planning to improve the local services and engage specialist services appropriately to deliver best possible care.

Identified demand for greater choice of services.

Further improvement and investment in the scope of OLI Community Wards to offer quality services and support on discharge and timely assessment and enablement.

Ref | Description | Proposed Actions Required | Positive Impact on Quality and Outcomes | Risks and Other Impact | Impact on Statutory Services | 2017-18 Budget Reduction £000 | 2018-19 Budget Reduction £000
--- | --- | --- | --- | --- | --- | --- | ---
AC01 | Lorn and the Islands Hospital: Future Planning to improve the local services and engage specialist services appropriately to deliver best possible care. | Identify all options with partners to better provide support and care. | Improve the delivery of services for older people. | No anticipated impact. | No anticipated impact. | 331 | 647
AC02 | Further improvement and investment in the scope of OLI Community Wards to offer quality services and support on discharge and timely assessment and enablement. | Redesign the service to maximise the independence of carers and patients. | \( 460 \) | \( 2017-18 \) | \( 2018-19 \)

CARE HOMES:

AC03 Putting environment, independent living and services user choice at the heart of care support by reviewing the current buildings and care service employed by Anfdarg and Easter Gylm to deliver an improved environment, better choices and control.

Identify all options with partners to better provide support and care. | Improve the delivery of services for older people. | No anticipated impact. | No anticipated impact. | Future potential changes to registration status and scope of work (if any). | 10 | 53

LEARNING DISABILITY:

AC05 Redesign of Learning Disability services including day services and support at home for adults across Argyll and Bute, the priority needs to be given to service user need and demand in each local area.

Utilise learning from Haeburgh redesign, and engage with stakeholders. Full account of service user views and the current and emerging needs, encouraging independence and shifting the balance of care. | Redesign the service to maximise the independence of service users. | No anticipated impact. | No anticipated impact. | Potential changes to the type of registration with the Care Inspectorate. | 175 | 325

COMMUNITY MODEL OF CARE:

AC06 Repatriate top 15 high cost young adult care placements from outwith Argyll and Bute. This includes service users who are in residential care and some who are receiving specialist supported living services outwith the area.

Identify and maintain the top 15 adults outwith the area currently and undertake review with a view to bringing their care back to Argyll and Bute. Need to link with housing providers and social care providers to identify capacity and also bring adults back to shared tenancy arrangements.

Retaining service users to their own communities, close to their roots and families. Delivering best value and support to the local economy by bringing HESG spend back to Argyll. | Families might be reluctant to move service users away from where they have been living. The partnership may not be able to access the range of services required to look after these people in Argyll or may be unable to source appropriate housing. | No anticipated impact. | No anticipated impact. | No anticipated impact. | 73 | 194

AC07 Supported living is categorised into four categories. Critical (P1) and substantial (P2) needs will be met and others will be signposted to self-help and community resources.

Review existing supported living care packages to ensure that cases meet the priority of need framework. Promote use of SIBS: Introduce Area Resource Groups to support the delivery of supported living to communities.

Ensure that service packages are tailored to meet the needs and maximise the independence of service users as well as deliver value for money and deliver services in local communities. Introducing new Locality Monitoring Groups to ensure delivery of supported living for categories P1 & P2.

Families, carers and local support groups may resist the planned changes without a full understanding of the redesign. There may be a detrimental impact on existing staff in their current roles. Redesign must include engaging and understanding of families, carers, support groups and stakeholders. Staff to be consulted and engaged as the work progresses and all stakeholders kept fully informed. Redesign seeks to improve user outcomes whilst addressing overspends from a service no longer fit for purpose.

Families, carers and local support groups may resist the planned changes. | \( 0 \) | \( 0 \) | \( 0 \) | 10 | 405

AC08 Review the delivery of services for older people to consider alternative ways of delivering services for older people.

Ensure all new packages adhere to Value for Money principles. Consider alternative ways to deliver support and assess the outcomes of service users.

Deliver value for money. | No anticipated impact. | No anticipated impact. | No anticipated impact. | No anticipated impact. | 100 | 300

AC09 Identify all options with partners to better provide support and care. | Improve the delivery of services for older people. | No anticipated impact. | No anticipated impact. | No anticipated impact. | 10 | 53

AC10 Further improvement and investment in the scope of OLI Community Wards to offer quality services and support on discharge and timely assessment and enablement.

