

29 July 2020

NOTICE OF MEETING

A meeting of the **INTEGRATION JOINT BOARD (IJB)** will be held **BY SKYPE** on **WEDNESDAY, 5 AUGUST 2020** at **1:00 PM**, which you are requested to attend.

BUSINESS

- 1. APOLOGIES FOR ABSENCE**
- 2. DECLARATIONS OF INTEREST**
- 3. MINUTES** (Pages 3 - 10)
Integration Joint Board held on 27 May 2020
- 4. MINUTES OF COMMITTEES**
 - (a) Audit and Risk Committee held on 18 February 2020 (Pages 11 - 14)
 - (b) Finance and Policy Committee held on 13 May 2020 (Pages 15 - 18)
- 5. CHIEF OFFICER'S REPORT** (Pages 19 - 22)
Report by Chief Officer
- 6. COVID-19 PUBLIC HEALTH UPDATE** (Pages 23 - 40)
Report by Associate Director of Public Health
- 7. HSCP PERFORMANCE EXCEPTION REPORT - FINANCIAL QUARTER 4 (2019/20)** (Pages 41 - 48)
Report by Head of Strategic Planning & Performance
- 8. CULTURE PROGRAMME UPDATE** (Pages 49 - 64)
Report by Director HR and Organisational Development
- 9. STAFF GOVERNANCE REPORT FOR FINANCIAL QUARTER 4 (2019/20) AND FINANCIAL QUARTER 1 (2020/21)** (Pages 65 - 98)
Report by Head of Customer Support Services

10. FINANCE

(a) Budget Monitoring as at 30 June 2020 (Pages 99 - 124)

Report by Head of Finance and Transformation

(b) Budget Outlook 2021-22 to 2023-24 (Pages 125 - 136)

Report by Head of Finance and Transformation

(c) Financial Risks 2020-21 (Pages 137 - 146)

Report by Head of Finance and Transformation

(d) Covid-19 Response and Financial Implications (Pages 147 - 156)

Report by Head of Finance and Transformation

11. DATE OF NEXT MEETING

Wednesday 16 September 2020 at 1.00 pm

Contact: Hazel MacInnes Tel: 01546 604269



**MINUTES of MEETING of INTEGRATION JOINT BOARD (IJB) held in the VIA SKYPE
on WEDNESDAY, 27 MAY 2020**

Present: Councillor Kieron Green, Argyll and Bute Council (Chair)
Sarah Compton-Bishop, NHS Highland Non-Executive Board Member (Vice Chair)
Councillor Aileen Morton, Argyll and Bute Council
Councillor Sandy Taylor, Argyll and Bute Council
Jean Boardman, NHS Highland Non-Executive Board Member
Professor Boyd Robertson, Chair, NHS Highland Board
Dr Gaener Rodger, NHS Highland Non-Executive Board Member
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Linda Currie, Lead AHP, NHS Highland
Elizabeth Higgins, Lead Nurse, NHS Highland
Fiona Hogg, Director of Human Resources and Organisational Development, NHS Highland
Joanna Macdonald, Chief Officer, Argyll and Bute HSCP
Angela McMullan, Substitute Staffside Lead for Argyll and Bute HSCP (Council)
Alison McGrory, Health Improvement Principal, NHS Highland
Angus MacTaggart, GP Representative, Argyll and Bute HSCP
George Morrison, Head of Finance, Argyll and Bute HSCP
Kirsteen Murray, Argyll and Bute Third Sector Interface Representative
Judy Orr, Head of Finance and Transformation, Argyll and Bute HSCP
Dr Nicola Schinaia, Associate Director of Public Health, NHS Highland
Alex Taylor, Chief Social Worker/Head of Children and Families, Argyll and Bute HSCP
Fiona Thomson, Lead Pharmacist, NHS Highland

Attending: Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
David Forshaw, Principal Accountant, Argyll and Bute Council
Julie Lusk, Head of Adult Services, Argyll and Bute HSCP
Jane Fowler, Head of Customer Support Services, Argyll and Bute Council
Pippa Milne, Chief Executive, Argyll and Bute Council
Barbara Anne Nelson, HR Specialist Lead
Stephen Whiston, Head of Strategic Planning and Performance, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Patricia O'Neill, Governance Manager, Argyll and Bute Council
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
Margaret McGowan, Independent Sector Representative

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Gary Mulvaney, Rebecca Helliwell, Kevin McIntosh, and Elizabeth Rhodick.

The Chair sought agreement from the Board for the consideration of two additional items of business that required to be considered as a matter of urgency. The first item, "Committee Terms of Reference" by reason to allow the Committees to operate under the new Terms of Reference to ensure effective Governance; and the second item, "Changes

to IJB Senior Officer Recruitment” by reason that there was a need to progress with the recruitment process for a senior officer post that was due to become vacant. The Board agreed to consider these items as a matter of urgency.

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES

The Minutes of the Meeting of the Integration Joint Board held on 25 March 2020 were approved as a correct record subject to the following comments.

Kirsteen Murray advised that she had not been at the last meeting and had submitted a statement to the Board. She advised that one of the points she had raised had been recorded in the Minutes but the other, in respect of culture fit for the future had not been recorded. The Chair read out the statement that had been submitted and it was agreed that this could be raised later in the meeting under the Sturrock Review item of the agenda.

Boyd Robertson noted that he had been designated as the Interim Chair of the NHS Board in the Minute and that this should have read Chair. It was agreed that this would be amended.

4. MINUTES OF COMMITTEES

(a) Clinical and Care Governance Committee held on 23 January 2020

The Minutes of the Meeting of the Clinical and Care Governance Committee held on 23 January 2020 were noted.

(b) Finance and Policy Committee held on 6 March 2020

The Minutes of the Meeting of the Finance and Policy Committee held on 6 March 2020 were noted.

(c) Clinical and Care Governance Committee held on 26 March 2020

The Minutes of the Meeting of the Clinical and Care Governance Committee held on 26 March 2020 were noted.

(d) Finance and Policy Committee held on 27 March 2020

The Minutes of the Meeting of the Finance and Policy Committee held on 27 March 2020 were noted.

5. CHIEF OFFICER'S REPORT

The Board gave consideration to the Chief Officer report covering a range of issues including Mental Health Awareness Week, International Nurses Day, Chief Social Work Officer, Oral Health Improvement Team, Caring for People Tactical Partnership, Midwives

Pushing Delivery of Online Antenatal and Postnatal Classes, Staff Wellbeing Wednesday, Argyll & Bute HSCP Staffside Update.

Decision

The Integration Joint Board –

1. Noted the content of the submitted report.
2. Thanked staff at all levels of the Health and Social Care Partnership, commissioned, unpaid carers and third sector staff for their ongoing commitment during the COVID-19 situation.

(Reference: Report by Chief Officer dated May 2020, submitted)

6. COVID-19 MOBILISATION READINESS UPDATE AND LOOK FORWARD TO LIVING AND OPERATING WITH COVID-19

The Board gave consideration to a report that reviewed the current Public Health projections for the spread of COVID-19 in NHS Highland and the information had been used to provide a modelling update of demand and an assessment of capacity. The report highlighted when and where the current and planned bed capacity did not meet expected demand. The report also reflected considerations of the new normal arising out of the implications of COVID-19 for health and social care.

Decision

The Integration Joint Board –

1. Noted the COVID-19 escalation status update and projections to 31 August 2020.
2. Agreed the look forward planning themes/implications to inform resumption of “business as usual” living with COVID-19.

(Reference: Report by Head of Strategic Planning and Performance dated May 2020, submitted)

7. THE ROLE OF PUBLIC HEALTH TO DATE IN THE COVID -19 RESPONSE

The Board gave consideration to a report that reviewed the work of Public Health in Argyll and Bute relating to COVID-19. The report focused on three main areas namely, understanding the epidemiology of COVID-19 in Argyll and Bute, the caring for people work stream supporting communities and staff testing.

Decision

The Integration Joint Board noted the Public Health response to the COVID-19 outbreak in Argyll and Bute Health and Social Care Partnership Area.

(Reference: Report by Associate Director of Public Health dated May 2020, submitted)

8. UPDATE ON PROGRESS WITH THE STURROCK REVIEW ACTIONS INCLUDING A REPORT ON THE ARGYLL & BUTE CULTURE SURVEY AND PLANS FOR THE LAUNCH OF THE HEALING PROCESS

The Board gave consideration to a report that set out the findings of the Argyll and Bute Culture Survey which sought to understand the experience of bullying and harassment of NHS Highland colleagues within the Argyll and Bute Health and Social Care Partnership.

The Chief Officer of the Health and Social Care Partnership apologised personally and publically to all staff who had experienced bullying and harassment.

Decision

The Integration Joint Board –

1. Noted the NHS Highland Board report.
2. Welcomed the statement by the Chief Officer apologising to all staff who had experienced bullying and harassment.
3. Welcomed the approach taken by NHS Highland in addressing the issues and taking forward the action plan.

(Reference: Report by Chief Officer and Director of HR and OD dated May 2020, submitted)

9. STAFF HEALTH AND WELLBEING

(a) Employee / Staff Wellbeing and Resilience / COVID-19

The Board gave consideration to a report outlining the approach and progress with support measures being put into place for staff within Argyll and Bute HSCP during the COVID-19 crisis.

Decision

The Integration Joint Board –

1. Noted the approach taken and progress to date to support staff wellbeing and resilience.
2. Noted that the approach builds on work that was already underway.
3. Noted that this was an integrated and inclusive approach across 2 employers and expands out to the third and independent sector providers.
4. Noted that the approach aligned with the National Wellbeing Network led by the Minister for Health, Claire Haughey.

(Reference: Report by Head of Customer Support Services dated May 2020, submitted)

(b) HR Resourcing

The report gave consideration to a report proposing an increase in temporary and permanent HR resources to ensure that the team could fully support managers, employees and staffside colleagues and reduce risk to the Health and Social Care Partnership.

Decision

The Integration Joint Board –

1. Noted the current HR team structure and capacity.
2. Noted the increase in current and future HR demands from service change, policy change and Culture Fit for the Future outcomes.
3. Noted the impact on the Health and Social Care Partnership of under-supported managers, employees and TU/SS.
4. Approved the proposal for increased resource (temporary and permanent) for the HSCP HR Team as set out on paragraph 3.14 of the submitted report totalling £104,585.95.

(Reference: Report by Head of Customer Support Services dated May 2020, submitted)

The Chair adjourned the meeting at 3.20pm for a comfort break.

The meeting resumed at 3.25pm.

10. ENHANCED CARE HOME ASSURANCE

The Board gave consideration to a report describing the scope and purpose of strategic reporting of care home assurance. The report outlined local responses given the context of COVID-19.

Decision

The Integration Joint Board –

1. Noted the highlighted risks to older adults within care homes from COVID-19.
2. Noted the assurances to support care homes within the context of COVID-19.

(Reference: Report by Head of Adult Service, Older Adults and Community Hospitals dated May 2020, submitted)

11. FINANCE

(a) Budget Monitoring as at 31 March 2020

The Board gave consideration to a report providing a summary of the financial

position of the Health and Social Care Partnership as at 31 March 2020.

Decision

The Integration Joint Board –

1. Noted the outturn position for 2019-20 was an overspend of £2.446m as at 31 March 2020 which included a provision of £1.324m for the on-going dispute with NHS Greater Glasgow & Clyde. Excluding this, the outturn would have been an overspend of £1.122m.
2. Noted the repayment arrangements for the overspend described at paragraph 3.6 of the submitted report.
3. Approved the new earmarked reserves set out at paragraph 3.5.2 of the submitted report.
4. Instructed the Chief Officer to bring back further information on the negotiations within NHS GG&C for Board approval, noting the delegated powers agreed on 25 March 2020.

(Reference: Report by Head of Finance and Transformation dated May 2020, submitted)

(b) Budget Outlook 2021-22 to 2023-24

The Board gave consideration to a report summarising the budget outlook for the period 2021-22 to 2023-24 taking into account the budget decisions taken at the Integration Joint Board on 25 March 2020.

Decision

The Integration Joint Board noted the current estimated budget outlook report for the period 2021-22 to 2023-24.

(Reference: Report by Head of Finance and Transformation dated May 2020, submitted)

Margaret McGowan left the meeting during consideration of the next item of business.

(c) Covid-19 Response and Financial Implications

The Board gave consideration to a report providing an overview of the Health and Social Care Partnership's COVID-19 mobilisation readiness and its future planning for living and operating with COVID-19. The report also provided a snapshot of the financial estimates of the costs of dealing with the COVID-19 response.

Decision

The Integration Joint Board –

1. Noted the details provided in relation to COVID-19 response and associated mobilisation plan costing.
2. Acknowledged the uncertainties in the cost elements submitted.
3. Noted that the Scottish Government has, in principle, approved all mobilisation plans, but that approval for individual cost lines has not yet been received.

(Reference: Report by Head of Finance and Transformation dated May 2020, submitted)

Alex Taylor left the meeting during consideration of the next item of business.

12. COMMITTEE TERMS OF REFERENCE

The Board gave consideration to the Committee Terms of Reference which had been reviewed by each Committee and was before the Board with minor amendments for approval.

Decision

The Integration Joint Board –

1. Acknowledged that the Committee Terms of Reference had been considered by all Committees and had been referred back to the Board for approval.
2. Approved the Committee Terms of Reference subject to amendments to the role of the Chief Officer and Head of Finance and Transformation on the Finance and Policy and Audit and Risk Committees as discussed by the Board.

(Reference: Report by Business Improvement Manager dated May 2020, submitted)

Julie Lusk left the meeting during consideration of the next item of business.

13. CHANGES TO IJB SENIOR OFFICER RECRUITMENT

The Integration Joint Board gave consideration to a report proposing improvements to the recruitment process for Chief Officer and integrated Head of Service posts as a result of learning and feedback on the process.

Kirsteen Murray, Third Sector Representative, wished it formally recorded that this was a missed opportunity to provide a wider representation of IJB members on recruitment panels.

Decision

The Integration Joint Board –

1. Agreed that the selection panel size is amended as follows:

- Chief Officer - Panel of 8: 6 IJB Members (3 Council and 3 NHS to include Chair/Vice Chair, Council Leader and NHS Board Chair or nominated substitutes) plus the Chief Executives of each parent organisation as voting members. Nominated substitutes for the Council will be politically balanced.
 - Heads of Service – Panel of 5: 4 IJB Members (2 Council and 2 NHS - Chair and Vice Chair, Council Leader and NHS Board Chair or their nominated substitutes) plus the Chief Officer as a voting member.
2. Agreed that Head of Service assessment centres would be conducted online rather than onsite.
 3. Agreed that recruitment training be introduced to IJB induction, which would ensure that there is a cohort of up to 50% of any Appointment Panel's members are trained.
 4. Noted that the appointment of Councillors to a recruitment panel requires a Council decision.

(Reference: Report by Head of Customer Support Services dated March 2020, submitted)

14. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 5 August 2020 at 1.00pm.

AUDIT & RISK COMMITTEE MEETING
Tuesday, 18 February 2020 at 10.30am in
Aros Boardroom

Present: Councillor Sandy Taylor, IJB Member and Audit & Risk Committee Chair
Gaener Rodger, IJB Member and Audit & Risk Committee Vic Chair (VC)
Councillor Kieron Green, IJB Member
Sarah Compton-Bishop, IJB Member (VC)

Attending: Joanna MacDonald, Chief Officer
George Morrison Depute Chief Officer (VC)
Judy Orr, Head of Finance and Transformation
Charlotte Craig, Business Improvement Manager (VC)
Caroline Cherry, Head of Adult Services (VC)
Andrew O'Donnell, Scott Moncrieff
David Eardley, Scott Moncrieff
John Cornett, Audit Director, Audit Scotland
Douglas Hunter, Senior Manager Performance & Improvement

Apologies:

		Action by
1.	Welcome and Introduction Chair welcomed everyone to the meeting. Introductions were made around the room and on VC	
2.	Draft Minutes of 6 December 2019 The notes from Audit & Risk Committee meeting held on 6 December 2019 were agreed as accurate.	
3	Action Log The Committee reviewed the Action Log – Audit Committee April 2019 – March 2020. <ul style="list-style-type: none"> • Chair asked for clarification around item 13 In response to the Chair's request for clarification around item 13 Business Improvement Manager undertook to update the action log to provide clearer definition of this item.	CC
4	Argyll and Bute Integration Joint Board Internal Audit Follow-up Review 2019/20 David Eardley presented the above paper which reported the findings of the follow up review undertaken in December 2019 to establish the extent to	

	<p>which action plans from internal audit reports have been implemented as agreed. The review was performed in accordance with the 2019/20 Internal Audit Plan.</p> <p>The review ascertained that the Integrated Joint Board has made progress in implementing agreed recommendations, with 19 of the 28 management actions followed-up (64%) considered to be complete or no longer applicable. Of the remaining recommendations, six (21%) have been assessed as partially implemented, one (4%) are incomplete, and three (11%) are not yet due.</p> <p>The Committee considered the report and reviewed the progress made towards implementing open actions, as detailed within Appendix 2. The Committee agreed to twice yearly reporting or by exception as required</p>	
5	<p>Argyll & Bute Integration Joint Board Risk Workshop Output</p> <p>Andrew O'Donnell presented the above report which summarised the outputs of the Risk Workshop delivered in December 2019.</p> <p>The workshop focused on developing the Board's risk management arrangements, risk appetite and to assist the Board in ensuring appropriate controls are in place for the risks identified through four key objectives:</p> <ul style="list-style-type: none"> • To ensure that the IJB's existing risk register adequately reflects the key risks to the IJB meeting its statutory duties and delivering its strategic objectives; • To capture board members' perspectives on risk and their willingness to tolerate different types of risks; • To understand how these different perspectives should inform the management of risk; and • To assess the extent to which existing controls to mitigate risk represent efficient use of resources. <p>The Committee reviewed the outputs from the workshop and noted next steps identified for the Integration Joint Board.</p>	
6	<p>Argyll & Bute Intregation Joint Board Updated Internal Audit Plan 2018/19 – 2020/21</p> <p>Andrew O'Donnell presented the above paper which set out a detailed plan for 2020/21 in the context of a three-year strategic internal audit plan for the period 2018/19 to 2020/21.</p> <p>The Committee reviewed the plan and discussed the additional reviews for</p>	

	<p>consideration, acknowledging the risks around workforce planning pending the issue of National guidance.</p> <p>The Committee agreed, in the interim, to provide scrutiny of workforce planning at Integration Joint Board through a development session in June 2020 and reporting to the Integration Joint Board in August 2020.</p> <p>The Committee accepted the paper and agreed to audit of workforce planning in 2021/22.</p>	
7	<p>Argyll & Bute Integration Joint Board Internal Audit Plan 2019/20</p> <p>John Cornett presented the above paper and provided the Committee with a summary overview of the risks and planned works and audit scope and timing.</p> <p>The Committee accepted the Internal Audit Plan 2019/20</p>	
8	<p>Integration Performance Regime</p> <p>Douglas Hunter delivered a presentation on the development of the Health & Social Care Partnership's Integrated Performance Regime (IPR) which will support scrutiny and improvement across all national and local Key Performance Indicators (KPI's).</p> <p>The Committee welcomed this development and monthly reporting. Scrutiny and accountability will be provided through Clinical Care & Governance Committee.</p> <p>Interim reports to be presented to Audit & Risk Committee and exception reporting to Integration Joint Board.</p> <p>The Committee:</p> <ul style="list-style-type: none"> ▪ Noted the development of an Integrated Performance Regime (IPR) within the Health & Social Care Partnership (HSCP) ▪ Noted the roles and responsibilities for staff and managers within the Integrated Performance Regime (IPR) 	
9	<p>Local Government in Scotland: Financial overview 2018/19 – report from Audit Scotland December 2019</p> <p>Chief Finance Officer presented the above report.</p> <ul style="list-style-type: none"> • Part 1. Councils' income in 2018/19 • Part 2. Councils' financial position in 2018/19 • Part 3. Councils' financial outlook • Part 4. Integration Joint Boards overview 2018/19 	

	<p>Appendix 1 – Local Government in Scotland: Financial Overview 2018/19 – report by Accounts Commission December 2019</p> <p>Appendix 2: Scrutiny tool for councillors</p> <p>Key messages from the report for Integration Joint Board.</p> <ol style="list-style-type: none"> 1) A majority of IJBs struggled to achieve break-even in 2018/19, either recording a deficit or relying on additional funding from partners. 2) Around a third of the IJBs failed to agree a budget with their partners for the start of the 2019/20 financial year. 3) Medium-term financial planning is improving but no IJB had a financial plan that extended for more than five years. A focus on developing longer-term financial planning is required by IJBs. 4) Over a third of IJB senior staff has changed during 2018/19. <p>The Committee considered the implications for Argyll & Bute Health & Social Care Partnership and noted the key messages</p>	
10	<p>2019/20 End of year Accounts Timetable</p> <p>The Chief Finance Officer presented a draft year-end timetable which aims to ensure that all the statutory dates are met, and which aims to tie in with the requirements for meeting related deadline of both parent bodies.</p> <p>Audit Scotland suggested audit should be completed by June and they would be happy to review key messages as soon as they are available.</p> <p>The Committee considered the paper and commented on the key messages from review of the Integration Joint Board annual accounts.</p>	
11	<p>Draft Terms of Reference Update</p> <p>The Committee reviewed the draft Terms of Reference update and provided approval for this to be taken forward consideration by the Integration Joint Board.</p>	
12	<p>Any other Competent Business</p> <p>No further business.</p>	
	<p>Chair thanked members for their attendance and contribution.</p> <p>Date of next meeting: Tuesday, 21st April 2020 at 10.30am in Meeting Rooms J03/J05/J07 Mid Argyll Community Hospital.</p>	

**MINUTES of MEETING of ARGYLL AND BUTE HSCP FINANCE AND POLICY COMMITTEE
held VIA SKYPE on WEDNESDAY, 13 MAY 2020**

Present: Councillor Kieron Green, Argyll and Bute Council (Chair)

Sarah Compton Bishop, NHS Highland Non-Executive Board Member (Vice Chair)
Elizabeth Higgins, Lead Nurse
Councillor Gary Mulvaney, Argyll and Bute Council
Prof. Boyd Robertson, Chair of NHS Highland
Councillor Sandy Taylor, Argyll and Bute Council

Attending: Joanna MacDonald, Chief Officer, Argyll and Bute HSCP
Judy Orr, Head of Finance and Transformation, Argyll and Bute HSCP
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Caroline Cherry, Head of Adult Services, HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
David Forshaw, Principal Accountant, Argyll and Bute Council
Jane Fowler, Head of Customer Support Services, Argyll and Bute Council
Julie Lusk, Head of Adult Services, HSCP
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
Kevin McIntosh, Staffside Lead for Argyll and Bute HSCP (Council)
George Morrison, Head of Finance, Argyll and Bute HSCP
Dr Nicola Schinaia, Associate Director of Public Health
Jim Rundell, Audit Scotland
Alex Taylor, Chief Social Worker/Head of Children and Families, Argyll and Bute
Stephen Whiston, Head of Strategic Planning and Performance, HSCP

The Chair welcomed everyone to the meeting and outlined the process that would be followed during the Skype meeting.