Identify all options with partners to better provide support and care. | Improve the delivery of services for older people. | No anticipated impact. | No anticipated impact. | Future potential changes to registration status and scope of work (if any). | 10 | 53

AC11 Putting environment, independent living and services user choice at the heart of care support by reviewing the current buildings and care service employed by Anfdarg and Easter Gylm to deliver an improved environment, better choices and control.

Identify all options with partners to better provide support and care. | Improve the delivery of services for older people. | No anticipated impact. | No anticipated impact. | Future potential changes to registration status and scope of work (if any). | 10 | 53

AC12 Redesign of Learning Disability services including day services and support at home for adults across Argyll and Bute, the priority needs to be given to service user need and demand in each local area.

Utilise learning from Haeburgh redesign, and engage with stakeholders. Full account of service user views and the current and emerging needs, encouraging independence and shifting the balance of care. | Redesign the service to maximise the independence of service users. | No anticipated impact. | No anticipated impact. | Potential changes to the type of registration with the Care Inspectorate. | 175 | 325

AC13 Repatriate top 15 high cost young adult care placements from outwith Argyll and Bute. This includes service users who are in residential care and some who are receiving specialist supported living services outwith the area.

Identify and maintain the top 15 adults outwith the area currently and undertake review with a view to bringing their care back to Argyll and Bute. Need to link with housing providers and social care providers to identify capacity and also bring adults back to shared tenancy arrangements.

Retaining service users to their own communities, close to their roots and families. Delivering best value and support to the local economy by bringing HESG spend back to Argyll. | Families might be reluctant to move service users away from where they have been living. The partnership may not be able to access the range of services required to look after these people in Argyll or may be unable to source appropriate housing. | No anticipated impact. | No anticipated impact. | No anticipated impact. | 73 | 194

AC14 Supported living is categorised into four categories. Critical (P1) and substantial (P2) needs will be met and others will be signposted to self-help and community resources.

Review existing supported living care packages to ensure that cases meet the priority of need framework. Promote use of SIBS: Introduce Area Resource Groups to support the delivery of supported living to communities.

Ensure that service packages are tailored to meet the needs and maximise the independence of service users as well as deliver value for money and deliver services in local communities. Introducing new Locality Monitoring Groups to ensure delivery of supported living for categories P1 & P2.

Families, carers and local support groups may resist the planned changes. | \( 0 \) | \( 0 \) | \( 0 \) | 10 | 405

AC15 Review the delivery of services for older people to consider alternative ways of delivering services for older people.

Ensure all new packages adhere to Value for Money principles. Consider alternative ways to deliver support and assess the outcomes of service users.

Deliver value for money. | No anticipated impact. | No anticipated impact. | No anticipated impact. | No anticipated impact. | 100 | 300
AC69 Redesign the provision of sleepovers provided by the HSCP.
Shift to new model of care using existing resourced response teams. Work with care providers to redesign unsustainable sleepover provision and look for opportunities to share provision across multiple service users.

Enhancing service users to be independent whilst maximising the opportunity to keep people living in the community for as long as possible. Deliver best value.

Change to a new model of care provision that is safe, but person centred and improved independent living.

Families, carers and local support groups may recall the planned changes. Where the decision to make changes to packages is extended to carers and families, experience suggests that change is unlikely to be agreed. We have a current overspend and that needs to be addressed as we move ahead.

No anticipated impact.

AC71 Investment in ‘Neighbourhood Team’ approach to delivery of care at home for the community across Oban, Lorn and the islands. Putting service users at the heart of service design.

More responsive and person centred approach to delivery better meeting needs. A best practice model, which is truly person centred, maintains independence and recognises dignity alongside independence, and improved outcomes.

Shift from time and task to working to team based approach to care provision. In line with clinical strategy, Health and Social Care Delivery Plan and HSCP Strategic plan. Developed working with third and independent sectors to deliver care. Devised on best practice models of person centred care.

IT support required for community based models.

Significant staff HR implications and organisational change. Unlikely to deliver any early savings however prioritises resources to support primary care and deliver services more effectively and effectively initially, to then gain economies of scale from integrated teams.

Supports shift in balance of care to a genuinely person centred service which values the users and puts them at the heart of design. Supports independence, dignity and assists reduce unplanned admissions. Built on local knowledge to improve outcomes for adult protection and carer support.

Positive shift in balance of care and supporting people to remain at home and reducing unplanned admissions to hospital. Improved leverage of local knowledge to improve adult protection and carer support.

AC14 Modernise community hospital care in Campbeltown establishing a cross-agency ‘Planning for the Future’ group, to facilitate review of bed space user levels and options. Aim to achieve community based, and community focused hospital model linking seamlessly with enhanced community services.

Review group to identify and engage with stakeholders on best use of bed spaces to maintain a quality and responsive service 24/7 which supports patients appropriately and timely. Improving community focus and hospital criteria aims to reduce or negate delayed discharges, improve prevention and anticipatory care planning. Potential for greater pinned up working with other hospitals, and effective use of data assessed.

Enabling people to live independently in their own homes, and avoid delayed discharges is key to improving community based care. Alongside better working with third and independent sectors to ensure person centred approach and quality outcomes, aligns with HSCP Strategic and HSCP Delivery Plan.

Improvements to IT support underpin improved community based care. Requires engagement with all stakeholders to achieve shared aims and understanding.

Nil anticipated.

AC15 Improvements to community focused care in Mid Argyll, with focus on improving the model of delivery and service in MACHC. Improved responsive community services able to respond 24/7 supporting patients in their own homes.

Improvements and expansion of community based services in Mid Argyll to achieve reduced or nil delayed discharges, greater prevention and anticipatory care planning to enable people to live in their own homes, or return to their own homes as quickly as possible.

Person centred, community focused and maximising our resources to respond to what people tell us matters to them. Shifting balance of care aligns with HSCP Strategic Plan and HSCP Delivery Plan.

Improvements to IT support underpin improved community based care. Requires engagement with all stakeholders to achieve shared aims and understanding.

Nil anticipated.

AC16 Continue with the review and redesign in patient ward in Cowal Community Hospital currently reviewing the acute observation beds, short term assessment beds, delayed discharges, prevention of admissions and A&E breaches. The review will include considering enhanced community care to prevent admissions.

Continue the current review and consider how to deliver community services in Cowal to provide 24/7 response to support patients at home.

Ability to maintain patients at home including some who would have been admitted to hospital, in line with strategic direction and developed working with third and independent sectors.

The delivery of IT support for community teams is a consideration. Recruitment issues for rural areas recognised as an issue.

337 537

AC17 Continue with the review and redesign GP in patient ward in Victoria Hospital currently reviewing the acute observation beds, short term assessment beds, delayed discharges, prevention of admissions and A&E breaches. The review will include considering enhanced community care to prevent admissions.

Redesign of community services to enable to provide 24/7 response to support patients at home. Community and staff engagement.

Ability to maintain patients at home including some who would have been admitted to hospital, in line with strategic direction and developed working with third and independent sectors.

IT support for community teams. Recruitment, Stakeholder understanding.

255 254

AC18 Improve and expand community based care on Islay through investment in preventative measures to address delayed discharge and reduce admissions. Shifting the balance will include making better use of Islay Hospital and Gairloch Care home to meet community care demands.

Review use and need of community services on Islay to better support people to live at home with quality services. Enhancing community based care including using technology where appropriate, and consider use of alternative booking systems. Support from and engagement with both communities and staff to help shift balance.

Positive measures enable people to live as independently as possible, in their own homes or a homely setting and to provide care without unnecessary travel or hospitalisation. Meets Scottish Government performance measures.

Requires recruitment, engagement with stakeholders including local community and improved IT for staff.

Success of community care and support may in future require change of registration status.

335 335

AC19 Improvements for delivery of health and social care in Mid Argyll, with focus on improving the model of delivery and service in MACHC. Improved responsive community services able to respond 24/7 supporting patients in their own homes.

Improvements and expansion of community based services in Mid Argyll to achieve reduced or nil delayed discharges, greater prevention and anticipatory care planning to enable people to live in their own homes, or return to their own homes as quickly as possible.