1. APOLOGIES FOR ABSENCE

There were no apologies for absence received.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES

The Minutes of the meeting of the Finance and Policy Committee held on 27 March 2020 were approved as a correct record.

4. ACTION LOG 2020-2021

The Committee gave consideration to the Action Log covering the period April 2020 to March 2021.

Decision

The Committee noted the content of the Action Log and agreed that this be carried forward to the next meeting of the Committee due to the ongoing situation with Covid-19.

(Reference: Finance and Policy Committee Action Log April 2020 to March 2021, submitted)

Stephen Whiston, Head of Planning and Performance left the meeting during consideration of the following item of business.

5. COVID-19 RESPONSE AND FINANCIAL IMPLICATIONS

The Committee gave consideration to a report providing an overview of the HSCP's Covid-19 mobilisation readiness and its future planning for living and operating with Covid-19. The report provided a snapshot of the financial estimates of the costs of dealing with the Covid-19 response advising that the cost estimates were updated on a weekly basis and subject to considerable uncertainties.

The Head of Finance and Transformation provided a verbal update advising that the Scottish Government had distributed £50m nationally for social care of which £903,000 would be allocated to Argyll and Bute HSCP. She advised that the funding would be issued through NHS Highland.

Decision

The Finance and Policy Committee –

1. Noted the details provided in relation to the Covid-19 response and associated mobilisation plan costing.
2. Acknowledged the uncertainties in the cost elements submitted.
3. Noted that the Scottish Government has, in principle, approved all mobilisation plans, but that approval for individual cost lines has not yet been received.

(Reference: Report by Head of Finance and Transformation dated May 2020, submitted)

6. BUDGET OUTLOOK 2021-22 TO 2023-24

The Committee gave consideration to a report that summarised the budget outlook covering the period 2020-21 to 2022-23 taking into account the budget decisions taken at the Integration Joint Board on 25 March 2020. The report advised that the budget outlook presented to the Integration Joint Board on that date had been rolled forward for a further year and the NHS Highland funding assumptions had been

updated in line with the financial directions issued which reflected month 12 funding allocations.

Decision

The Finance and Policy Committee noted the current estimated budget outlook report for the period 2021-22 to 2023-24.

(Reference: Report by Head of Finance and Transformation dated May 2020, submitted)

7. BUDGET MONITORING AS AT 31 MARCH 2020

The Committee gave consideration to a report providing a summary of the financial position of the Health and Social Care Partnership as at 31 March 2020.

Decision

The Finance and Policy Committee –

1. Noted the outturn position for 2019-21 was an overspend of £2.446m as at 31 March 2020 which included a provision of £1.324m for the ongoing dispute with NHS Greater Glasgow and Clyde. Excluding that provision the outturn would have been an overspend of £1.122m.
2. Noted the repayment arrangements for the overspend described at paragraph 3.6 of the submitted report.
3. Agreed to recommend to the Integration Joint Board approval of the new earmarked reserves set out at paragraph 3.5.2 of the submitted report.
4. Instructed the Chief Officer to bring back further information on the negotiations with NHS Greater Glasgow and Clyde for Board approval, noting the delegated powers agreed by the Integration Joint Board on 25 March 2020.

(Reference: Report by Head of Finance and Transformation dated May 2020, submitted)

8. NHS GREATER GLASGOW AND CLYDE UPDATE

The Head of Finance provided the Committee with a verbal update on the dispute with NHS Greater Glasgow and Clyde. He advised that there was an accrued disputed amount of £2.4m over 2 years, with 2018/19 being covered by non-repayable brokerage and 2019/20 being covered by repayable brokerage. He advised that he had written to the Director of Finance of NHS Greater Glasgow and Clyde noting the disappointment that they had not accepted the position of the HSCP and had not yet received a response to this. In March a letter had been written to the Chair of NHS Highland Board and Chair of the Integration Joint Board proposing that a meeting take place with the Chief Executive, Paul Hawkins, but due to the ongoing situation with Covid-19, this meeting had not yet taken place.

Decision

The Finance and Policy Committee noted the verbal update by the Head of Finance.

(Reference: Verbal update by Head of Finance on 13 May 2020)

9. HR RESOURCING

The Committee gave consideration to a report proposing an increase in temporary and permanent HR Resources to ensure that the team can fully support managers, employees and staff side colleagues and reduce risk to the Health and Social Care Partnership.

Decision

The Finance and Policy Committee –

1. Noted the current HR Team structure and capacity.
2. Noted the increase in current and future HR demands from service charge, policy change and Culture Fit for the Future outcomes.
3. Noted the impact on the HSCP of under supported managers, employees and TU/SS.
4. Noted the proposal for increased resource (temporary and permanent).

(Reference: Report by Head of Customer Support Services dated May 2020, submitted)

10. ANY OTHER COMPETENT BUSINESS

There was no business raised under this item.

The Chair thanked everyone for attending the meeting. It was noted that the next meeting had been scheduled for 29 May 2020 and it was agreed that discussion would take place on the possibility of rearranging this date due to the close proximity of the current meeting and the meeting scheduled for 29 May 2020.



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item:

Date of Meeting: 05 August 2020

Title of Report: Chief Officer Report

Presented by: Joanna Macdonald, Chief Officer

The Integration Joint Board is asked to:

- Note the following report from the Chief Officer

Bute Dialysis Unit Work to Restart

Building work will be restarting on the Marshall Unit (Bute Dialysis Unit) as soon as a review of any potential changes to comply with COVID-19 guidance is completed. Construction work on the unit had been suspended in March due to the COVID-19 pandemic.

The Planning Group is reconvening in August to discuss the project in more detail and finalise the remaining elements of the building work to ensure they meet the new COVID-19 arrangements. The local community will also be kept fully informed as the HSCP moves forward with the final stages of the project.

Earlier this year the Bute Kidney Patient Support Group named the new Isle of Bute Dialysis Unit “The Marshall Unit” as a lasting memory to the Marshall family. The Dr J N Marshall of Island of Bute Memorial Trust and Bute Kidney Patients Support Group, along with successful local community fundraising has provided the capital funds for this project.

“Upwards and Onwards Videos” Helping with Falls Prevention

The HSCP has been championing a series of “Upwards and Onwards” videos that feature advice, tips and information on what to do if you fall at home. The videos, are available on the NHS Inform website (www.nhsinform.scot) and show how to get up after a fall, or what to do if that isn't possible. They feature people who've experienced falls themselves and also provide advice for families and carers on what to do if someone falls.

The videos also give advice on maintaining strength, balance and general fitness to help prevent falls. Building up your fitness from the comfort of your own home will help people to carry on doing the things they enjoy while

improving overall stamina and flexibility. The additional mental health benefits that come from regular exercising should not be underestimated either.

People with long-term health conditions should seek medical advice from their GP or healthcare professionals before starting the exercises.

Successful Drone Delivery Trials

The HSCP has been working with drone delivery provider Skyports to prove the feasibility of delivering urgent medical cargo, such as COVID-19 test kits and Personal Protective Equipment (PPE), between medical facilities in Argyll and Bute through the use of delivery drones.

A two week trial, using the delivery drones, was recently carried out between Lorn and Islands Hospital in Oban and Mull and Iona Community Hospital on the island of Mull. The trial was very successful and saw delivery times cut to around 15 minutes which will bring considerable savings in terms of time and resources.

The HSCP is delighted to be at the forefront in Scotland of using new technologies to benefit patients and the use of drones provides real opportunities to improve services and will help enable quicker diagnosis for patients.

Survey on Video Consulting Held in Argyll and Bute

People in Argyll and Bute were recently asked for their views on how health and care services might be delivered remotely in the future. This was carried out as part of an engagement exercise by the national “Near Me” team to find out what people think about how the system might be improved.

When Covid-19 commenced the HSCP quickly progressed the use of Near Me in 29 GP practices and has also used it obstetric appointments between Lorn & Islands hospital in Oban and Paisley.

The use of Near Me video consulting is also proving to be vital for those who deliver and receive health and social care during the pandemic. It has enabled services to continue to be provided without potential exposure to Covid-19 and has significantly reduced the number of people coming into health and social care premises.

Local Carers Services Thanked for the Support they Provide to Carers

We would like to thank all of the staff at North Argyll Carer Centre, the Dochas Carers Centres, the Helensburgh & Lomond Carers Centre and Crossroads (Cowan and Bute), Crossroads North Argyll and Mid Argyll Youth Development Service for everything they have been doing to support carers and local communities during the COVID-19 pandemic.

They deliver a fantastic range of services including providing advice, guidance and support to carers on a daily basis and over the last few months, with the COVID-19 pandemic, have been absolutely outstanding in the service they have continued to provide remotely for carers.

We are so lucky to have such a strong Carers network in Argyll and Bute and to have such committed people who provide real positive carer support for the local communities that they serve.

Jean's Bothy Improving Access to Mental Health and Wellbeing Services

Jean's Bothy is a mental health and wellbeing hub for Helensburgh and surrounding communities and provides services for members of the community who are experiencing mental health challenges. It opened in July 2018 and is a partnership approach between the HSCP and Enable Scotland.

Prior to the pandemic, services would normally be delivered face-to-face for problems and issues like stress, loneliness, relationship breakdown and caring responsibilities. When lockdown started the Bothy quickly looked at new ways of providing services and implemented the use of Zoom and Webex video messaging apps to help the people using the service access activities and resources online.

Routine has been essential to support the people using the service and the expanded use of digital technology has been very successful and has provided them with a great deal of comfort during what is a challenging time for everyone.

Staffside update

The A&B Joint TU Staffside Group continue to meet on a weekly basis. We have now reinstated the Joint Partnership Forum meeting following the stepping down of the pandemic and will also reinstate the Staff Liaison Group meeting from August. The A&B Joint TU Staffside Group continue to encourage staff and managers to participate in the Courageous Conversations training and the feedback so far has been encouraging and members of the group are being encouraged to undertake training to deliver this.

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Integration Joint Board**Agenda item:****Date of Meeting: 05th August 2020****Title of Report Covid19 Public Health update****Presented by: Dr. Nicola Schinaia, Associate Director of Public Health****The Integrated Joint Board is asked to:**

- Consider the Covid19 current status update, in terms of:
 - ◇ distribution of infection rates in A&B community;
 - ◇ Covid-19 testing in A&B community;
 - ◇ support to A&B community during the peak of Covid-19 pandemic and its adaptation to the new response phases
- Review the look forward planning themes/implications to be able to respond to additional “spikes” of Covid19 infection, whilst our “business as usual” resumes.

1. EXECUTIVE SUMMARY

This paper reviews the work of Public Health in Argyll and Bute relating to Covid-19 and focuses on four main areas:

- Understanding the epidemiology of Covid-19 in Argyll and Bute
- Testing for SARS-CoV-2 in Argyll and Bute
- Caring for people work stream supporting our communities
- the priority Public Health activities as the Covid-19 response evolves based on the changing epidemiological, clinical and socio-economical landscape

This work has enabled us to monitor the extent of the spread of the disease, to promote a comprehensive and widespread process to allow priority key workers as well as a wide variety of society sectors to undergo testing, with the aim at reducing the time spent in self-isolation, as well as to reduce transmission as low as possible, as well as to set up a robust mechanism to support most vulnerable people.

2. INTRODUCTION

This paper builds on accounts provided in the earlier reports, with the dual aim of providing the timeliest update as the pandemic is unfolding in A&B, as well as the priority Public health work over the summer months.

3. DETAIL OF REPORT

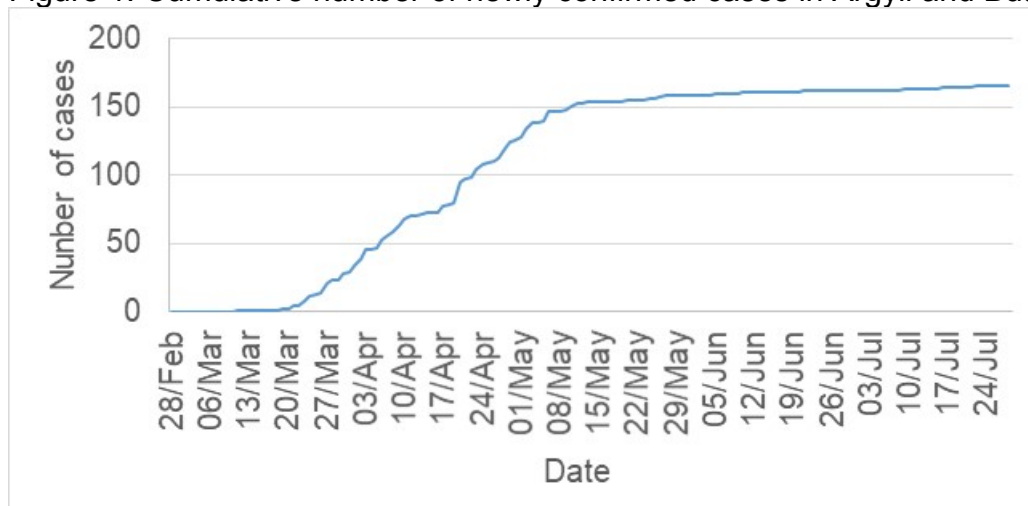
A. Epidemiology of Covid-19 in Argyll and Bute

This section will summarise the latest number of confirmed cases, the distribution of deaths over the course of the pandemic and their incidence compared to average of last few years for same period of time.

Public Health Scotland report there have been 165 confirmed cases recorded of Covid-19 in Argyll and Bute at 28th July 2020, equating to a crude incidence rate 19.1/10,000 people¹. This includes data from NHS laboratories and UK Government test sites. Figure 1 shows the cumulative number of cases reported. There have been low numbers of new confirmed cases in recent weeks.

Scottish Government reported 381 confirmed cases across NHS Highland as of 28th July, equivalent to 11.8/10,000 people¹. The total number across Scotland was reported to be 18,558, equivalent to 34.1/10,000 people¹.

Figure 1. Cumulative number of newly confirmed cases in Argyll and Bute



Source: Scottish Government reporting
<https://www.opendata.nhs.scot/dataset/covid-19-in-scotland>

There have been a total of 64 deaths registered involving Covid-19 of Argyll and Bute residents up to the end of w/c 25th May (up to 31st May), with no deaths involving Covid-19 registered in the following 7 weeks, up to 19th July².

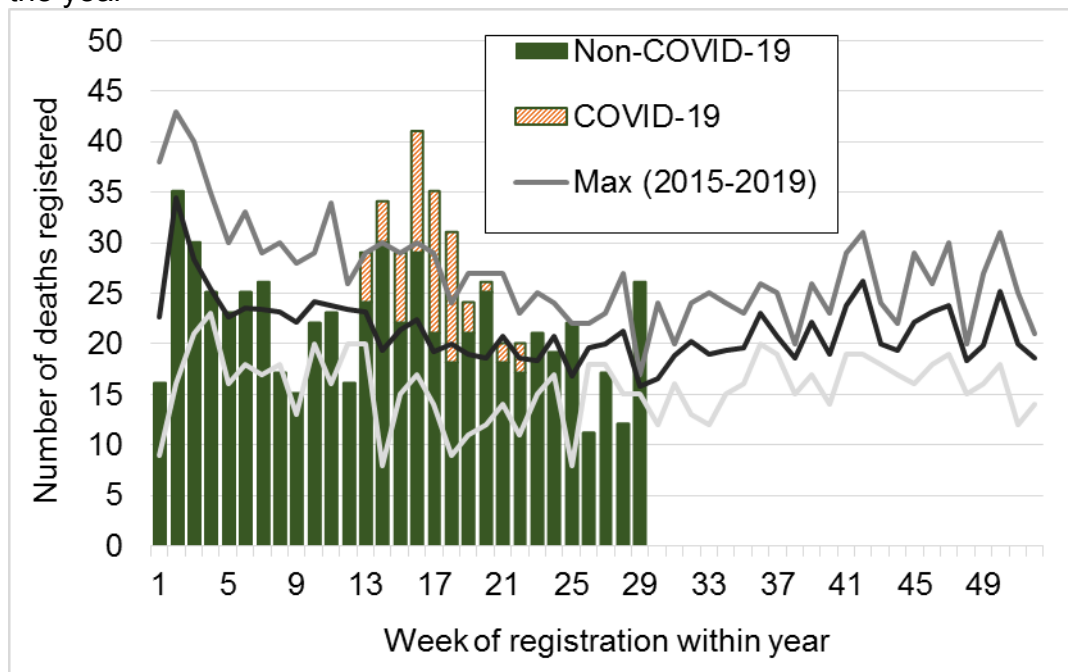
Figure 2 shows deaths involving Covid-19 alongside all other deaths for 2020. In addition, the average number of deaths from 2015-2019 and the minimum and maximum number of deaths from 2015-2019 are shown for each week

Data are by the date deaths are registered and not the date that deaths occurred. Data include confirmed and presumed cases of COVID-19.

¹ Population estimates from National Records of Scotland 2018 estimates: Highland:235,540, Argyll and Bute: 86,260 people, Scotland: 5,438,100 people.

² Reported by National Records of Scotland. Includes any non-residents of Scotland who died in Argyll and Bute.

Figure 2. Deaths of Argyll and Bute 'usual' residents by week registered within the year



Source: National Records of Scotland. Provisional data up to 19th July (week 29) of 2020.

Future work is being planned in conjunction with colleagues in North Highland as appropriate, includes consideration of evidence around:

- Monitoring of community and staff testing for Covid-19
- Monitoring the course of the epidemic in Argyll and Bute and primarily the follow up of new positive case through Test and Protect system
- Needs of those recovering from Covid-19 infection
- Consideration of the impact of long-term conditions, potential latent need for Health and Social Care services and the impact of likely economic downturn in Argyll and Bute
- Consideration of deprivation in Argyll and Bute and the association of deprivation with rates of death observed by ONS

Some of this planned work could be considered an update to the JSNA to inform strategic planning going forward.

Further epidemiological information and trends are provided in Appendix 1.

B. Testing for Covid-19 in Argyll and Bute

Testing for Covid-19 in Argyll and Bute is accessible through different pathways for the public, hospital patients, symptomatic health and social care staff or household contacts, care home staff and residents and non-health and social care keyworkers. Testing pathways and eligibility are outlined in a set of NHS Highland test cards (Table 1).

The following pathways have been developed across NHS Highland to address the different testing requirements and policies.