Person centred, community focused and maximising our resources to respond to what people tell us matters to them. Shifting balance of care aligns with HSCP Strategic Plan and HSCP Delivery Plan.

Improvements to IT support underpin improved community based care. Requires engagement with all stakeholders to achieve shared aims and understanding.

Nil anticipated.

AC20 Additional IT support for community teams. Recruitment. Stakeholder engagement.

IT support required for community based models.

Significant staff HR implications and organisational change. Unlikely to deliver any early savings however prioritises resources to support primary care and deliver services more effectively and effectively initially, to then gain economies of scale from integrated teams.

Supports shift in balance of care to a genuinely person centred service which values the users and puts them at the heart of design. Supports independence, dignity and assists reduce unplanned admissions. Built on local knowledge to improve outcomes for adult protection and carer support.

Positive shift in balance of care and supporting people to remain at home and reducing unplanned admissions to hospital. Improved leverage of local knowledge to improve adult protection and carer support.

AC21 Redesign the provision of sleepovers provided by the HSCP.
Shift to new model of care using existing resourced response teams. Work with care providers to redesign unsustainable sleepover provision and look for opportunities to share provision across multiple service users.

Enhancing service users to be independent whilst maximising the opportunity to keep people living in the community for as long as possible. Deliver best value.

Change to a new model of care provision that is safe, but person centred and improved independent living.

Families, carers and local support groups may recall the planned changes. Where the decision to make changes to packages is extended to carers and families, experience suggests that change is unlikely to be agreed. We have a current overspend and that needs to be addressed as we move ahead.

No anticipated impact.

AC22 Investment in ‘Neighbourhood Team’ approach to delivery of care at home for the community across Oban, Lorn and the islands. Putting service users at the heart of service design.

More responsive and person centred approach to delivery better meeting needs. A best practice model, which is truly person centred, maintains independence and recognises dignity alongside independence, and improved outcomes.

Shift from time and task to working to team based approach to care provision. In line with clinical strategy, Health and Social Care Delivery Plan and HSCP Strategic plan. Developed working with third and independent sectors to deliver care. Devised on best practice models of person centred care.

IT support required for community based models.

Significant staff HR implications and organisational change. Unlikely to deliver any early savings however prioritises resources to support primary care and deliver services more effectively and effectively initially, to then gain economies of scale from integrated teams.

Supports shift in balance of care to a genuinely person centred service which values the users and puts them at the heart of design. Supports independence, dignity and assists reduce unplanned admissions. Built on local knowledge to improve outcomes for adult protection and carer support.

Positive shift in balance of care and supporting people to remain at home and reducing unplanned admissions to hospital. Improved leverage of local knowledge to improve adult protection and carer support.
### ANNEX A