Table 1. Testing pathways in Argyll and Bute

Test card	Title
1	Symptomatic General Public over 5
2	Hospital Inpatient
3	Hospital Inpatient 70 and over
4	NHS Highland employees
5	Symptomatic Care Home Staff (non-outbreak)
6	Care Home Staff Surveillance
7	Care Home Staff in Outbreak Site
8	Covid Assessment Centre
9	Care Home Care at Home staff in Argyll & Bute
10	Argyll & Bute HSCP – Council Employees
11	Pre-admission & Outpatient
12	Symptomatic Care Home Resident (non-outbreak)

Overview of test locations and results

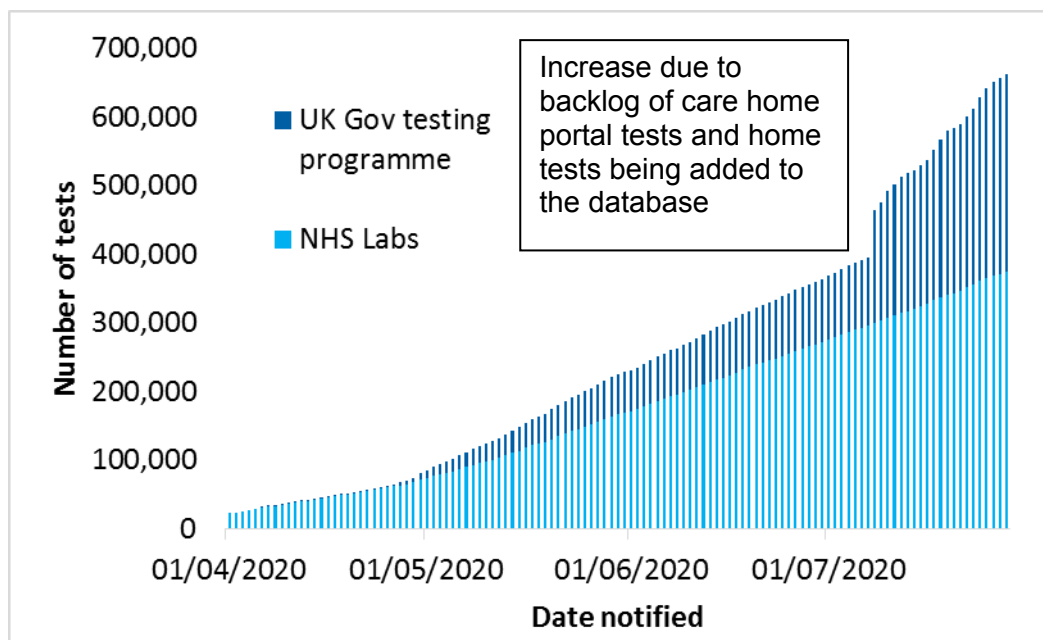
Testing can be carried out at a number of different locations as outlined in Table 2.

Table 2. Test locations

Test location	Description
NHS	Primarily within hospital or through Covid Assessment Centres (CACs)
Care Home portal	UK Government route for access to postal tests for care home staff and residents
Glasgow Airport	UK Government site
Home	Postal test taken at home organised by the UK Government
MTU	Mobile testing unit run by the army on behalf of the UK Government

Overall, numbers of tests for COVID-19 across Scotland have increased over time, as per Fig. 3.

Figure 3. Cumulative number of COVID-19 Tests carried out in Scotland



Source: Scottish Government reporting

<http://www.gov.scot/publications/coronavirus-covid-19-trends-in-daily-data/>

Different test sources have been introduced at different time points with increasing amount of testing occurring through UK Government routes. (Figure 3).

Table 3. Number of tests test route

Test route	Number of tests
NHS	5365
Care Home portal	2115
Glasgow airport	535
Home	269
MTUs	1842

Source: ECOSS test dates up to 26th July – downloaded 28th July. Argyll and Bute residents only. Only tests submitted by Glasgow Regional Virus Laboratory, Golden Jubilee and UK Gov labs. ECOSS does not include tests reported as void. ECOSS is a dynamic system and results reported here may be adjusted in the future.

Positive test results have reduced since April (Table 4). Note that the number of positive tests does not equate to the number of individuals tested positive as individuals may be tested more than once.

Table 4. Number of positive test results by week.

Month tested	Number of positive tests (note that individuals may be tested more than once)
March	29
April	114
May	59
June	15
July	<5

Source: ECOSS test dates up to 26th July – downloaded 28th July. Argyll and Bute residents only. Only tests submitted by Glasgow Regional Virus Laboratory, Golden Jubilee and UK Gov labs. ECOSS does not include tests reported as void. ECOSS is a dynamic system and results reported here may be adjusted in the future.

Care Home Testing in Argyll and Bute

On 4 June 2020 the Scottish Government Cabinet Secretary for Health wrote to NHS chief executives with instructions to carry out weekly Covid-19 testing of staff working in care homes. The intention of this initiative was to further protect care home residents from Covid-19 infection and alongside other infection

prevention and control measures, to reduce the likelihood of a covid-19 outbreak in care homes.

This matter has been discussed regularly at the Care Home Task Force and the input and support from care homes in Argyll and Bute has allowed high numbers of available staff to be tested on a regular basis. A number of different arrangements for testing have been utilised and care home managers are to be recognised for their high degree of flexibility in accommodating these testing requirements.

- Testing Trends

Trends from week 2 of testing show an increase both in the percentage of available staff being tested and the number of homes taking part in routine testing. Overall for the period 15 June to 26 July 2020, an average of 69% of available staff in Argyll and Bute have taken part in weekly screening. This is shown in table 1. During the week commencing 8th June some homes did carry out testing but this was not recorded and reported to Scottish Government.

Week Commencing	No. of Homes Tested	Available Staff	Staff Tested	% Staff Tested
1. 15.6.20	14	672	295	44%
2. 22.6.20	13	657	372	57%
3. 29.6.20	15	664	506	76%
4. 6.7.20	16	623	522	84%
5. 13.7.20	14	609	427	70%
6. 20.7.20	17	613	518	85%

Table 1: Weekly totals of staff testing in Argyll and Bute Care Homes.

- Procedure for Positive Results

The Public Health team in Inverness is notified of positive results via laboratory services to their electronic Health Protection data management system. Occasionally Public Health are notified of results via other means, for example by phone.

A positive test result triggers intense support arrangements with the home being placed under surveillance and being closed to admissions. A Health Protection team member will contact the home to arrange for testing of all staff and residents. A PAG is convened to oversee the management of the incident and discusses actions and approach; media and public relations; communication with relatives; Care Inspectorate involvement; and ongoing support for the home.

This further testing is carried out in the home with kits from the local CAC. This allows for quicker reporting of test results to the Health Protection team and ensures the results are recorded through NHS laboratories. Test kits receive a lab number from Oban and are sent to West of Scotland Virology lab for testing. Results are communicated to the home via the Health Protection team and staff members via the testing CAC.

C. Caring for People

In May 2020 the IJB received a comprehensive report of the approach taken in Argyll and Bute to implement a Caring for People (CfP) response in line with Scottish Government's national resilience strategy. This approach has been a joint partnership between Argyll and Bute Health and Social Care Partnership, Argyll and Bute Council and Argyll and Bute Third Sector Interface (TSI). This section provides an update of these community resilience activities since May:

- Caring for People Tactical Partnership

When the tactical partnership formed there was a need for daily meetings to enable support systems to be developed. In July these meetings reduced to weekly and have recently combined with the shielding meeting and convene each Monday morning. The joint agenda continues to include a weekly update of statistics from the previous week, for example, number of calls to the helpline and numbers of people in the shielding categories. The agenda also allows time for planning for evaluation and lessons learned and ongoing service developments.

- Caring for People helpline

The Helpline was set up on 27 March 2020 via the council's customer service system. Up to 19 July a total of 4,130 calls had been received. Calls are still being received, for example there were 99 in the week ending 19.7.20 but this volume is significantly lower than a peak of more than 500 per week in April. A total of 3,414 people have logged 4,061 Caring for People requests via the helpline or the electronic online form (some people phone back to the helpline and/or make more than one request for help, for example shopping and medication delivery).

Area	Food	Household Supplies	Prescriptions	Repairs/ Utilities/ Fuel	Befriending/ Counselling/ Support	Essential travelling	Community Group	Animal Welfare	Request Count	Incident Count
Bute	313	54	129	9	19	3	2	2	531	442
Cowal	414	97	180	20	17	7	2	4	741	589
Helensburgh and Lomond	496	74	110	12	24	4	2	3	725	617
Islay and Jura	85	13	1	2	3	0	0	2	106	90
Kintyre	274	36	112	8	13	2	1	2	448	403
Mid-Argyll	253	68	138	14	6	5	3	4	491	403
Mull, Coll, Colonsay, and Tiree	255	26	4	6	1	0	2	0	294	269
Oban and the Small Isles	414	78	174	15	29	4	4	7	725	601
Total	2504	446	848	86	112	25	16	24	4061	3414

Table: Caring for People requests by area and reason.

- Shielding

People most at risk of serious morbidity and mortality from Covid-19 have had special Scotland wide arrangements put in place to minimise these risks, this is commonly referred to as "shielding". A total of 3,298 people have been identified in Argyll and Bute for shielding with regular trawling of medical data to add new people to this list. The current shielding arrangements are coming to an end on 31 July 2020. To date comprehensive support has been provided for shielded people who chose to take up this support: 785 are receiving National Food Parcels and 661 are enrolled with the Priority Supermarket Delivery Scheme. In addition since inception 1021 local food requests, 343 pharmacy requests and 243 other CfP requests have been fulfilled, alongside 2277 general council requests made by 907 shielded individuals. A final round of welfare calls is underway to make sure shielded customers are aware of the imminent end of shielding.

- Emotional Wellbeing

Evidence from emergencies and disasters around the world tells us that emotional wellbeing and mental health are affected by significant events. This was considered at an early stage in the Covid-19 emergency response both nationally and locally with a wide range of campaigns and support being developed. CfP set up telephone support services in Argyll and Bute to help people navigate the different sources of support. This involved telephone befriending via the TSI and one to one telephone contact to enable people to access the most appropriate support. Despite significant promotion via front line health and social care staff and on social media, the numbers of people requesting this emotional help remains very low with less than 40 people having called the helpline for emotional support.

It is not clear if the anticipated mental health needs are not actually present in the population or if barriers exist that prevent people from seeking support for these needs. This is being carefully considered during this lessons learned phase and in the CfP evaluation plan to consider what else can be done support mental health and wellbeing during the pandemic. This is important in order to avoid a potential surge in demand for mental health and social care services.

- Next Steps

A comprehensive evaluation is being carried out into how the Caring for People response was mobilised and able to meet the needs of local communities during the Covid-19 emergency. This includes lessons learned to inform ongoing delivery of CfP. IN the short term the level of demand for support is low and some services are being stood down. This is with a view to having back up support in place ready to step up again if required.

D. Priority Public Health activities during summer 2020

As the Covid-19 response evolves, based on the changing epidemiological, clinical and socio-economic landscape, Covid-19 focused we will update all the work done in this area. The key activities encompass:

- Test and protect
- Protection of local communities whilst lockdown is lifted (Tourism Task Force)

The Test and Protect programme is in place across Scotland to identify people infected with Covid-19, to support them to stay at home till the end of their infectious period and to trace any of their close contacts who may also have been infected. This service is co-ordinated by the health protection team in Inverness for the whole of NHS Highland. Additionally there is a Scotland wide contact tracing service in place ready to respond to higher numbers of positive cases should this be required. Argyll and Bute public health staff are involved in developing support services to enable people who test positive to comply with stay at home requirements. Examples of this support may include the CfP services described above or emergency housing.

Effective Test and Protect is reliant on prompt testing of people with symptoms. This has improved significantly since June. Testing capacity in labs continues to increase allowing for routine screening of certain groups of

people in addition to testing symptomatic people within 5 days of symptom onset. Their main routes for testing include:

- Key workers and family members via NHS Community Assessment Centres (CACs).
- Everyone else over 5 years attend a community based Mobile Testing Unit or request a home test kit delivery.
- Postal kits for care home staff for weekly screening.

The UK wide testing pathways still have some gaps for our islands and bespoke pathways are being developed to allow locals and visitors to be tested if they are symptomatic. These pathways involve a combination of GP practices and CACs.

There is some concern across rural areas of Argyll and Bute, especially the islands that the relaxation of lockdown arrangements and increasing visitor numbers will pose risks to fragile communities. There has been significant interest in this from a number of different perspectives including local politicians, community members and tourism stakeholders. There are a number of local stakeholders in the agenda, for example the Economic Resilience Forum and Public Health's role is that of professional advisor. There are challenges in getting a balance between opening up the economy and minimising risks of further infection.

4. RELEVANT DATA AND INDICATORS

Data have been reported in the above section and in the Appendices. In summary, we have presented trends on: confirmed cases of COVID-19 infection, overall and COVID-19-specific mortality.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

This work supports/underpins the HSCPs strategic and operational response to this emergency pandemic.

6. GOVERNANCE IMPLICATIONS

Financial Impact

These activities - responding to the pandemic and following on from it - have employed a larger number of resources, primarily in terms of person-time. Such increased spending has been tagged to dedicated Covid-19 funding and will be accounted under this budget line work will need to be taken account of within current financial planning and return to business as usual which is in hand..

Staff Governance

The workforce consequences and staff and TU fantastic response to the crisis has epitomised the adoption and strengthening of good communication and formal engagement processes and partnership working.

Clinical Governance

Clinical governance response has been fundamental to the shaping and management of the public health projections and demand modelling and our response to ensure patient, client and staff safety.

7. PROFESSIONAL ADVISORY

Inputs from professionals across stakeholders remain instrumental in the response to the Covid19 pandemic. There has been a close collaborative working between the Departments of Public Health in Argyll and Bute and North Highland. We expect this to be a long-lasting positive outcome of this major incident.

8. EQUALITY & DIVERSITY IMPLICATIONS

Equality and diversity will need to be reviewed and considered as we progress through this pandemic cycle and emergency operating arrangements. Experience from other countries shows that marginalised communities fair worst in relation to both infection rates and health outcomes. An impact assessment will be developed for the response in due course, but in the meantime principles of equality have informed specific programmes of activity. Examples of this include targeted activity with gypsy/traveller communities and developing communications materials for different audiences eg learning disability friendly and subtitles for people with hearing impairment.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Compliance with GDPR remains critical and is being considered within the various pieces of work supporting the sharing of information and data to protect health and wellbeing of staff and the public and patients.

10. RISK ASSESSMENT

Not required for this report.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

A comprehensive communications strategy exists to provide accurate information on the Covid-19 response to staff, partners and the wider population. The Third Sector Interface contributes to the Caring for People Tactical Partnership and provides a link to local community resilience activity, third sector organisations and community members.

12. CONCLUSION

Following the declaration of major incident in NHS Highland to respond to the Covid-19 pandemic, the Department of Public health identified a number of key activities to contribute to the overall HSCP response. Human resources have been focused to the response. Our overriding working principles of cooperative working within the HSCP have strengthened and it is expected that may be helpful in the management of the subsequent phases of the pandemic and the post-covid-19 work.

DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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APPENDIX 1 – Epidemiology update

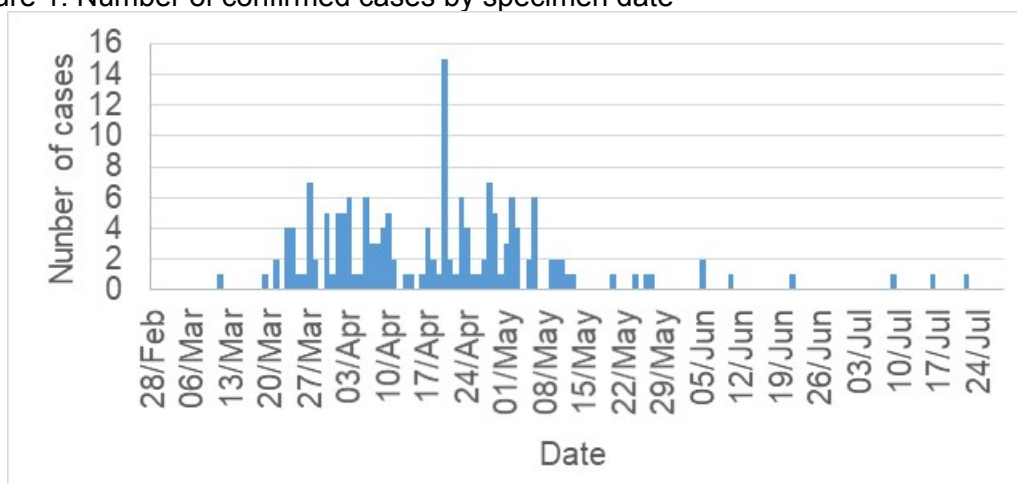
1. Introduction

- This section will present more detailed information on the individuals that have been reported since the beginning of the outbreak as testing positive for Covid-19, or that have sadly passed away. Data are for management purposes only and not for dissemination.
- Numbers of confirmed cases depend on the numbers of cases and the testing strategy employed. UK Digital data includes UK Government testing at UK Government test sites eg Glasgow Airport, Mobile Testing units, at home and tests booked via the care home portal.

2. Confirmed cases in Argyll and Bute by date reported

- are shown in Fig. 1.

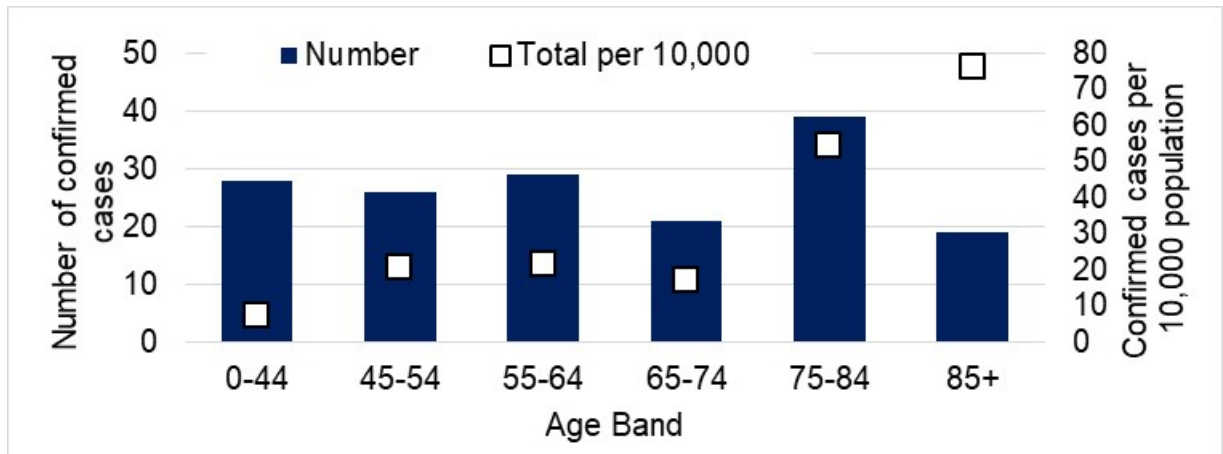
Figure 1. Number of confirmed cases by specimen date



Source: Scottish Government reporting
<https://www.opendata.nhs.scot/dataset/covid-19-in-scotland>

- Data on age and gender were available for 162 confirmed cases from Argyll and Bute. Argyll and Bute has now had 82 confirmed cases in males and 80 in females.

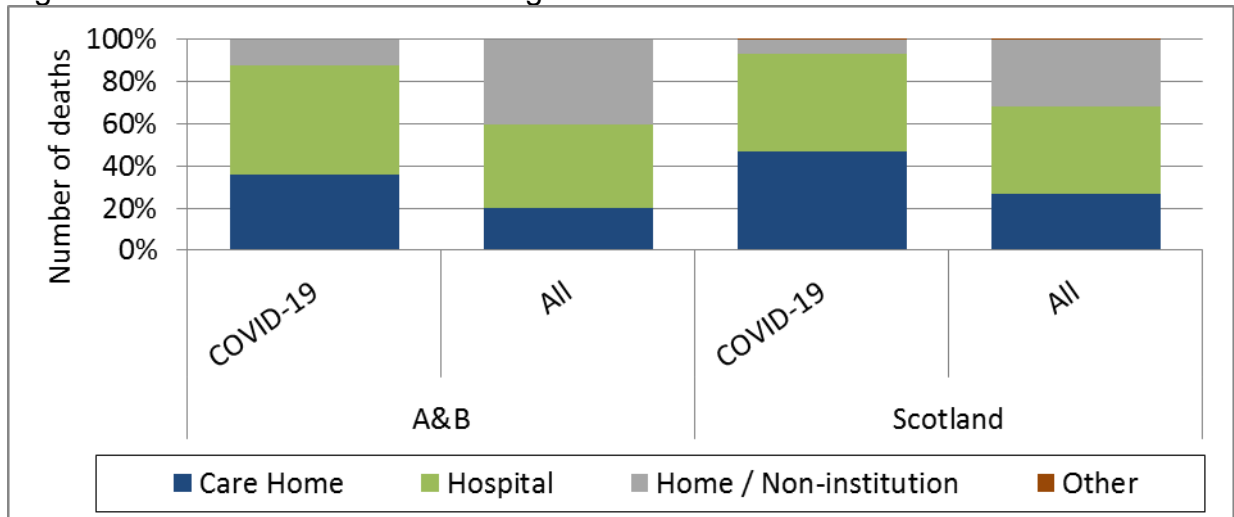
Figure 2. Number of confirmed cases by age band and gender and number of confirmed cases per 10,000 population by age band



Source: NHS Highland reconciled data up to 27th July 2020 and NRS population estimates (2018)

3. Deaths where Covid-19 is mentioned

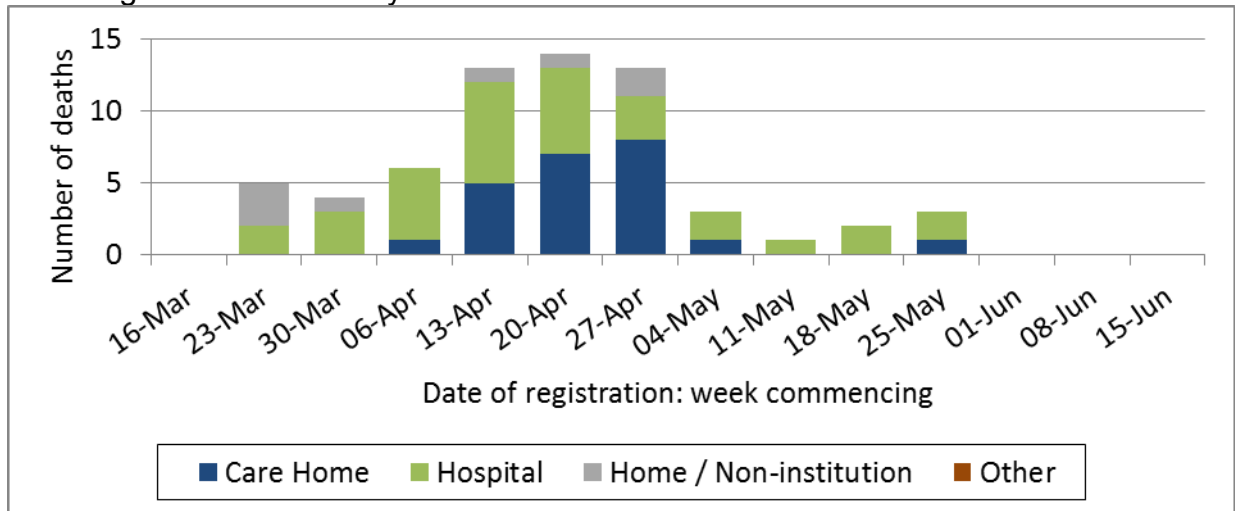
Figure 3. Location of Deaths involving COVID-19



Source: National Records of Scotland. Provisional data up to 19th July (week 29) of 2020.

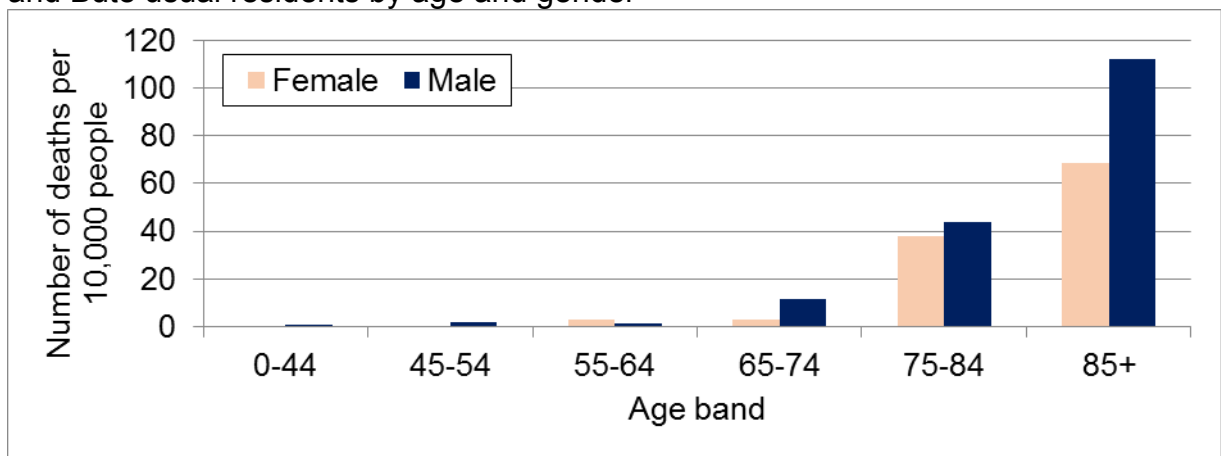
- 36% of Covid-19 deaths in Argyll and Bute occurred in care homes, compared to 21% of all deaths registered in 2020 in Argyll and Bute.
- 47% of Covid-19 deaths in Scotland as a whole occurred in Care Homes compared to 26% of all deaths registered in 2020 in Scotland.

Figure 4. Deaths of Argyll and Bute 'usual' residents in involving COVID-19 by week registered within the year and location of death



Source: National Records of Scotland. Provisional data shown up to 21st June (week 25) of 2020.

Figure 5. Number of deaths involving Covid-19 per 10,000 population of Argyll and Bute usual residents by age and gender



Source: National Records of Scotland. Provisional data up to 19th July (week 29) of 2020.

- The highest number of deaths involving Covid-19 has occurred in those aged 75-84.
- The highest rate of deaths, per 10,000 people, has occurred in those aged 85+ (Figure 5)

APPENDIX 2 – Testing for Covid-19 in Argyll and Bute – Additional data

Numbers of tests accessed by the population in Argyll and Bute are presented here, aligned to these pathways as far as is currently possible.

A&B non-NHS keyworker referrals

Data presented in Table 1 is not from ECOSSE but is locally held information regarding referrals for testing through the A&B referral pathway for non-NHS keyworkers.

Table 1. Number of referrals by referral date

Week commencing	Number of referrals
27/04/2020	17
04/05/2020	25
11/05/2020	19
18/05/2020	21
25/05/2020	14
01/06/2020	9
08/06/2020	13
15/06/2020	8
22/06/2020	13
29/06/2020	<5
06/07/2020	5
13/07/2020	7
20/07/2020	<5

Source: Data collection by A&B HSCP social work

A&B MTU locations

Technical Note - the number of tests reported below is only for A&B residents and does not include void tests. MTUs have been used for routine testing of asymptomatic care home staff as well as testing of symptomatic keyworkers and the public. MTUs have also been located on Mull and Islay but with less than 5 tests conducted. The data is not included in Table 2.

Table 2. Numbers of tests by week and MTU location

Week commencing	Campbeltown	Dunoon	Helensburgh	Oban	Lochgilphead	Rothesay
27/04/2020		36				
04/05/2020		5		26		
11/05/2020	75			26	26	<5
18/05/2020		37	64			11
25/05/2020	23			22		
01/06/2020		25				72
08/06/2020	72	107	128	41	111	
15/06/2020	20	19	45	35	27	38
22/06/2020	28	15	22	16	26	<5
29/06/2020	36	30	13	30	23	7
06/07/2020	23	41	9	19	40	8
13/07/2020	19	41	21	44	56	9
20/07/2020	43	14	10	48	51	<5

Source: ECOSS test dates up to 26th July – downloaded 28th July. Argyll and Bute residents only. Only includes tests at A&B MTU locations. ECOSS does not include tests reported as void. ECOSS is a dynamic system and results reported here may be adjusted in the future.

Technical notes regarding data on testing from ECOSS

- Data sources from ECOSS downloaded on 28th July.
- ECOSS does not include VOID tests and these are not included in this report
- The number of test results (including numbers of positive test results) does not indicate number of individuals as individuals may be tested more than once.
- Test reports are only counted here if they were submitted by UK Digital or the NHS laboratories of Golden Jubilee or Glasgow Regional Virus laboratory. This is to avoid counting duplicate reports submitted by Raigmore laboratory for tests referred from Argyll and Bute.
- UK Digital test dates are not available for historical UK Government Regional Testing centres data between 15 and 25 April. For this data, a test date in the mid-point within this date range (20 April) is assigned to these tests.
- A&B residents were identified by postcode look up using NHS NSS postcode reference file with a manual check for postcodes not identified.
- Only tests conducted at MTU locations in Argyll and Bute are included under MTU in this report.
- ECOSS is a dynamic system and tests reported may be updated due to new testing or adjustments of previous reports including reassignment between areas and laboratory corrections.



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item:

Date of Meeting: August 2020

Title of Report: HSCP Performance Exception Report - Financial Quarter 4 (2019/20)

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

The Integration Joint Board is asked to:

- Note the National Health and Well Being scorecard performance for the FQ4 (19/20) reporting period
- Note the considerable impact COVID-19 restriction had with regards to available date
- Consider the COVID-19 reflection on performance for FQ1 and 2 2020
- Approve the revised Annual Performance Report 2019/20 production process

1. EXECUTIVE SUMMARY

Reporting for FQ4 has been substantially affected by the Covid19 pandemic impact of escalating health and social care services to an emergency response. This included the suspension of “normal” performance reporting and a focus on Covid19 performance needs from the beginning of March 2020.

Consequently the performance of the HSCP against a variety of its outcome indicators and performance targets have been adversely affected.

This report therefore summarises the HSCP performance for FQ4 using available data, some of which has only been released in June 2020 and other elements are incomplete.

In summary as at the end of March 2020, 27 of the 44 measures are reporting as on target or better, with 16 reported as being off target and 1 measure still under development and data for 1 measure unavailable.

Key areas of success against target for FQ4 (19/20) are:

- Percentage of Total Telecare Service Users with Enhanced Telecare Packages (**Target-** 31% **Actual-** 45.2%)
- Percentage of Social Work care services graded ‘good’ ‘4’ or better in Care Inspectorate inspections (**Target-** 83% **Actual-** 84.1%)
- Percentage of Children on Child Protection Register with a completed Child Protection plan (**Target-**100% **Actual-** 100%)

2. INTRODUCTION

The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. These suites of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals. Currently there are 9 key National Health and Wellbeing Outcomes (NHWBOI's) and 23 sub-indicators and additional measures which form the foundation of the reporting requirement for the HSCP.

In addition the scorecard details progress against the Ministerial Steering Group (MSG) measures for monitoring the progress of integrated service delivery across the HSCP.

3. RELEVANT DATA AND INDICATORS

3.1 Overall Scorecard Performance for FQ4 (19/20)

Performance for FQ4 19/20 notes 27 of the new 44 measures are reporting as on target or better , with 16 reported as being off target and 1 measure still under development and data unavailable for 1 measure.

Key areas of success against target for FQ4 (19/20) are:

- Percentage of Total Telecare Service Users with Enhanced Telecare Packages **Target-** 31% **Actual-** 45.2%
- Percentage of SW care services graded 'good' '4' or better in Care Inspectorate inspections **Target-** 83% **Actual-** 84.1%
- Percentage of Children on CPR with a completed CP plan **Target-**100% **Actual-** 100%

Appendix 1 identifies the most recent (June 2020) SOURCE performance data with regards to Argyll & Bute HSCP, benchmarked partnership performance against comparable IJB's for the 9 Health & Wellbeing Outcome Indicator's.

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

The table below report the exceptions for FQ4 (19/20), identifying trends and the senior responsible officer to ftake forward actions to improve performance against targets.

Outcome 1 - People are able to improve their health	Status	Target	Actual	Owner
NI-4 - % of adults supported at home who agree that their health & care services seemed to be well co-ordinated	●	74.0 %	FQ4 72.0 %	Caroline Cherry
Outcome 2 - People are able to live in the community	Status	Target	Actual	Owner
MSG 1.1 - Number of emergency admissions – Argyll & Bute	●	2,142	FQ3 2,331	Elizabeth Higgins
MSG 2.1 - Number of unplanned bed days acute specialties - Argyll & Bute	●	14,172	FQ3 15,360	Caroline Cherry
MSG 2.2 - Number of unplanned bed days MH specialties - Argyll & Bute	●	3,974	FQ3 6,636	Caroline Cherry
MSG 3.1 - Number of A&E attendances - Argyll & Bute	●	4,240	FQ3 4,407	Elizabeth Higgins
MSG 6.1 - % of population in community or institutional settings - Argyll & Bute	●	2.0 %	FQ3 2.1 %	Caroline Cherry
Argyll & Bute - % of LAC who are looked after at home or in a community setting	●	90.0 %	FQ4 83.3%	Alex Taylor
Outcome 3 - People have positive service-user experiences	Status	Target	Actual	Owner
NI-2 - % of adults supported at home who agree they are supported to live as independently	●	81.0 %	FQ4 79.0 %	Julie Lusk
MSG 3.2 - % A&E attendances seen within 4 hours – Argyll & Bute	●	95.0 %	FQ3 89.6 %	Elizabeth Higgins
CA72 - % LAAC >1yr with a plan for permanence	●	81.0 %	FQ4 68.9 %	Alex Taylor
Outcome 4 - Services are centred on quality of life	Status	Target	Actual	Owner
NI-7 - % of adults supported at home who agree their support had impact improving/maintaining quality of life	●	80.0 %	FQ4 74.0 %	Julie Lusk
Outcome 6 - Unpaid carers are supported	Status	Target	Actual	Owner
NI-8 - % of carers who feel supported to continue in their caring role	●	37.0 %	FQ4 33.0 %	Julie Lusk
Outcome 7 - Service users are safe from harm	Status	Target	Actual	Owner
Argyll & Bute - % of Adult Protection referrals completed within 5 days	●	80.0 %	FQ4 42.2 %	Julie Lusk
Outcome 8 - Health and social care workers are supported	Status	Target	Actual	Owner
Health & Social Care Partnership % of PRDs completed	●	90 %	FQ4 30 %	Jane Fowler
SW only - HSCP Attendance	●	3.78 Days	FQ4 4.89 Days	Jane Fowler

4. Waiting Times Performance - FQ4 (19/20)

Due to COVID-19 restrictions and the Scottish Government suspension of all routine activity there is currently no validated performance data available for Outpatient and Inpatient waiting times and treatment times targets to be reported to the IJB.

5. COVID-19 Impact and look forward Q1 and Q2 2020

The IJB is asked to note that the consequence of the health and care service moving onto an emergency footing in response to the pandemic for the 1st quarter of 2020 resulted in a suspension of all “normal performance management indicators and targets.

The Scottish Government 4 phase route map will see the gradual resumption of health and care services from June through to September 2020 onwards. Consequently the normal suite of performance indicators will only come back on line later this year.

In the interim a number of re-mobilisation performance targets have been developed and agreed with the SGHD notably resumption of 60% by June and 80% of routine activity by July 2020 as per the phases in the Scottish Government route map across all health and care services.

This is a complex performance picture with for example in phase 2 Dental services resuming urgent care service but not aerosol generating procedures, essential Optometry and ophthalmology services recommencing, triage and prioritise referrals to secondary care, expand provision of GP services.

This is all within the context that Covid-19 pandemic is now under various degrees of control in essence:

- Lockdown – High viral transmission
- Phase 1 – Virus not contained
- Phase 2 – Risk of spread remains
- Phase 3 – Viral risk controlled
- Phase 4 – Virus at very low levels

Further the lessons learned supporting the new/accelerated methods of delivery of services within what is our Covid19 new normal i.e. digital first and remote consultation will require review and revision of performance measures and outcomes. It is expected this will not be ready until 2020/21.

6. Annual Performance Report (APR) 2019/20

The IJB should note the suspension of all non-critical work included the production of the HSCP annual report. The SGHD in discussion with HSCPs has agreed that APRs can be deferred to September 2020 and will be a slimmed down report reflecting the pandemic context and the re-mobilisation priorities and availability of validated data.

The normal process to produce the report will therefore be amended and a draft report will be taken to the Strategic Planning Group in August 2020 for review.

7. GOVERNANCE IMPLICATIONS

7.1 Financial Impact

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

7.2 Staff Governance

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

7.3 Clinical Governance

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

8. EQUALITY & DIVERSITY IMPLICATIONS

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

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

None

10. RISK ASSESSMENT

None

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None

12. CONCLUSIONS

It is recommended that the Integration Joint Board consider and note the HSCP overall performance for the FQ4 19/20 reporting period within the caveats detailed due to the pandemic crisis.

Approve the revised production arrangements for the HSCP Annual Performance Report

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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Appendix 1- ARGYLL & BUTE HSCP Annual Benchmark HWBOI Performance (FQ3 - 19/20 Latest Data Available)

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

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

Indicator**	Title		Angus	East Lothian	Highland	Midlothian	Moray	Scot Borders	Stirling	Scotland
NI - 11	Premature mortality rate per 100,000 persons	393	350	333	402	409	394	388	353	432
NI - 12	Emergency admission rate (per 100,000 population)	12,755	11,075	10,061	10,871	11,0726	8,972	12,425	9,693	12,264
NI - 13	Emergency bed day rate (per 100,000 population)	114,559	101,543	99,613	109,356	120,653	91,286	132,121	101,924	119,654
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	84	104	99	113	109	77	109	104	103
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90%	91%	88%	90%	87%	90%	86%	89%	88%
NI - 16	Falls rate per 1,000 population aged 65+	26	25	19	15	18	15	19	22	23
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	74%	83%	84%	86%	87%	82%	79%	92%	82%
NI - 18	Percentage of adults with intensive care needs receiving care at home	68%	56%	61%	55%	68%	68%	62%	64%	62%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	640	314	641	1,248	1,323	1,063	761	540	793
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	24%	23%	21%	21%	23%	20%	21%	23%	24%
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	NA	NA	NA	NA	NA	NA
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	NA	NA	NA	NA	NA	NA
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	NA	NA	NA	NA	NA	NA



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Date of Meeting: 5 August 2020

Title of Report: Culture Programme Update

Presented by: Joanna Macdonald

The Integration Joint Board is asked to:

- Note the NHS Highland Board paper.

1. EXECUTIVE SUMMARY

NHS Highland Board met on 28 July and were provided with the regular update of the board wide activity for the Culture Fit for the Future.

The attached paper and report cover the activity in June 2020.

2. INTRODUCTION

The attached report indicates a proposal discussed at the NHS Highland Culture Programme Board to form a Culture Oversight Group. Argyll & Bute's Culture Group will feed into this and benefit from the cohesive approach to ensuring that the changes which are being made are having an impact.

3. DETAIL OF REPORT

The proposed group indicated in the report is a revision of the Culture Programme Board and will be more adept at progressing themed work streams and focussing on areas of need and maintaining progress. It can also ensure that each programme area has the capacity and resource required.

The paper highlights the progress made so far including progress in Argyll & Bute.

Argyll & Bute HSCP are currently seeking volunteers for the local Culture Group with a 7 August closing date. Regular Culture communications are in place to ensure staff have sense of progress.

4. RELEVANT DATA AND INDICATORS

Sturrock Review and Argyll & Bute Culture Survey.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

All priorities under staff governance.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

No specific financial impact for this paper

6.2 Staff Governance

A partnership approach will be taken to any potential culture change and development and co-production of a detailed action plan.

6.3 Clinical Governance

N/A to this paper

7. PROFESSIONAL ADVISORY

Guidance: Please provide details of the consultation undertaken with professional leadership and the outcome of discussions.

8. EQUALITY & DIVERSITY IMPLICATIONS

Any potential change will require to take full account of any implications for Equality and Diversity.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Compliant

10. RISK ASSESSMENT

Any potential risks from a change of culture will require to be fully scoped.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Staffside representation is fully involved in the co-production of any culture change activity. As noted previously the Chief Officer has identified an opportunity for continued dialogue with all staff.

12. CONCLUSIONS

The 100 day plan has been circulated to all staff and will provide a framework to take forward a co-produced approach to developing the culture in Argyll & Bute Health and Social Care Partnership.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Author Name Charlotte Craig

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Meeting: NHS Highland Board
Meeting date: 28th July 2020
Title: Culture Programme Update
Responsible Executive/Non-Executive: Paul Hawkins, Chief Executive
Report Author: Fiona Hogg, Director of HR and OD

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- NHS Board Strategy or Direction

This aligns to the following NHSScotland quality ambition(s):

- Person Centred

2 Report summary

2.1 Situation

The Culture Programme has been established to deliver the required Culture change to address the issues raised in the Sturrock report.

2.2 Background

A progress report on the Culture Programme is presented at each NHS Highland Board meeting. This is the update covering activity in June, including the Programme Board meeting held on 29th June, 2020.

2.3 Assessment

Moving forward with the Culture Programme

We have been taking stock of the Culture Programme priorities and structure, as we move into the second year of our plan. Having delivered many of the tactical interventions and immediate priorities, our focus now needs to move into embedding ownership and delivery of Culture Change within the key areas of our organisation, whilst continuing to centrally

provide oversight, expertise and coordination, alongside development of organisation wide initiatives.

Our proposal, which has been discussed at Culture Programme Board on 29 June and also at Staff Governance Committee on 21 July, is attached as **Appendix 1** for information. It will involve changing the name and attendance at the Culture Programme Board and setting up operational culture groups for Argyll & Bute, Acute, Community and Corporate Services. Each will be represented at the newly formed Culture Change Oversight Group, alongside representatives from our six refreshed workstreams. These workstreams will be:

- Values and Behaviours
- Leadership and Development
- Performance and Recognition
- Insights and Learnings
- Health and Wellbeing
- People Processes

Most of these workstreams are already in operation in some shape or form, but this will ensure consistency and clear purpose and oversight. The one new workstream – Insights and Learnings – has been created to ensure that we focus on how we measure the impact of the changes we are making, how we take the temperature of the organisation and how we take learning from past experiences to help shape our future.