#### MENTAL HEALTH SERVICES:

<table>
<thead>
<tr>
<th>Ref</th>
<th>Description</th>
<th>Proposed Actions Required</th>
<th>Positive Impact on Quality and Outcomes and Fit with Strategic Priorities</th>
<th>Risks and Other Impact</th>
<th>Impact on Statutory Services</th>
<th>2017-18 Budget</th>
<th>2018-19 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC21</td>
<td>Improve community based support and services for dementia to achieve shift in balance of care and respond to need and demand in person centred service.</td>
<td>Implement full review and scoped options for community models which meet user demand, support carers and person centred outcomes. Appraise neighbourhood model and scope options which shift balance of care.</td>
<td>Dementia Strategy is key to achieving aims which support the shift in balance of care, and offer person centred services as close to home as possible.</td>
<td>No major risks, work to ensure recognised care pathways and effective communication is implemented and maintained.</td>
<td>Potential impacts for support from detenion and mental health services.</td>
<td>250</td>
<td>250</td>
</tr>
<tr>
<td>AC22</td>
<td>Deliver improved mental health consultant support and create dedicated consultants to each locality Community Mental Health Team, and a dedicated consultant for forensics.</td>
<td>CMHT services and patients would benefit from the redesign to support an improved model. Locality consultation and with CMHTs to support change, and achieve better outcomes.</td>
<td>This will achieve consistent care management which in turn can reduce hospital stays, assessment and review would be improved and locality services benefit from dedicated support. Joint and partnership working is an integral part of improving patient outcomes and these changes would achieve this.</td>
<td>No major risks, work to ensure recognised care pathways and effective communication is implemented and maintained throughout.</td>
<td>Nil anticipated</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>AC23</td>
<td>Steps to ensure and maintain patient and community safety will be taken by re-energising and maintaining a secure locked environment for those with the most high-mental health requiring extra care. This is based on the needs of service users, and experience from current Intensive Patient Care Unit.</td>
<td>Actions required pertain to legislation relevant to service delivery, which will be strictly followed. Work with staff to make changes to overall establishment and working practices and to agree robust admission criteria. Some work with GPG to ensure needs arise for additional services.</td>
<td>No change to secure and safe locked environment for those needing this service.</td>
<td>Discussions with GGMC where a rare need arises which is chargeable, eg with forensic care.</td>
<td>Aligns with specialist seniors (eg acute surgical) provided by central specialist provision.</td>
<td>100</td>
<td>200</td>
</tr>
<tr>
<td>AC24</td>
<td>Further enhancement to community based care to ensure those with mental health issues have the same opportunities and choices. To include consideration of a step up / step down model for Lochgilphead and area service users.</td>
<td>Adopt community focused approach, and use technology when possible, to review use of Ross Crescent to make this appropriate for a modernised mental health service. Ensuring patient choice and views are at the centre of service provision, with independence encouraged and supported.</td>
<td>Future needs should reflect less dependence on high care packages, and greater focus on community based support. Access to 'step up' when needed is maintained.</td>
<td>Prediction of mental health needs can be difficult, but use of re-energisation and community resources effectively should overcome any peaks within demand.</td>
<td>None anticipated</td>
<td>45</td>
<td>45</td>
</tr>
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</table>

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**Quality and Finance Plan 2017-18 to 2018-19**