In addition to the workstream and operational representatives, the remainder of the Culture Oversight Group membership will represent key groups; Area Clinical Forum, Area Partnership Forum, Communications, Systems Leadership Team and a Public representative.

The revised group will continue to be chaired by the Culture Advisor and the Lead Executive and Senior Responsible Officer continues to be the Director of HR & OD. The formal governance structure for the Group will be into the Staff Governance Committee.

Following discussion at Staff Governance, the final proposal will then be developed into a detailed plan, including the setup and remit of the workstreams and operational unit groups, the terms of reference for the Oversight Group and the workstreams and the key priorities for the next 12 months. We will also ensure that the programme has the capacity and resources to be able to deliver the agreed priorities.

A key principle of the proposed changes is to be inclusive and encourage ownership of culture change at an individual level. We will ensure that as many people across the organisation who wish to be involved in some aspect of the programme will have the opportunity to do so. Whilst the membership of the Oversight Group will not include all

current Programme Board members, they will be invited to participate in workstreams or groups.

Programme Risks

Draft risks for the Culture Programme were shared and discussed at the meeting and further input invited. These will be updated and presented to the next meeting on 17th August for approval and will then be monitored on an ongoing basis as part of the agenda.

Whistleblowing

Whilst a date for the launch of the new National Whistleblowing Standards, postponed from July, is still awaited, we are keen to work with Scottish Government and the Scottish Parliamentary Standards Office to ensure that we can prepare and plan for these as far ahead of time.

Our Guardian Service goes live on 3rd August 2020 and gives us an opportunity to refresh our processes and approach to Whistleblowing, whilst ensuring this is in line with the direction of the National Standards. We are proposing that NHS Highland is an early adopter / pilot for some of this work and discussions are ongoing to this effect.

In the interim, we will review our existing processes and ensure that they are up to date and accessible. This will include a regular report to the Board on any Whistleblowing cases which arise.

Guardian Service

As mentioned, the confirmed go live date for the Guardian Service is 3rd August. They have recruited two full time Guardians to support NHS Highland and they are currently undergoing induction. They will provide a "Speak Up" service which will provide colleagues with an opportunity to independently discuss matters relating to patient care and safety, whistleblowing, bullying and harassment and work grievances.

There is a programme of awareness sessions for key groups over the coming weeks, including to Executive Directors Group, Systems Leadership Team, Area Clinical Forum, the Clinical Update meeting, Highland Partnership Forum and Staff Governance Committee.

The Guardians will spend time virtually promoting the service across the organisation and once appropriate, also ensure face to face sessions are planned. Until the service goes live, we have extended the external helpline that was temporarily put in place for colleagues to discuss concerns they felt they couldn't raise in the organisation.

Courageous Conversations

The virtual "Teams" delivery of a 3 hour Courageous Conversation training to colleagues and managers across Argyll & Bute has been delivered to over 200 people in 20 sessions

(as at 9th July) since this commenced on the 1st June. Further sessions are taking place over July and August and a review will take place in early September.

This has been really well received and the virtual format has not inhibited participation and engagement. Instead, it has been taken up more widely as the format and duration allows people to fit this into their day more easily and does not require travel. Occasional issues with technology have been overcome and many people have felt more comfortable sharing experiences openly in this format.

We are planning a broader roll out across Highland and also will design follow up sessions and additional topics of leadership training which can be delivered in this short virtual format.

100 day plan

Staffside and Management in Argyll & Bute have continued to work on their 100 day plan, the next steps are for the overarching 100 day plan to be tracked and monitored. An update on key actions is below. A key element of this is the Courageous Conversations training, which was described above and is progressing well.

We are in the process of commissioning the diagnostic phase of People Processes review with an external provider and aim to have this commissioned and kicked off in early August, for a period of 8 weeks.

The review of our recruitment processes has already kicked off, led by our external Culture Advisor. We also began the review of Partnership Working with a workshop on 30th June, facilitated by our Culture Advisor, with a further session to be set up.

2.3.1 Quality/ Patient Care

Our Culture Programme is critical in delivering excellent quality services and patient care

2.3.2 Workforce

Our Culture Programme will ensure our workforce are engaged, motivated, clear on their roles and priorities and working to our values.

2.3.3 Financial

Additional funding has been secured to deliver the Culture Programme, long term changes to our Culture will contribute to reductions in sickness absence, disciplinary and grievance case timelines and improving our recruitment and retention.

2.3.4 Risk Assessment/Management

No specific risks have been identified in this update.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impacts

None

2.3.7 Communication, involvement, engagement and consultation

The Culture Programme Board is the main engagement and communication on our progress with Culture and draws a wide range of representatives. A full plan for engagement and communication will be developed through a range of tools and mediums and regular updates provided internally and externally.

2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Culture Programme Board, 29th June 2020

2.4 Recommendation

- **Discussion** – Examine and consider the implications of the update

3 List of appendices

Appendix 1 – Culture Programme structure and priorities

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NHS Highland Culture Programme

9th July 2020

What progress has been made to date?

- ✓ Created an initial Culture Fit for the Future Action Plan
- ✓ Carried out initial engagement sessions with 350 colleagues
- ✓ Set up Culture Programme Board and appointed External Culture Advisor
- ✓ Launched and reported on the A&B Culture Review
- ✓ Co-created and launched our Healing Process
- ✓ Produced and engaged on our Culture Plan and commitments
- ✓ Put external support in place for investigations and mediation
- ✓ Launched Courageous Conversations training
- ✓ Developed a Corporate Induction portal
- ✓ Launched our Employee Assistance Programme
- ✓ Commissioned the Guardian Service for July & set up temporary helpline

What are our ongoing priorities?

- Refresh our governance and workstreams for Culture programme
- Virtual rollout of Courageous Conversations training to all colleagues
- Delivery of tactical management up-skilling and team interventions
- Embed Civility Saves Lives and Peer support approach
- Improve engagement and communication across the organisation
- Refresh our Vision and Strategy and link to our Culture plans and values
- Develop and launch our longer term Health & Wellbeing strategy
- Review and improve our People Processes
- Create a long term development proposition for our People Leaders
- Empower and equip colleagues and leaders to change their culture
- Provide clear manager and colleague responsibilities and expectations
- Create clear language and tone standards
- Review of partnership working

- Reporting direct to NHSH Board is not in line with governance standards
- Going forward, reporting line is to Staff Governance Committee
- Non Execs should only sit on formal Governance Committees
- We need to ensure we focus on delivery against a few key priorities
- Operational units should own and shape their local delivery plans
- We need wider ownership and embedding of culture change
- We need central oversight & tracking of plans, risks and issues
- We need to streamline the attendance at programme oversight level
- We need to ensure all current attendees have opportunity to be involved
- The previous workstream approach needs to be refreshed and realigned
- We shouldn't have "Board" in the title to avoid confusion

NHS Highland Board

IJB

Staff Governance Committee (bi-monthly)

EDG

A&B HSCP SLT

Culture Change Oversight Group (formal monthly meeting)

External Culture Advisor (Chair)

Director of HR (SRO)

NHS Highland Culture Plan

Culture Programme - Workstream leads attend Oversight Group

5- 7 Members
Workstream Lead
SME
Colleague
Manager

Values & Behaviours

Leadership & Development

Performance & Recognition

Insights & Learnings

Health & Wellbeing

People Processes

Operational Culture Groups and Plans

Stakeholder Representatives

Corporate Services

Acute

Argyll & Bute HSCP

Community

SLT rep

Comms rep

ACF rep

HPF rep

Public rep

Organisational Strategy & Decision Making (from EDG / Board)

Communications and Engagement

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**Integration Joint Board****Agenda item:****Date of Meeting: 05 August 2020****Title of Report: Staff Governance Report for Financial Quarter 4 (2019/20) and Financial Quarter 1 (2020/21)****Presented by: Charlie Gibson, HR Lead (HSCP), Jennifer Swanson, Organisation and Workforce Development Manager (HSCP) Jane Fowler, Head of Customer Support Services (ABC)****The Integration Joint Board is asked to:**

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

1. EXECUTIVE SUMMARY

This paper sets out the key issues and quarterly performance data from the two employing parent bodies for staff governance in the Health and Social Care Partnership. Narrative is contained in the body of the text and detail is presented in Appendices. The data provided covers the period from January – March 2020 (FQ4) and April – June 2020 (FQ1).

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

- Well informed
- Appropriately trained and developed
- Involved in decisions
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

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

- adopting best practice from both employers

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

- development of joint initiatives that support integration
- compliance with terms and conditions and employing policies
- service change implications for the workforce and compliance with the above.

2. INTRODUCTION

This report provides an overview of the staff governance issues in relation to the Standards outlined above as raised and discussed at the Strategic Leadership Team and Joint Partnership Forum. This report is presented to the IJB on a quarterly basis.

This report includes updates on:

- Progress under the five Staff Governance themes
- Additional Integration activities relating to staff
- Staff Wellbeing
- Supporting Performance Data
- Work planned over the next 3 months

The data represents Financial Quarter 4, 2019/20 (Jan-Mar 2020) and Financial Quarter 1, 2020/21 (Apr-Jun) unless otherwise stated.

3. PROGRESS UNDER THE FIVE STAFF GOVERNANCE THEMES

3.1 Well Informed

Employees working in the HSCP receive regular updates through various communication channels. These include NHS Highland Communications, weekly Chief Officer's updates, a monthly NHSH Team Brief and various service specific updates from managers. Key information is cascaded through huddles and Service/Locality team meetings.

As a result of the Covid-19 pandemic, employee communications were increased by more frequent Council newsflash messages and NHS Highland Communications. These provided updates from Gold, Silver and Bronze command as well as Scottish Government guidance and public health advice.

Staff engagement was greatly increased in FQ1. The Chief Officer presented the culture survey results to all HSCP employees via Skype to invite questions and comments before the results were made publicly available. Following this, the Chief Officer introduced weekly drop-in meetings via Skype to invite colleagues to raise their concerns and give direct feedback. These informal drop-ins have engaged colleagues from all parts of Argyll and Bute and all services and has provided useful feedback.

Wellbeing information was hugely increased during the Covid-19 pandemic with frequent Council newsflash and NHSComms messages to colleagues as well as signposting to online resources for support and distribution of posters in workplaces. The Employee Assistance Programmes (EAP) were widely promoted.

The Council's Intranet (the Hub) and now the Council website and the NHS intranet continue to be key sources of information for staff. A monthly Cascade is issued to staff, with a quarterly magazine also issued. Local arrangements are made where possible to provide printed copies of key materials on noticeboards for colleagues who do not have access to ICT.

3.2 Appropriately Trained and Developed

The Chief Officer has reinforced the importance of carrying out a PDP (Personal Development Plan) or PRD (Performance Review and Development) for staff. The target is a 90% completion rate however, due to Covid-19 priorities and lockdown, a lower rate of PDP/PRDs were completed by March 2020. The Organisational and Workforce Development (OD) team continue to support managers and staff on how to access and complete these with training now available virtually instead of face-to-face. This will reduce time and travel costs for the OD team. PDP/PRD conversations together with regular 1:1 meetings enable performance and attainments to be reviewed and training needs to be identified. It is now expected that PDP/PRDs will be completed in FQ2.

The Council and NHS Highland offer a range of training opportunities for staff. Some is directly required for the individual's role/job (e.g. professional qualifications), others are related to the individual's PRD/PDP, and others are statutory or mandatory training requirements. Courses completed are shown in Appendix 1.

During the Covid-19 lockdown period, the OD team moved quickly to condense the Courageous Conversations course to enable this to be delivered virtually via Microsoft Teams instead of face-to-face. In June 2020, the OD team and staffside colleagues started to deliver Courageous Conversations to all colleagues in the HSCP. To date (10 July), 20 sessions have been delivered offering 200 places and there have been 135 attendees. A further 31 participants booked but were unable to attend, mostly due to technical issues which it is hoped will be resolved once Office 365 is rolled out. Courageous Conversations has been very well-received and paves the way for future virtual learning as it has massively increased our ability to reach colleagues in all parts of the area and reduced the need for travel which will have significant time savings.

Some employees were reassigned during the Covid-19 pandemic and were quickly retrained to undertake other roles, demonstrating their agility to develop different skills. This included some innovative and fast paced development of joint training to ensure that redeployed staff from non-health/social care roles were able to be safely deployed into care settings to support the Covid-19 response.

The Social Work Training Board currently identifies and approves training necessary to meet statutory and service requirements, and monitors progress of SVQ candidates in social work services. Representation is from managers across all Social Work professional areas; it is now chaired by Head of Adult Services who took on the role of Chief Social Work Officer in May 2020.

The OD and HR team continue to support compliance in Statutory/Mandatory training for NHS staff. Whilst there are workload challenges with attending training,

ultimately this training is essential to the safety and quality of services that the HSCP delivers. Compliance figures are presented in Appendix 1 for NHS staff. In particular the modules Moving and Handling Practical skills (Nursing Band 1-6), Hand Hygiene (all staff just once), Equality and Human Rights all staff to be completed every 3 years and Violence and Aggression Practical skills, Nursing, Midwifery and AHP Band 1-6 and medical and dental. Managers and staff are responsible for ensuring that all statutory and mandatory training is up-to-date to ensure 100% compliance rates as non-completion presents a risk to the organisation and is contractual to their employment.

Outcomes from PRD/PDPs, along with workforce planning information, inform training plans. As well as delivering SVQs and supporting degree students, there is an increasing demand for technology and digital training to ensure that the workforce develops appropriate skills to maximise opportunities for new approaches to service delivery. Use of technology enabled learning has increased since the start of the Covid-19 pandemic and lockdown and it is expected that this will continue as part of a blended approach.

The Council's training centre delivers SVQs for council staff and the OD team is exploring ways to improve SVQ accessibility for NHS staff.

Leadership and management development activity

During Covid-19, those in leadership and management roles have had to change swiftly and have made decisions more quickly and more autonomously than before in a very clear framework. While this is not a formal course, these skills have been developed and practised in a real situation and demonstrates the agility in our organisation.

The OD team is working with colleagues in NHS Highland and Council to identify and deliver a management development programme that meets the needs of HSCP managers. The OD team is contributing to development of NHS Highland Leadership and Management development programme while the Council continues to run the Argyll and Bute Manager course which has HSCP managers enrolled on it.

A new NHS corporate induction portal was launched in January. A local induction for staff in Argyll and Bute is being explored and forms part of the Joint Partnership Forum improvement plan.

3.3 Involved in Decisions

Staff-side and HR continue to be involved in Short-Life Working Groups (SLWG) to take forward change projects and service redesigns. These groups ensure compliance with employee policies and procedures and to ensure that there is involvement at the early stages of redesign. A new joint HR process for matching/selection for integrated posts has been developed and used in the recent management structure redesigns.

Progress on the Joint Partnership Forum improvement plan is being reported to the JPF. The actions in the plan seek to simplify processes, improve information and provide training and support for managers.

We are committed to working in partnership through the HSCP Joint Partnership Forum, Staff Liaison Group and Organisational Change Group.

3.4 Treated Fairly and Consistently

The main focus of attention in this area of staff governance is the post-Sturrock Culture Fit for the Future Action plan, which is due to be implemented through a range of training, awareness raising and train the trainer activities. This is being led by NHSH in Inverness.

In November 2019, as recommended in the Sturrock Review report, NHS Highland Board commissioned Progressive Partnership Ltd to carry out a Culture Survey for colleagues working in Argyll and Bute. The survey was undertaken over a six week period between February and April using a quantitative online questionnaire, developed in partnership with staffside representatives, aimed at current and former employees of NHS Highland.

The results were shared widely with Argyll and Bute HSCP colleagues through presentations by the ABHSCP Chief Officer, before being made public. A 100-day plan of priority actions was drafted in response to the survey results and has been developed with staffside representatives. An Argyll and Bute Culture Group will be established to focus on local priorities and delivery of the culture plan. This group will link to the NHS Highland Culture Oversight Group and Staff Governance Committee.

3.5 Provided with a continuously improving and safe working environment

With all staff who can continue to work from home as a result of Covid19, co-location projects have paused. These will be restarted at an appropriate time in line with the easing of lockdown and guidance.

The provision of PPE has been, and continues to be, considered daily at senior level to ensure we have a safe working environment in all parts of Argyll and Bute. As the organisation prepares to remobilise, managers have worked with their teams to complete risk assessments in order to ensure that we have safe workplaces.

4. ADDITIONAL INTEGRATION WORK

4.1 Workforce Planning

The OD team is working with workforce planning colleagues in NHS Highland and Argyll and Bute Council to plan workshops and workforce planning conversations with managers from September – November 2020. The HSCP is reliant on data from NHS Highland for this purpose. A new HSCP workforce plan is required by 31 March 2021 and there is a plan in place to achieve this in line with Scottish Government guidance. This is the subject of a separate report to IJB.

4.2 Management Restructures

HR and TU/staffside representatives are working together in Short Life Working Groups to redesign and implement the two new management structures and these are making positive progress. The new Children, Families and Justice Management team will be in place with effect from Monday 31st August 2020. This restructure has resulted in one Council redundancy. The Adult Services Management restructure was delayed slightly by Covid-19, but has now been re-instigated, and work is progressing. Formal consultation and initial one to ones have been completed, and it is hoped that the new structure will be in place by end of September 2020. So far, no Council redundancies from this restructure have been identified.

4.3 Staff Experience

NHS Highland Staff Experience and Engagement workstream and the Health & Wellbeing Strategy Groups are continuing to progress with Argyll and Bute OD involvement.

iMatter

iMatter is a continuous improvement tool designed with staff in NHS Scotland to help individuals, teams and Boards understand and improve staff experience. Since 2017 all HSCP staff (Council and NHS) have participated in the annual iMatter survey.

The iMatter survey was undertaken in FQ4. The closing date of the 3 week survey was 24th March with paper responses by the 30th. The final week was the start of Covid-19 lockdown with priorities needing to be elsewhere. As of 23rd March, the HSCP response rate was 53%. A national pause was agreed on reporting this year and no reports have been released for teams in the HSCP or Board to date. Further information is expected in the summer. NHS Scotland plans to undertake a national pulse survey in September 2020.

Staff experience and employee engagement are important in measuring the overall health of an organisation. Evidence shows that engaged employees are more productive, deliver higher quality services and exhibit lower levels of sickness absence. Engagement through iMatter and other channels is important in our overall approach to culture change and building trust in the HSCP. HR and OD can use data from previous years to help prioritise organisational plans while managers can use the data to develop team improvement plans. We need to increase confidence and participation in this annual national process as a feedback & action-planning mechanism for continuous improvement and to improve staff experience and lift levels of employee engagement.

Dignity at Work

NHS Highland and the HSCP expressed an interest in participating in a national Dignity at Work project (Strathclyde University Staff Experience Recommendation 6)

and representatives attended a workshop on 31st January with the leads, Dr Sarah Pass and Professor Thorsten Chmura, to explore how to take this work forward. This work starts 10 years after Everyone Matters 2020 strategy was launched/published and the Dignity at Work Toolkit (Give Respect, Get Respect) was rolled out to Boards. There was a focus on understanding what is good about that cultural work and areas that require to be amended to inform the level of work going forward. There will be more information coming out in July about this.

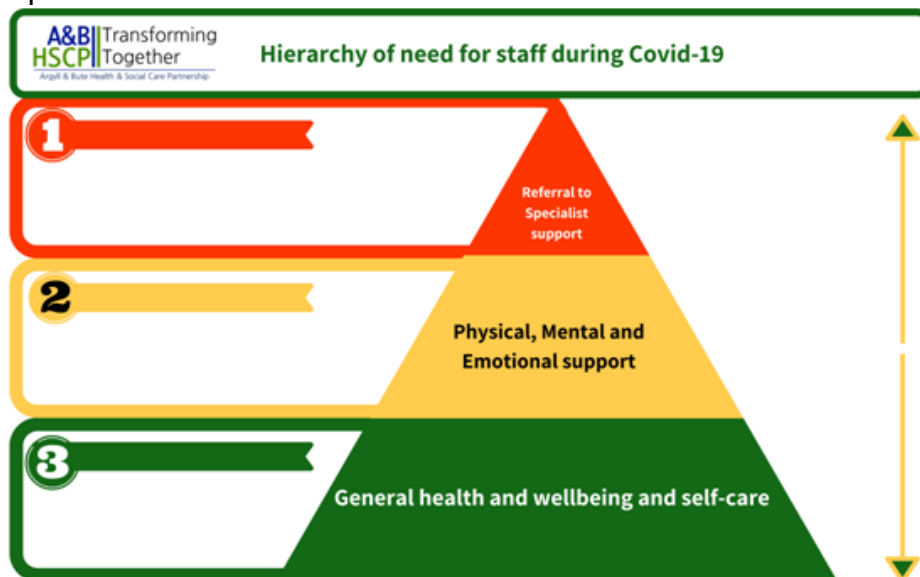
5. STAFF WELLBEING

5.1 Employee Mental Health and Wellbeing

Covid-19 has changed our lives and placed various demands on people working in health and social care. Argyll and Bute Council and NHS Highland reviewed and enhanced resources to support staff mental health and wellbeing.

An Argyll and Bute HSCP Wellbeing Group was established to share resources, coordinate where possible, and ensure the full range of health and social care staff are supported with their wellbeing and mental health. The group links closely with the NHS Highland Wellbeing Group also established, the Council's Wellbeing Team and the National Wellbeing Champions' Network. It includes organisational development, public health, mental health and psychological support services and a Council wellbeing representative. The group co-produced an action plan which was agreed in April by the HSCP SLT, Council SMT and has reported to A&B HSCP Silver Command.

To help to ensure the best use of resources, three categories of need for staff were identified although it is acknowledged that individuals may cross over into more than one category at any one time. Further information is in the April SLT and IJB paper. These groups are:



Three examples of support from the three areas of needs are:

1. NHS Highland established a Staff Psychological Wellbeing Network. This service is available to all health and social care staff within Argyll and Bute HSCP, clinical and non clinical, if they need it. This Network provides advice and support to build and maintain the psychological wellbeing of colleagues, to increase resilience and to reduce the likelihood of burnout, trauma, or other emotional injury during the Covid-19 outbreak.
2. NHS Highland launched their Employee Assistance Programme (EAP), Validium, in May 2020 and the Council continues to provide their EAP, Health Assured. The Council extended their EAP to include Care Home colleagues.
3. Wellbeing Wednesday was started in April as a regular feature to share key messages and sign post resources available for staff in the HSCP. NHS Highland adopted the approach and Wellbeing Wednesdays are now a Highland-wide message from Fiona Hogg. Jane Fowler continues to issue a Council-wide message to all Council staff.

There has been an increasing amount of resources made available nationally. Following the initial phase of the pandemic a focus on supporting and enhancing staff wellbeing and resilience is now important to help with the longer term aspect. We know that the support staff get from managers and employers has a huge impact on wellbeing. There are opportunities from this pandemic to make real, significant and sustainable improvements to the strategic approach of the health and wellbeing of staff and the culture in the HSCP.

As we start to remobilise services, we are acutely aware of colleague fatigue, reduced morale arising from worry and uncertainty and the impact this has on wellbeing. The Chief Officer includes wellbeing support information in weekly communications to colleagues and we will continue to support our employees' health and wellbeing in the coming months.

5.2 Absence Management issues

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

There continues to be significant scrutiny of absence during this reporting period, primarily prompted by Grip and Control, but also to ensure that all managers are following the appropriate procedures when looking after their staff. Heads of Service receive detailed reports on individual council staff absences within their service, including duration, cause of absence, OHP status etc. This enables more detailed monitoring and management of absence. Detailed information on sickness absence for the Council and NHS Argyll and Bute are set out in Appendix 2, showing trend data for a 12 month period and a breakdown between services.

NHS data highlights that sickness absence has decreased to below 5% in Q4 and stabilised over the last quarter. The overall operational unit absence is comparable with NHS Highland figures. The reduction in sickness absence may be attributed to

Covid-19 related absence in the last 2 quarters. This is not categorised as sickness absence but as special leave (see Covid-19 Response). Those staff who are shielding have been able to work at home where possible. Working at home has been implemented for all staff where possible and will have supported those staff who previously may not have been able to attend work. This is likely to have provided a positive impact on those staff who have a long-term limiting condition.

HSCP HR Business Partners and HR Advisers provide direct support to managers and heads of service on a case by case basis and also have access to Case Review meetings with Occupational Health Services.

There have been some improvements in our approach to absence management but there is still a considerable way to go as absence remains high and is impacting on teams and services. This is an ongoing focus of work for management supported by HROD. Within the Council the three temporary Wellbeing Advisers have continued to assist departments with both wellbeing and absence management, particularly during this Covid-19 period. The OD team has been working with the Wellbeing Advisers to co-ordinate support for staff wellbeing including weekly Wellbeing Wednesday messages offering advice on all aspects of wellness.

The NHS Scotland “Once for Scotland” HR Policies were implemented on 1st March 2020. A training programme was planned face-to-face and, due to Covid-19, this has been revised to be delivered virtually from August. This includes the revised Attendance Policy with a 4 stage absence management process and is expected to have a positive impact on sickness absence within the HSCP.

5.3 Return to Work Interviews

The table detailed at Appendix 3 show the completion rates for Return to Work Interviews (RTWI) across the partnership for Council staff. The target is 100% completion within 3 days of the employee returning to work. This interview may be conducted by phone or face to face, and is then logged on the Council’s MyView system.

The RTWIs will continue to be monitored and reported as an important tool in managing absence. Below the table is a graph depicting the trends in completion rates since April 2019. It is clear from the table and graph that there remains an indifferent approach to completion of the RTWIs, and the Wellbeing Advisers are encouraging managers to improve this approach.

For NHS staff, the roll out of eESS (Electronic Employee Support System) is still awaited to facilitate the recording of all absence meetings, including RTWIs, on the Manager Self Service module. The HROD team is in constant contact with NHH to arrange a date for roll-out of training.

6 COVID-19 RESPONSE

The unprecedented Covid-19 pandemic has meant that everyone has had to work together in new, innovative ways to deliver services to our communities. These changes have had a huge knock on effect on individual Council departments,

resulting in additional pressure on some areas of service. A Redeployment/ Recruitment Hub was set up in the Council to help teams deal with pressures on staff. This made use of Council employees employed in non-critical posts or who were unable to carry out their normal work because of the emergency arrangements put in place. This was an appeal to seek volunteers with any qualifications and/or experience to help fill vacant critical posts during very challenging times. NHS Highland established a Workforce Resource Centre to match demand and supply of temporary staffing and reassign employees where appropriate. There was significant involvement from HROD in the development of the Workforce Resource Centre over Quarter 1.

6.1 Staffing Reporting – Covid-19 Pandemic

Regular staffing reporting has provided senior management with a strategic overview of the staffing resource available to both respond to the Covid-19 Pandemic and to maintain business as usual where possible. The impact of Covid-19 related sickness absence is now negligible and the school holiday period has greatly reduced the number of staff at home and not working to 0.77% within the Council.

The current areas of focus for the HSCP are:

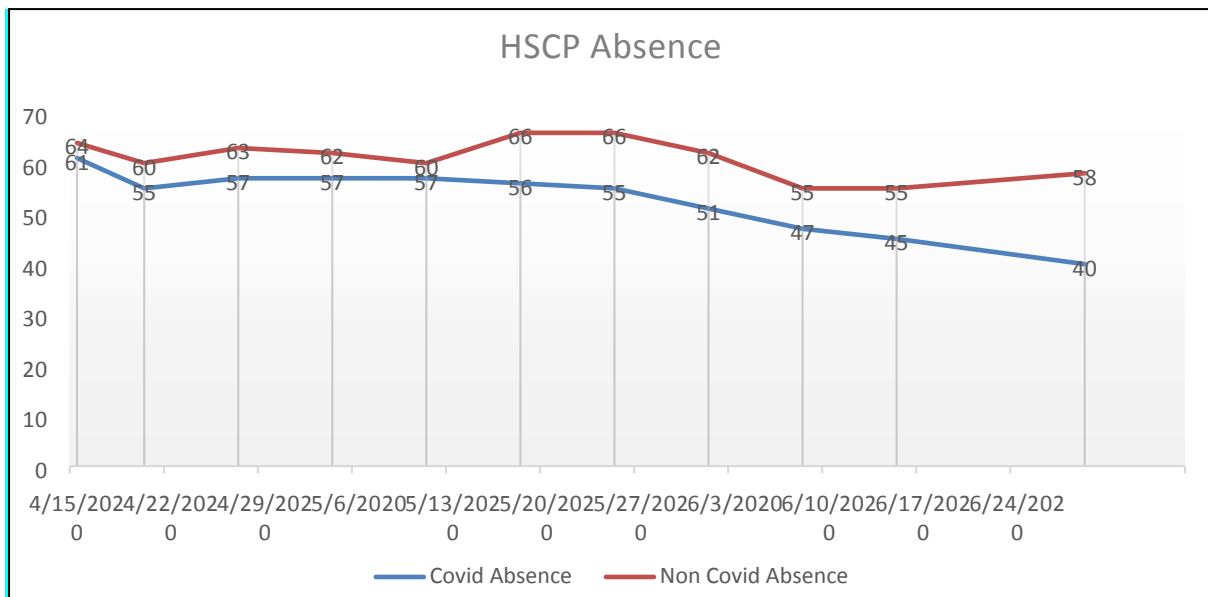
- Employees who are shielding (the latest advice from the Scottish Government for everyone in the shielding category is to isolate until 31 July and not to attend work)
- Employees in other vulnerable groups i.e. who have other health conditions, and who may be limited in their ability to work
- Employees who are unable to access childcare due to limited availability
- Testing – system in place referring staff for NHS testing.

Guidance for managers on employees returning to the workplace is available on the Council hub and NHS intranet and these are updated regularly.

6.2 Absence during Covid-19

Absence monitoring was crucial during the initial stages of lockdown to ensure appropriate service delivery. The data below includes information gathered from the Council's absence line, used by employees to call and register their absence from work. Absence data was recorded daily by HROD and reported to Tactical and to Strategic meetings. Early indications are that the phased return to work of some employment sectors will impact council staff who are currently working from home with young children who have been looked after by the partner who was not at work. Guidance around home working and staff with caring responsibilities, has been issued on the hub and through a newsflash as a joint document with the Trades Unions.

There were 52 NHS employees on Special Leave and 43 on Covid-related leave in the HSCP. A breakdown is shown below for the HSCP Absence for Council employees during the period 15 April to 30 June 2020:



Covid-19 Absence - This measure includes those with confirmed/suspected Covid-19, those in contact with cases, and those social distancing or shielding due to health condition.

Non - Covid-19 Absence - This measure is all other sickness absence.

This data is only for employees who are not working, but does not include those not working due to Childcare issues or place of business being closed

In summary, HROD has undertaken a substantial amount of work in relation to:

- providing guidance for managers based on frequently updated national advice
- working closely with staffside/TU colleagues with regular HR/staff liaison meetings to ensure HR issues were considered and addressed
- providing senior management with the relevant guidance, eg risk assessment, occupational health
- involvement in the establishment of a workforce resource centre in NHS Highland
- Argyll and Bute Council created a hub to reassign workforce which provided resource for the HSCP

6.3 Deployment / Redeployment

The Council's objective was to deploy as many employees as possible to support our communities as part of the Covid-19 response. Since the introduction of the lockdown there has been significant work done in regards to the following:

- The majority of office based staff working from home
- Education and Catering and Cleaning staff participating in rotas covering work in hub schools

In total 10 employees and volunteers have been redeployed into HSCP roles. Eight of these were HSCP staff; one who was a volunteer who was furloughed from Live Argyll, and the other an education employee. All HSCP staff who were successfully redeployed were redeployed into HSCP posts so the total redeployed is 8. In total 40 HSCP staff requested an interest in being redeployed. The majority were not redeployed either because they were shielding, had childcare responsibilities or did not match the available gaps. Legal advice remains that generally staff cannot be compelled to take on a different post. However, depending on the circumstances, it

could be regarded as reasonable to expect staff to take on other duties which are similar and comparable to their usual duties.

7. SUPPORTING PERFORMANCE DATA

7.1 Recruitment and Redeployment activity

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

The graphs highlight the number of vacancies that have to be advertised more than 3 times which is a significant factor for NHS particularly in relation to in qualified nursing and allied health professionals. We continue to work with colleagues in community planning and north Highland to try and address these recruitment challenges.

With reference to social care staffing, we continue to promote vacancies and development opportunities online through the website www.abplace2b.scot



Job Train

The new NHS Scotland recruitment system JobTrain has moved forward quickly and now has 125 live job files for NHS Highland Argyll & Bute HSCP and can confirm that all external vacancies are now advertised and being processed via the JobTrain recruitment system.

We are now advertising internal vacancies via JobTrain and will continue to progress with incremental implementation over the next few months due to managers and staff focus on dealing with the current Covid-19 situation.

JobTrain is due to be updated nationally in the summer to improve use and navigation for both recruitment teams and applicants. The reporting function of the system is also being improved with training videos due to be provided for recruitment teams.

7.2 Redeployment

There are 32 staff on the NHS primary redeployment register (an increase of 6 from beginning of quarter 4) The trend over the last 2 financial quarters has fluctuated by decreasing significantly at end of quarter 4 then rising again by end of quarter 1. The register includes individuals whose fixed term posts that are scheduled to come to an end and these are added for the contractual notice period. In future we plan to report the number of completed cases per quarter to show new, completed and ongoing cases to show a fuller picture of HR resource activity. No Social Work or social care staff are currently on the Council redeployment register.

7.3 Employee Contractual Arrangements

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

The number of Fixed Term Contracts within the NHS staff group has decreased from 60 to 55 over the last 2 quarters.

There continues to be approximately 10% of Council Social Work/Care employees in temporary or fixed term posts. This can be as a result of temporary cover for absence or other leave such as maternity/paternity or can be as part of a management approach to minimising the impact of service redesign. The number of fixed term contracts has significantly increased as a result of current redesign work. This brings challenges for team stability, but is a practice that is used to manage the financial challenges the IJB faces in the short to medium term.

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

There are automated alert systems in place for managers and employees regarding Council temporary contracts, giving notice of the forthcoming ending of a contract and requiring action to extend it. This serves as a reminder to managers to keep employees informed of changes.

7.4 Employee Relations Cases

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

Argyll and Bute HSCP is committed to managing employees with fairness and consistency. If a concern arises in relation to an employee's conduct, the preferred approach is to deal with this through informal action initially.

The number of ER Grievances and Conduct cases within the NHS staff group has remained static at 20 live cases over the last 2 quarters. However, 4 cases were completed in this period. These continue to be supported by our HR Business Partners and HR Advisers.

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

8. WORK PLANNED FOR THE NEXT 3 MONTHS

8.1 Update on work for FQ4/FQ1 and plan priorities for FQ2:

Develop a team plan with SMART targets	Achieved
Deliver the staff governance improvement plan	Ongoing
Promote iMatter completion to improve on last year's	Achieved (NHSH

performance	paused reports)
Review and refresh Staff Health and Wellbeing activities to align with Council and tackle HSCP sickness absence	Wellbeing Group established and plan developed
Continue local support for Culture Fit for the Future including 100 day plan: establish AB HSCP Culture Group, continue delivery of Courageous Conversations, management development	Ongoing
Support the implementation of the new HSCP Management Structure	Ongoing
Progress to 100% of all vacancies on JobTrain	Ongoing
Progress workforce planning priorities; eESS training required for HROD and all managers (NSHH to deliver)	Ongoing
Roll-out Once for Scotland to all managers and then staff; scheduled to start virtual delivery, in partnership with staffside, in August 2020	Development work completed; awaiting national online learning to complement virtual delivery; Ongoing

9. CONTRIBUTION TO STRATEGIC PRIORITIES

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

10. GOVERNANCE IMPLICATIONS

10.1 Financial Impact

A reduction in sickness absence will save costs.

10.2 Staff Governance

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

10.3 Clinical Governance

None.

10.4 Equality and Diversity Implications

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

10.5 General Data Protection Principles Compliance

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

10.6 Risk Assessment

Risks are considered medium. High levels of absence and lower than average levels of engagement, alongside significant service and staff change present an elevated level of risk to the organisation. Individual HROD risks identified on the Risk Register. Risk assessments have been completed in relation to remobilisation.

10.7 Public and User Involvement and Engagement

Not applicable.

11. CONCLUSIONS

It is recommended that the Integration Joint Board:

- Note this quarterly Staff Governance update;
- Take the opportunity to ask any questions on people issues that may be of interest or concern;
- Endorse the overall direction of travel, including future topics that they would like further information on.

12. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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

Appendix 1 – Council Training Completed (FQ 4)

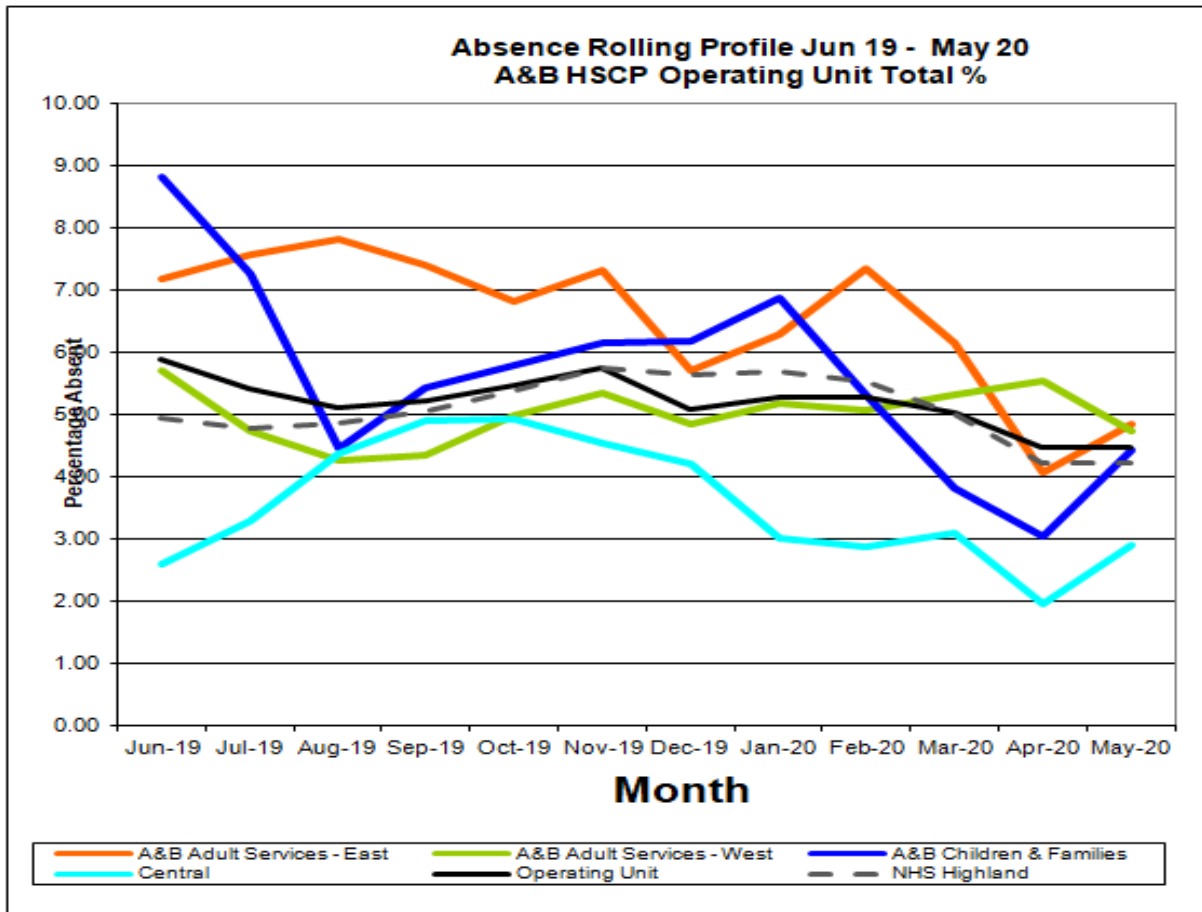
Mandatory course	Number of employees completed course	As a percentage of the HSCP total workforce (774)	Number completed in FQ 4	As a percentage of the HSCP total workforce who completed in FQ 4
E&D	87	11%	2	0%
Data Protection	253	33%	70	9%
Fire Safety Awareness	157	20%	39	5%
Freedom of information	72	9%	12	2%
PREVENT	87	11%	19	2%
Positive Customer Care	71	9%	13	2%

(HSCP total workforce end Q4: 774)