**Page 15**
<table>
<thead>
<tr>
<th>Ref</th>
<th>Description</th>
<th>Proposed Actions Required</th>
<th>Possible Impact on Quality and Outcomes and Fit with Strategic Priorities</th>
<th>Risks and Other Impact</th>
<th>Impact on Statutory Services</th>
<th>2017-18 Budget Reduction £000</th>
<th>2018-19 Budget Reduction £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORP1</td>
<td>Front line health and social care staff working together to share assets, and move corporate and support staff.</td>
<td>Co-locate staff into unused space in our hospitals, close the corporate support HQ building in Lochgilphead; move to other sites in Lochgilphead including council offices. Savings expected to be achieved from a range of departmental budgets including: finance, planning, IT, HR, pharmacy management, medical management, head nurse and estates.</td>
<td>Front line services should benefit from a more joined up approach and a single point of contact from support services. There would ultimately be reduced workforce but this is offset by more efficient practices (see Corp 2 &amp; 5) reducing duplication and improving communication</td>
<td>Not all support services are directly within the HSSCP’s control. There is a risk that partners (Council and NHS Highland) will not support any changes to the current arrangements as these are outside the scope of the integration scheme.</td>
<td>Nil anticipated</td>
<td>335</td>
<td>335</td>
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<tr>
<td>CORP2</td>
<td>Integrate health and social work administration, implement digital technology and centralise appointment systems.</td>
<td>Follow on from co-location CORP 1, a targeted piece of work would commence in 2017-18 to extend the review of social work administration and medical record keeping. The implementation of electronic solutions to improve efficiency and a move to electronic medical records would be required.</td>
<td>Moving to central booking and electronic records would reduce the need for as much local management. Reduced workforce for admin support, but should be accommodated from within a more efficient process, systems and new structure.</td>
<td>There will be a requirement for professional leadership and project management resource for fixed period. This will incur a cost.</td>
<td>Any reduction to the management structure could lead to reduced capacity and capability to fulfil statutory duties.</td>
<td>520</td>
<td>520</td>
</tr>
<tr>
<td>CORP3</td>
<td>Management/Professional Leadership Review</td>
<td>Review the overall management structure. Current structure has been in place for a period of time. A review could result in a reduction in management capacity and capability.</td>
<td>May not be significant savings. Reduced management capacity could reduce ability to implement strategic development to manage change in the culture, operational integration, workforce planning and delivery, staff partnership and public and political engagement and communication and realise financial and performance targets</td>
<td>Any proposed changes to accommodation would require to follow a business case approach to ensure the benefits of any changes are transparent. Requires specialist expertise and project management resource. That may be a cost.</td>
<td>nil</td>
<td>700</td>
<td>700</td>
</tr>
<tr>
<td>CORP4</td>
<td>Realisation of Estates/Property-linked to CORP’s 1 and 2.</td>
<td>Review of current property portfolio and opportunities to rationalise this. Review the current leases in place and find alternative accommodation to reduce costs.</td>
<td>Cultural change impact on staff and service users. May be a period of disruption if staff are displaced.</td>
<td>Any proposed changes to accommodation would require to follow a business case approach to ensure the benefits of any changes are transparent. Requires specialist expertise and project management resource. That may be a cost.</td>
<td>nil</td>
<td>700</td>
<td>700</td>
</tr>
<tr>
<td>CORP5</td>
<td>Implement Skype for Business</td>
<td>Implement Skype for Business (Microsoft Lync) communications platform, this will reduce telephone and travel costs and improve communication and collaboration. Business case is due to be finalised. It is required to maximise benefits in Corp 1 and Corp 2.</td>
<td>Will make operations more efficient with loss time spent travelling, and with IT communication services being more efficient across both health and social care. Savings both in cost and in productivity clearly evidenced in other organisations. This will benefit services across the partnership.</td>
<td>The infrastructure is not in place, and business case benefits may be difficult to quantify as efficiencies will be across the whole of the HSSCP. Risks that financial benefits may not be achieved in the short term, with initial investment and a cultural shift required to fully realise potential.</td>
<td>nil</td>
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<td>0</td>
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<tr>
<td>CORP6</td>
<td>Catering and Cleaning and other Ancillary Services</td>
<td>Reduction in buildings occupied and opportunities to work with our partner organisations, take opportunities of service and strategic partnership across public sector supplying a number of organisations catering requirements at locality level.</td>
<td>This could result in significant changes to workforce with our partner organisations, take opportunities of service and strategic partnership across public sector supplying a number of organisations catering requirements at locality level.</td>
<td>This will require a formal project process, centralising responsibility, with professional leadership over a fixed period.</td>
<td>nil</td>
<td>500</td>
<td>500</td>
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<tr>
<td>CORP7</td>
<td>Vehicle Fleet Services</td>
<td>Explore opportunities for the centralisation of shared fleet service (as in part of NHS Grampian), look to share vehicles with partners, and a review of the provision of services.</td>
<td>More efficient fleet service, better aligned to service requirements.</td>
<td>Different governance arrangements with partners and loss of locally direct responsibility. May not be any significant savings.</td>
<td>nil</td>
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<tr>
<td>CORP8</td>
<td>The agreement with NHS Greater Glasgow &amp; Clyde (NHSGGC) provides hospital services outside Argyll and Bute.</td>
<td>Revisit in community services and if to reduce delayed discharges and patients length of stay in NHS GG&amp;C hospitals, and commission NHSGGC to reduce return appointments and follow up appointments. Activity targets to be agreed based on national target for Scotland to free up 400,000 occupied bed days.</td>
<td>Front line services will benefit by only providing acute services in hospital and enhancing services in communities by facilitating rapid assessment and support and discharge to community home with support. Any reduction in the agreement with GG&amp;C would build capacity for community and care sector to expand to meet workload, and reduce beds in local hospitals.</td>
<td>Timescale for deliverability starts 1 April 2017 when GG&amp;C will repackage for extra activity. There may be other demand and cost pressures from acute services. We recognise a potential difficulty by NHSGGC to change to meet our commissioning intentions.</td>
<td>nil</td>
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<tr>
<td>CORP9</td>
<td>Capital projects - Dunoon GP practices new build. Rule Health and care campus. Care Home relocation, and new model of care a relocation of Saltire Surgery to Craignure.</td>
<td>Formal capital design projects at large and small scale, latter to be co-tailed by March 2017 for inclusion in capital programmes for next 2 years. Large scale projects require formal processes and resource.</td>
<td>Front line services will benefit both as operational single point of contact and co-location advantages. New developments with suitable accommodation with greater energy, utilisation efficiency rating etc and other cost reductions.</td>
<td>We require to centralise the capital planning function with financial support and clear project management processes. Timescale for deliverability depends on the availability and accessibility of capital from the Council, NHS and Housing associations.</td>
<td>nil</td>
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<tr>
<td>Ref</td>
<td>Description</td>
<td>Proposed Actions Required</td>
<td>Positive Impact on Quality and Outcomes and Fit with Strategic Priorities</td>
<td>Risks and Other Impact</td>
<td>Impact on Statutory Services</td>
<td>2017-18 Budget Reduction £000</td>
<td>2018-19 Budget Reduction £000</td>
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<tr>
<td>CORP10</td>
<td>Alcohol and Drugs Partnership</td>
<td>The ADP will look to review and reduce costs being incurred in delivering alcohol brief interventions, supporting the voluntary sector and the ABAT statutory service sector. The reduction in 17-18 equates to 8% of the total budget for ADP.</td>
<td>More efficient use of resources.</td>
<td>Risk that ADP cannot reduce costs in line with reduced subsidy.</td>
<td></td>
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<td>TOTAL</td>
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## PREVIOUSLY APPROVED 2016-17 Q&F PLAN:

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<td>Kintyre Medical Group</td>
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<td>Supporting Young People Leaving Care</td>
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<td>Internal Mental Health Support Team</td>
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<td>Assessment and Care Management</td>
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<td><strong>FULL YEAR IMPACT:</strong></td>
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<tr>
<td>55</td>
<td>Struan Lodge (paused)*</td>
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<td>56</td>
<td>Thomson Court (paused)*</td>
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<td>Kintyre Patient Transport</td>
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<td>Redesign of the Out of Hours Service for Cowal</td>
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* Decision taken at the IJB meeting on 2 November 2016 to pause implementation of these service redesigns to allow for additional period for consultation and engagement. No formal decision taken to reverse decision, therefore for financial planning purposes assume that full year saving will be realised in 2018-19. This position will be updated following outcome of communications and engagement process.
## NEW EFFICIENCY SAVINGS:

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<th>Ref</th>
<th>Description</th>
<th>2017-18 £000</th>
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<tbody>
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<td>1</td>
<td>Commissioned Services</td>
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<tr>
<td>2</td>
<td>General Medical Services - Enhanced Services</td>
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<td>3</td>
<td>Budget Reserves</td>
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<td>4</td>
<td>Equipment Depreciation</td>
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<td>5</td>
<td>Increased Patient Services Income</td>
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<tr>
<td>6</td>
<td>Community Dental Services</td>
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<tr>
<td>7</td>
<td>Review of Podiatry Services Budgets</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>8</td>
<td>Helensburgh &amp; Lomond Locality - recurring underspends</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>9</td>
<td>Medical Physics Department - supplies budget underspends</td>
<td>45</td>
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<tr>
<td>10</td>
<td>Energy Costs for Health Buildings (excluding A&amp;B Hospital &amp; AROS)</td>
<td>50</td>
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<tr>
<td>11</td>
<td>Oban, Lorn &amp; Isles Locality - patients' travel</td>
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<td>12</td>
<td>Review of Radiography Services Budgets</td>
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<td>Mental Health Bridging Funding</td>
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<tr>
<td>14</td>
<td>HEI Budget - requirement will reduce in line with beds</td>
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<td>Mid Argyll Social Work Office</td>
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<td>16</td>
<td>Admin - Travel Reduction</td>
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<td>Planning</td>
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<td>Review MAKI Management Structure</td>
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<td>Children and Families Service Efficiencies</td>
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<td>Adult Services Fees and Charges</td>
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<td>Adult Services Charging Order - Long Term Debt Adjustment</td>
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<td>Social Work Utility Costs</td>
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<td>Mull Medical Group - reduction in use of GP locums</td>
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<td>Implement New Community Based Models</td>
<td>Argyll and Bute Area Teams - Mobile devices</td>
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<td>Argyll and Bute West Sector - Develop capacity Neighbourhood/Community Team models</td>
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<td>Cowal and Bute - Nurse Practitioner, admission prevention</td>
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