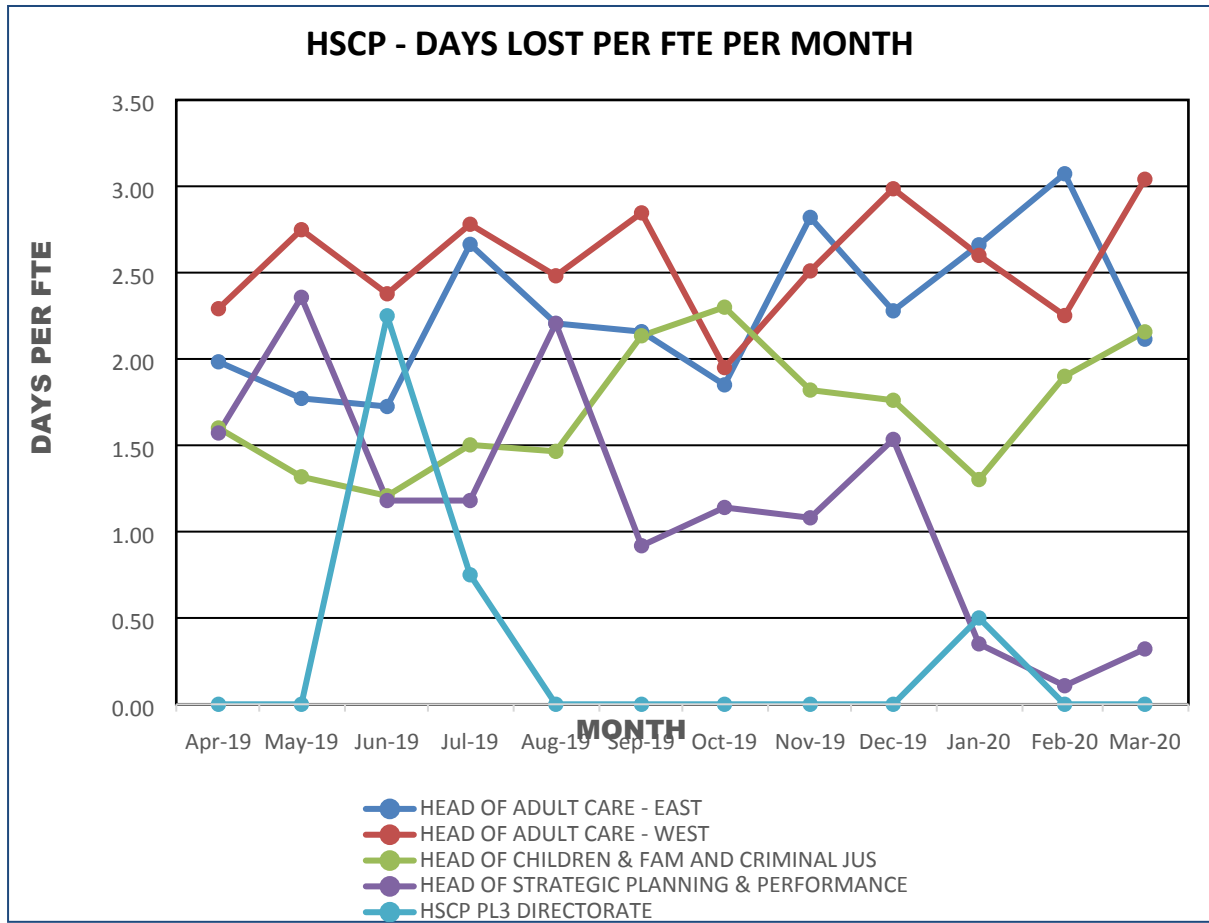
Mandatory Training Compliance – New Starters to June 2020

Appendix 2 – HSCP Absence rates

NHS – June 19 to May 20

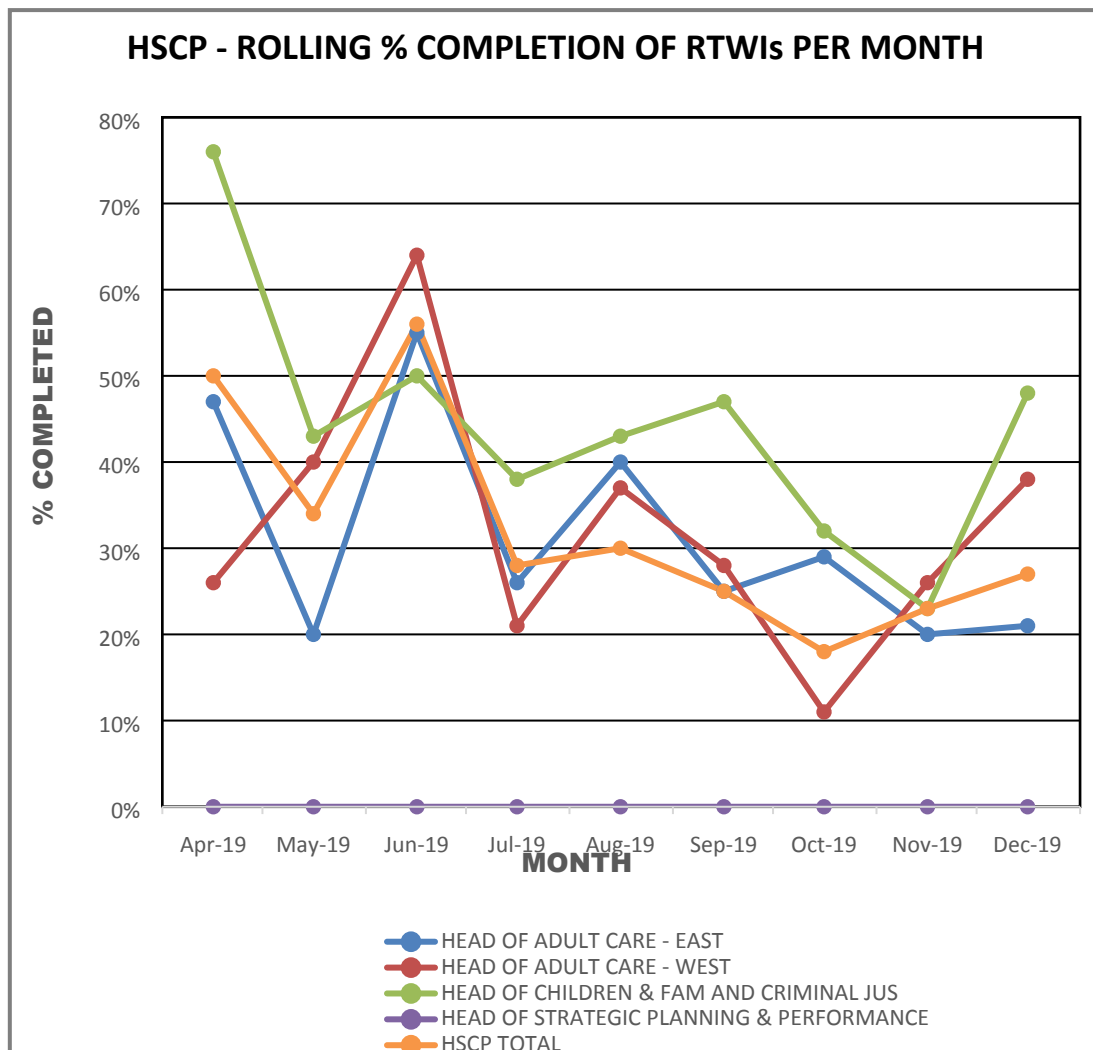


Council: A & B Social Care Staff – Apr 19 to Mar 20



Appendix 3 – Return to Work Interview Data (Council Staff) FQ4

	Jan 20		Feb 20		Mar 20	
	% RTWI Complete	Average time taken to complete (days)	% RTWI Complete	Average time taken to complete (days)	% RTWI Complete	Average time taken to complete (days)
Adult Care West	72%	8	37%	4	27%	6
Adult Care East	27%	4	30%	3	6%	4
Children and Families and CJ	53%	9	58%	5	35%	8
Strategic Planning and Performance	0%	-	0%	-	0%	-
TOTAL	38%	7	31%	4	17%	6



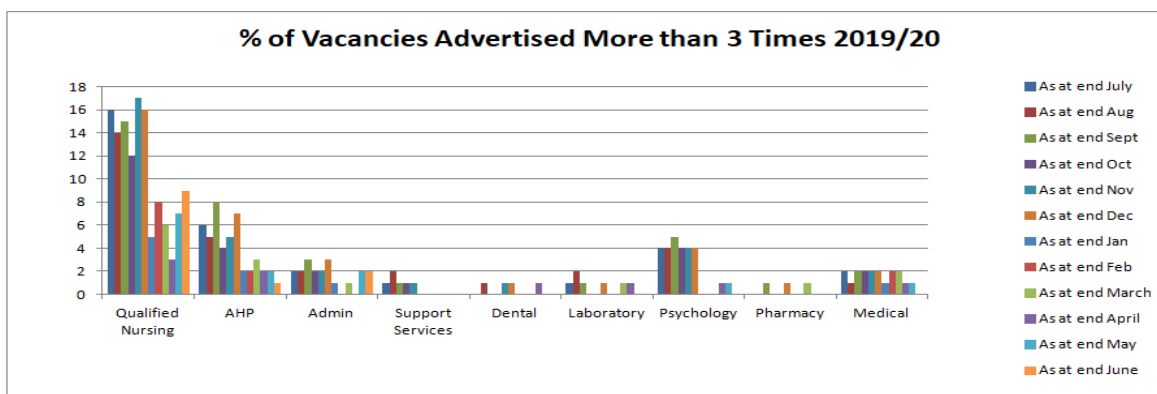
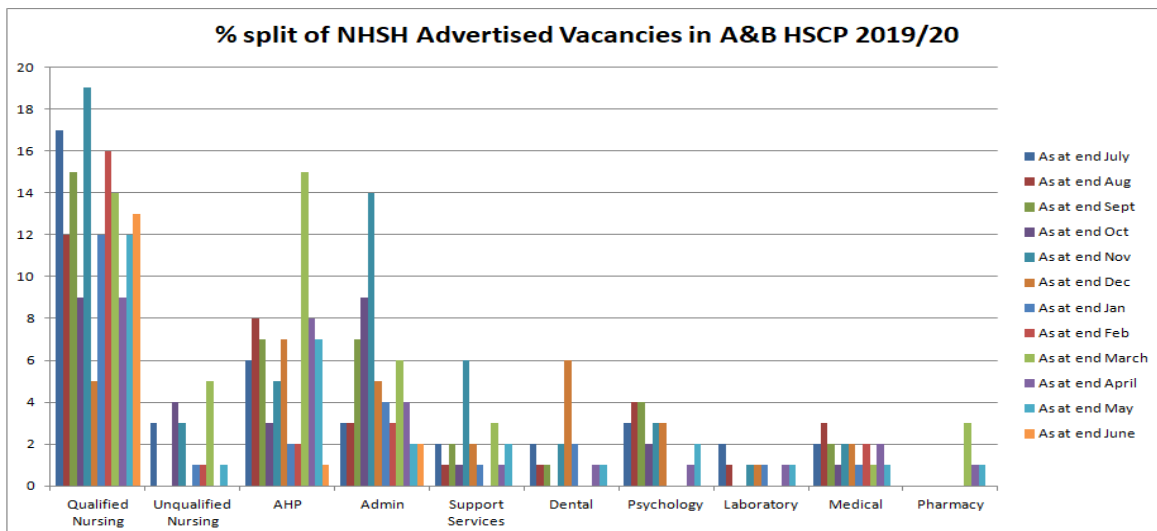
Appendix 4 – Recruitment and Redeployment Activity (Q3)

Attracting and retaining suitable applicants predominantly within nursing and some AHP roles remains challenging across all areas particularly Oban, Lorn and Isles locality. The Communications Team continues with uploading and sharing posts and information relating jobs throughout the UK to relevant groups and contacts on social media. Further work to be done to highlight health posts via www.abplace2b.scot

Advertised vacancies:

	January		February		March	
	New	Re-Ad	New	Re-Ad	New	Re-Ad
Adult Services EAST	12	2	13	0	6	1
Adult Services WEST	12	9	28	10	9	11
Children & Families	0	5	0	0	0	0
Corporate Services	1	1	3	0	3	0
Totals	25	17	44	10	18	12
	42		54		30	

	April		May		June	
	New	Re-Ad	New	Re-Ad	New	Re-Ad
Adult Services EAST	8	4	10	4	1	9
Adult Services WEST	6	8	5	6	19	8
Children & Families	1	0	9	0	6	0
Corporate Services	0	2	3	0	1	2
Totals	15	14	27	10	27	19
	29		37		46	



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

- Internal appointments – 4 weeks
- External appointments – 13.5 weeks (there continues to be some posts that have been advertised multiple times that have been recruited to, this impacts on length of times to recruit figures)

COVID-19 Recruitment:

The table below details all bank recruitment clearance requests are being processed NHS Argyle & Bute HSCP recruitment team by area:

	OLI	C&B	MAKI
Bank Q. Nursing	6	1	0
Bank HCA	6	0	3
Bank Support Staff	17	1	3
Bank Administration	4	0	0
Bank AHP	0	1	0
Volunteer Drivers	0	0	8

Council Social Work/Care vacancies

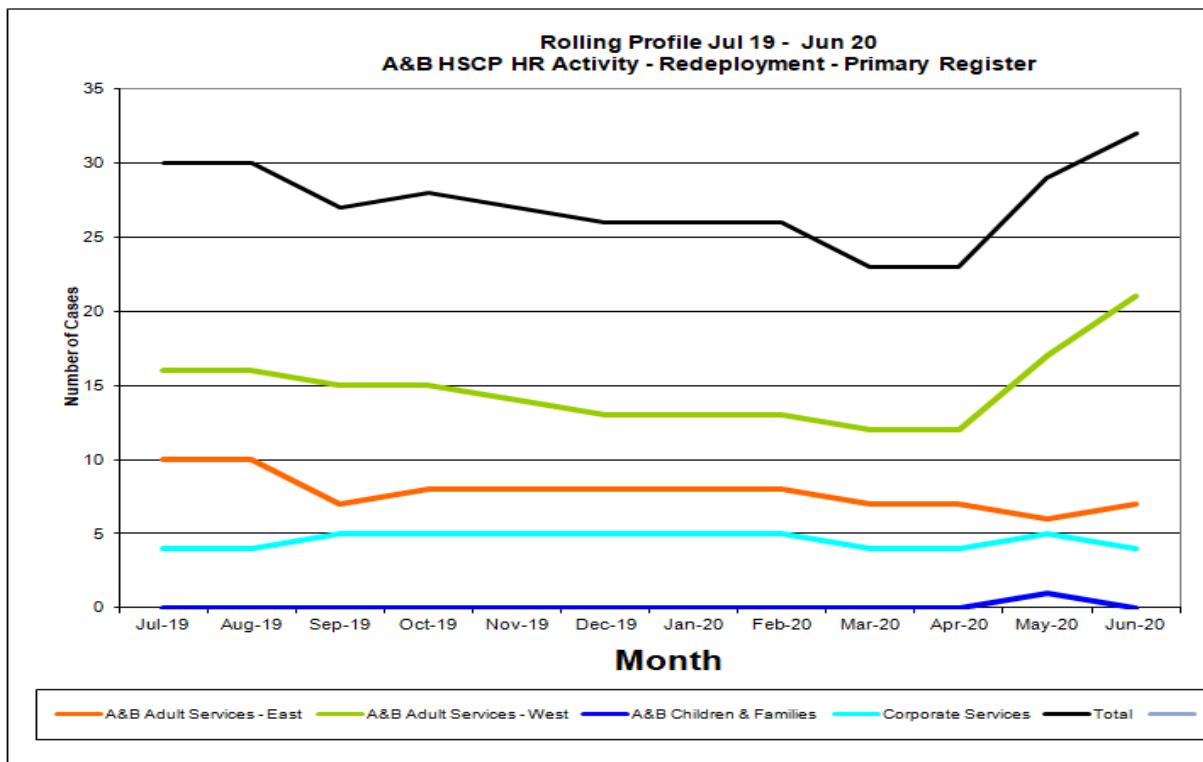
The breakdown of Council vacancies (detailed by Internal/Ring-fenced and External job adverts) for Q4 is detailed in the table below.

	January		February		March	
	Internal/RF	External	Internal/RF	External	Internal/RF	External
Adult Services EAST			5	2	5	1
Adult Services WEST	6	5	4	13	10	2
Children & Families		1		4	2	3
Strategy P&P						
Totals	6 (4 x Temp/ Cas, 2 x Perm)	6 (1 x Temp/ Cas, 5 x Perm)	9 (4 x Temp/ Cas, 5 x Perm)	19 (8 x Temp/ Cas, 11 x Perm)	17 (5 x Temp/Cas, 12 x Perm)	6 (1 x Temp, 5 x Perm)
	12		28		23	

NHS Redeployment

Primary Register

NHS Employees	Jan	Feb	Mar	Apr	May	Jun
A and B Adult Services – East Total	8	8	7	7	6	7
A and B Adult Services – West Total	13	13	12	12	17	21
A and B Children and Families Total	0	0	0	0	1	0
Corporate Services Total	5	5	4	4	5	4
Totals	26	26	23	23	29	32



Appendix 5 – Permanent, Fixed Term and Casual Contracts (Q4, Q1)

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

Employees on T/FT contracts	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
Adult Care West (ABC)						
Adult Care West (NHS)	35	40	39	39	39	35
Adult Care East (ABC)						
Adult Care East (NHS)	21	20	21	16	16	15
Children and Families and CJ (ABC)						
Children and Families and CJ (NHS)	1	0	0	0	0	0
Strategic Planning and Performance (ABC)						
Corporate Services (NHS)	3	2	2	2	2	1
OVERALL TOTAL						

Council Social Work/Care Permanent / Permanent Seconded Contracts

Permanent (P/PS) contracts	Jan 20	Feb 20	Mar 20
Adult Care West	358	388	361
Adult Care East	160	156	156
Children and Families and CJ	223	222	221
Strategic Planning and Performance	18	17	16
(HSCP PL3 DIRECTORATE)	3	3	3
OVERALL TOTAL	762	786	757

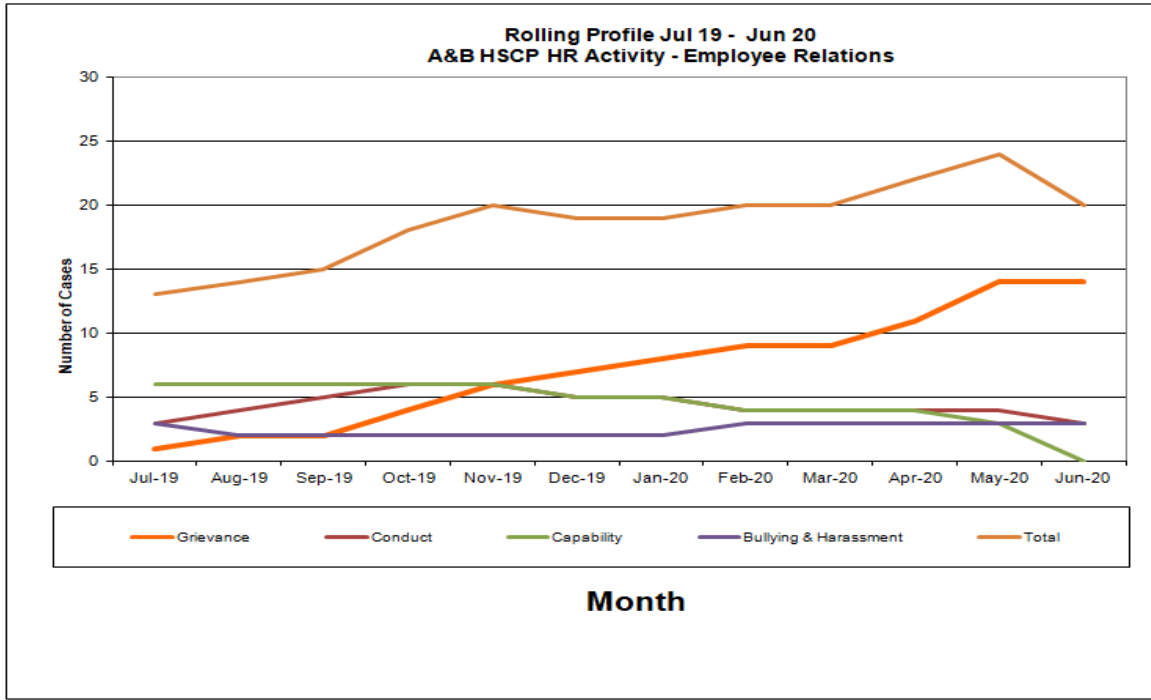
Council Social Work/Care Casual Contracts

Total Number of Casual Contracts (some also on Perm/Temp contracts)	Jan 20	Feb 20	Mar 20
Adult Care West	485	491	495
Adult Care East	198	201	201
Children and Families and CJ	369	176	176
Strategic Planning and Performance	0	0	0
OVERALL TOTAL	1052	868	872

Appendix 6 – Employee Relations Cases (Q4, Q1)

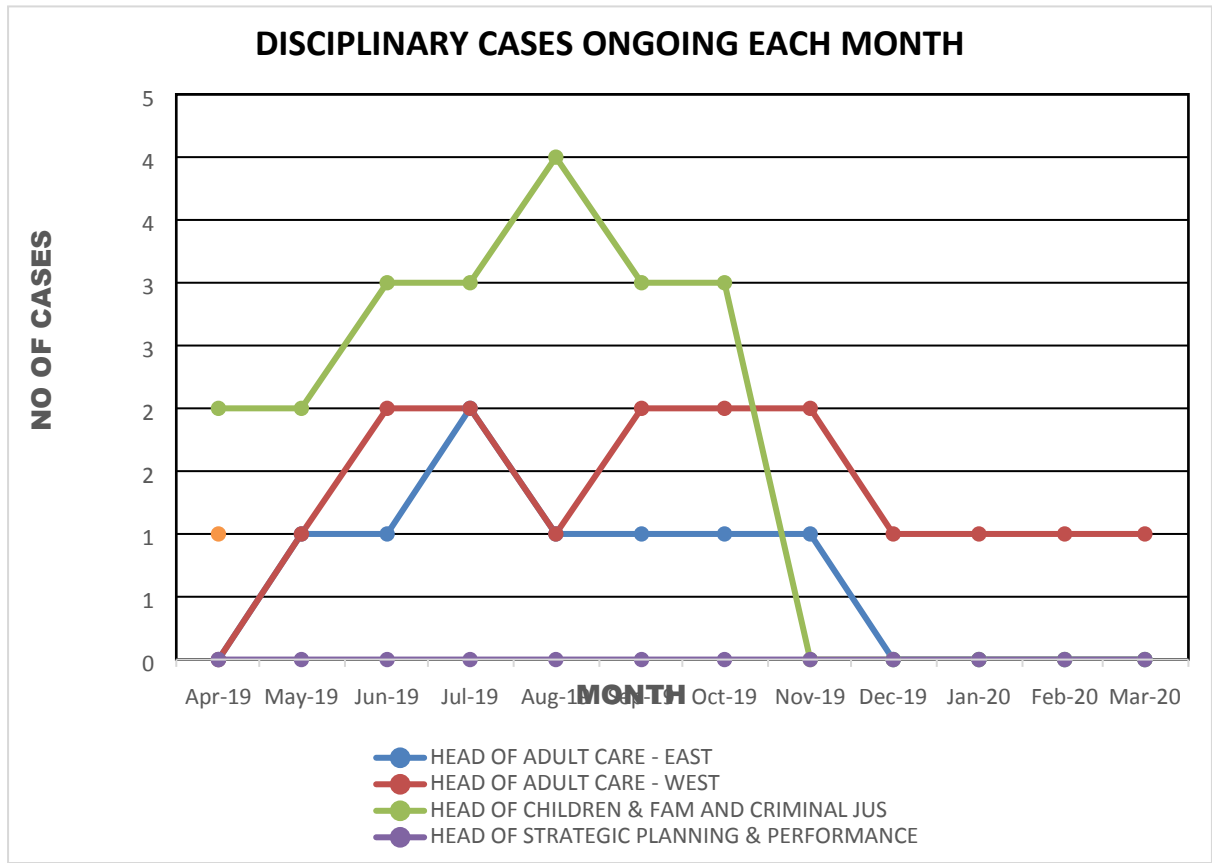
NHS ER cases

	Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20
Grievance	8	9	9	11	14	14
Adult Services - West	4	5	5	7	11	11
Adult Services - East	4	4	4	4	3	3
Children and Families	0	0	0	0	0	0
Corporate	0	0	0	0	0	0
Conduct	5	4	4	4	4	3
Adult Services - West	1	2	2	2	2	1
Adult Services - East	4	2	2	2	2	2
Children and Families	0	0	0	0	0	0
Corporate	0	0	0	0	0	0
Capability	5	4	4	4	3	0
Adult Services - West	0	0	0	0	0	0
Adult Services - East	5	4	4	4	3	0
Children and Families	0	0	0	0	0	0
Corporate	0	0	0	0	0	0
Bullying and Harassment	2	3	3	3	3	3
Adult Services - West	1	3	0	0	0	0
Adult Services - East	1	0	0	0	0	0
Children and Families	0	0	0	0	0	0
Corporate	0	0	0	0	0	0
Totals	20	20	20	22	24	20

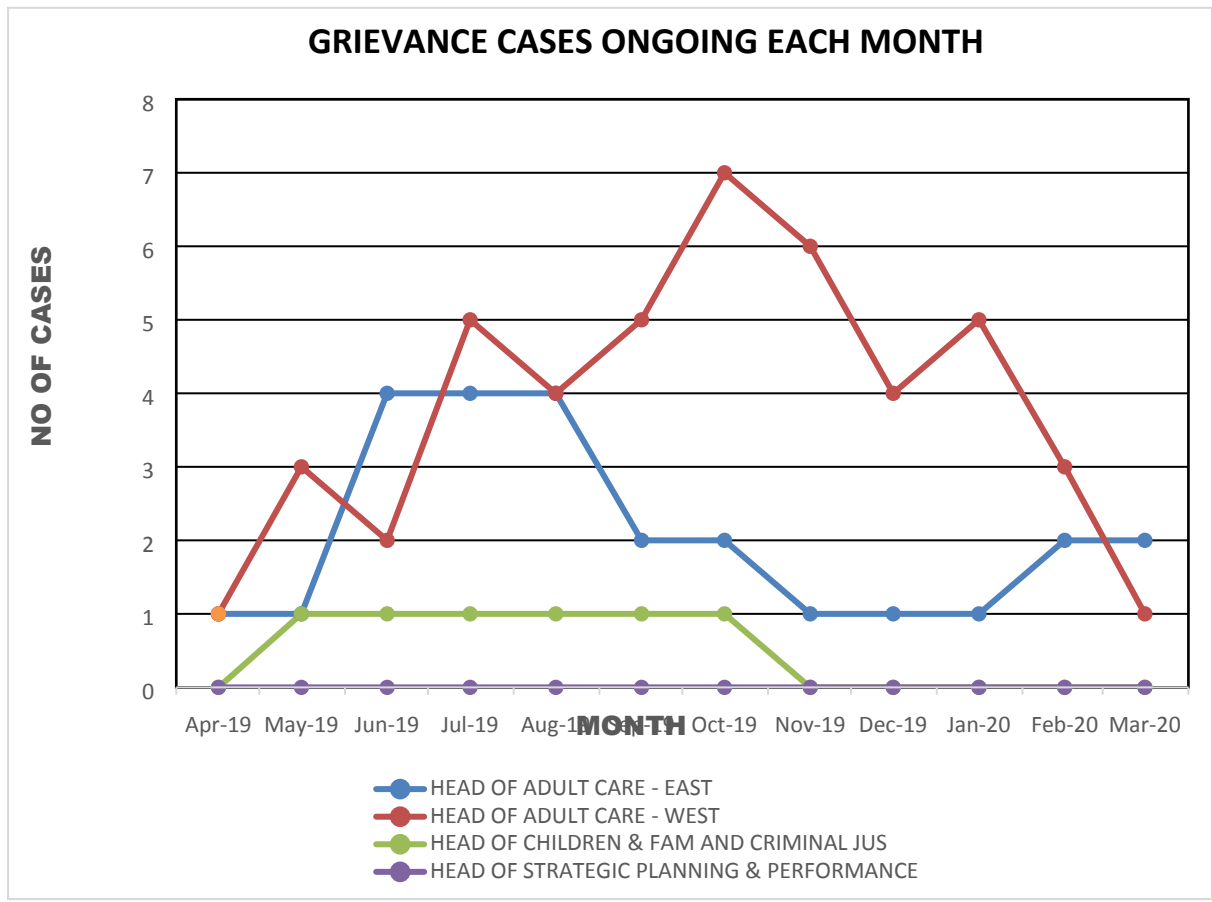


Appendix 6: Council Social Work/Care ER cases

	Jan 20	Feb 20	Mar 20	Q4 New	Q4 Completed
Disciplinary					
Adult Services - West	1	1	1		1
Adult Services - East					
Children and Families					
Corporate					
Totals	1	1	1	0	1



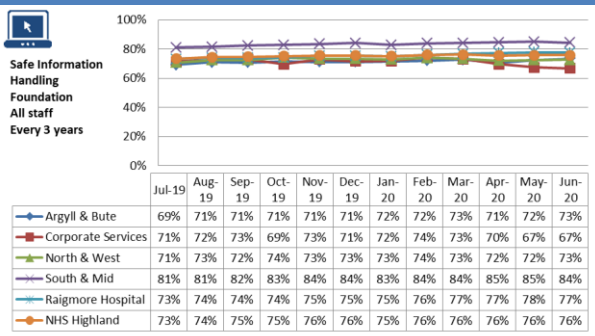
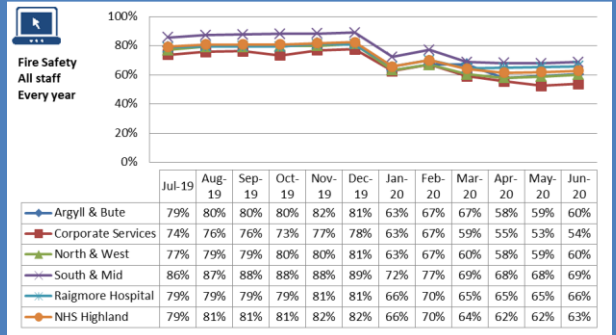
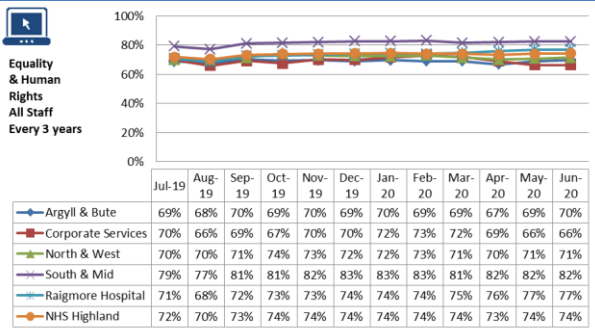
	Jan 20	Feb 20	Mar 20	Q4 New	Q4 Completed
Grievance					
Adult Services - West	5	3	3	1	1
Adult Services - East	1	2	2	2	1
Children and Families					
Corporate					
Totals	6	5	5	3	2



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Mandatory Training Compliance

30th June 2020



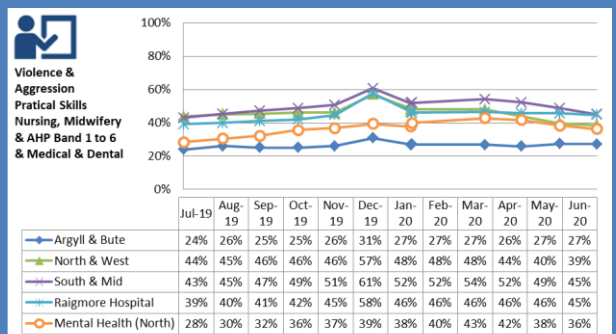
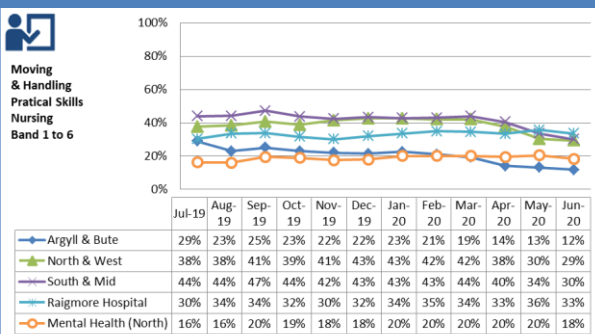
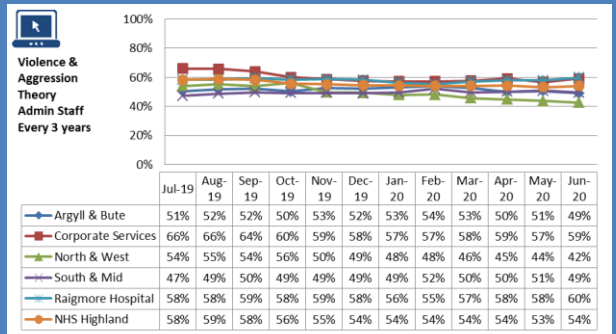
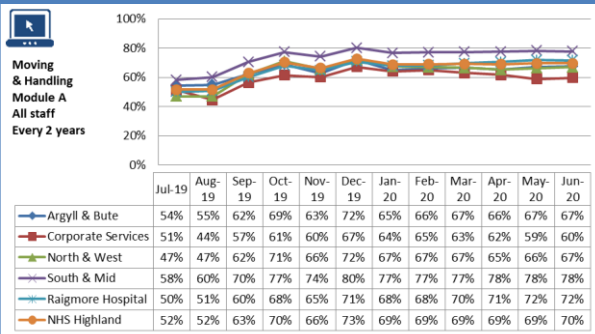
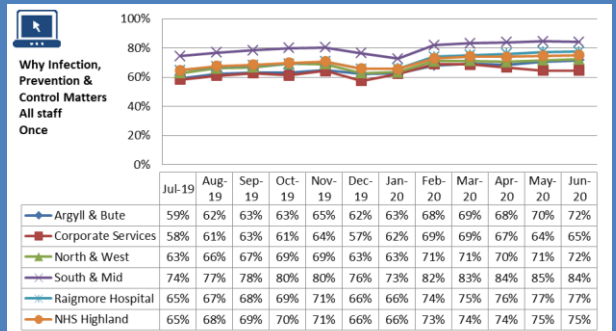
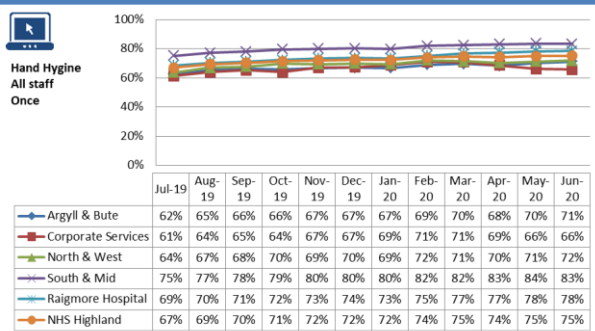
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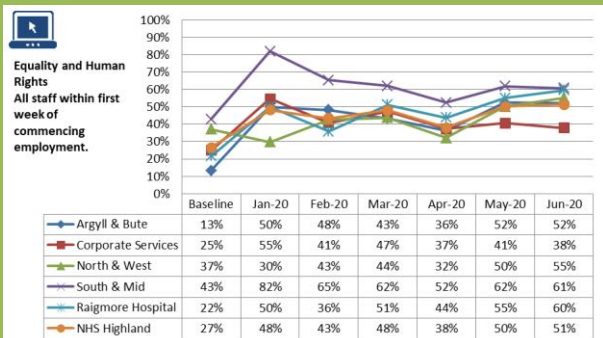
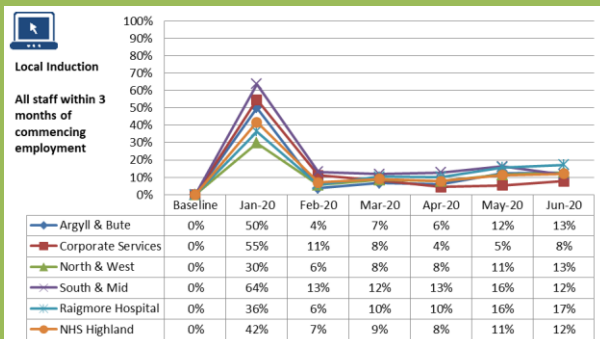
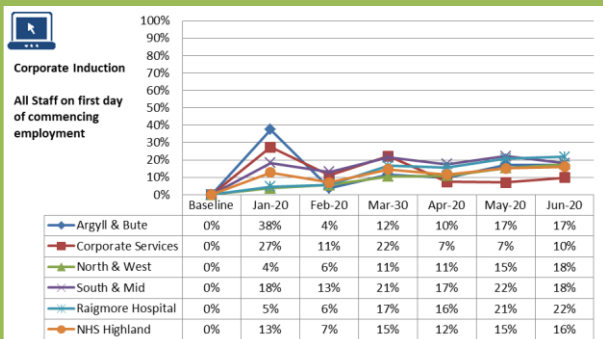
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Mandatory Training Compliance New Employees 1st January 2020 to 30th June 2020



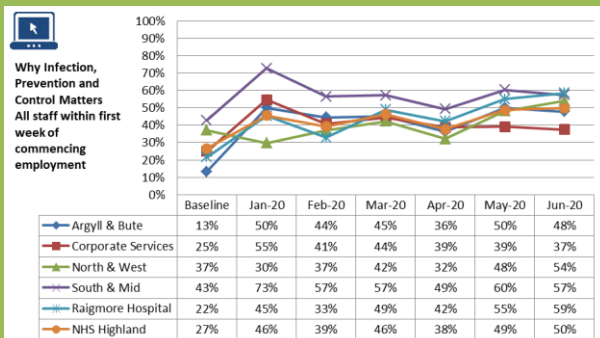
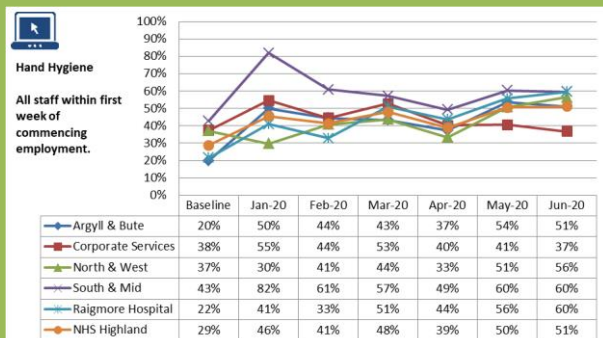
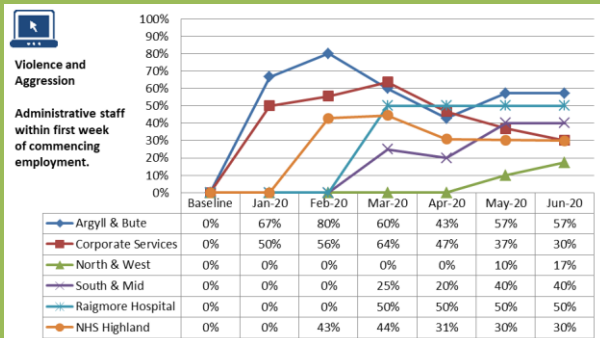
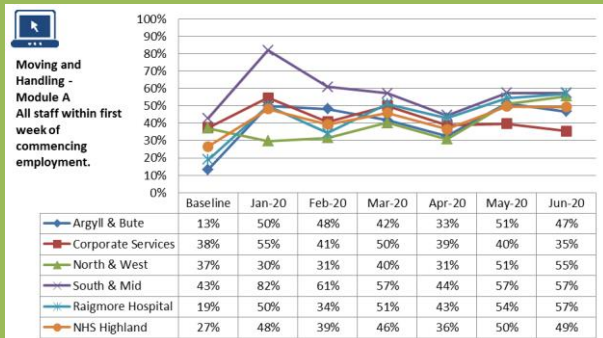
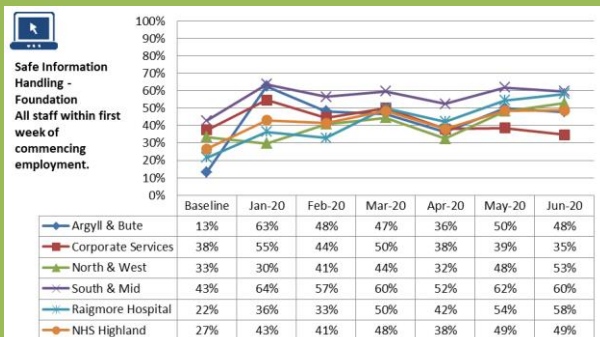
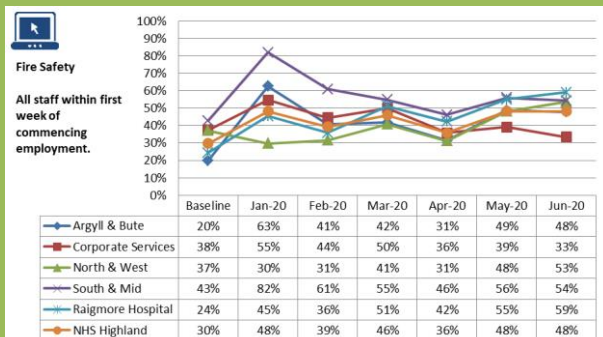
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Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item:

Date of Meeting: 5 August 2020

Title of Report: Budget Monitoring as at 30 June 2020

Presented by: Judy Orr, Head of Finance and Transformation

The Integration Joint Board is asked to:

- Note the forecast outturn position for 2020-21 is a forecast overspend of £3.840m as at 30 June 2020 and that there is a year to date overspend of £1.981m as at the same date.
- Note the above position excludes any provision for Scottish Government assistance with non-delivery of savings due to Covid-19, or for the on-going dispute with NHS Greater Glasgow & Clyde.

1. EXECUTIVE SUMMARY

- 1.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 30 June 2020. It should be noted that there is still considerable uncertainty around the financial impact of the Covid-19 pandemic at this point.
- 1.2 There is a year to date overspend of £1.981m as at 30 June 2020. This consists of an overspend of £605k within Social Work delivered services and a year to date overspend of £1.376m within Health. The overspends are on Covid-19 related expenditure where funding from Scottish Government has not yet been received nor accrued, and savings targets not yet being delivered – again progress has been impacted by Covid-19 pandemic. The Social Work figures are presented on a cash basis, showing the value of actual transactions processed to date, rather than on an accruals basis, which include adjustments for costs incurred but not yet paid for, and therefore do not reflect the full cost of activity to the end of June. There has been reductions in care home placements and care at home packages due to Covid-19, and whilst providers are encouraged to invoice for additional costs and loss of income through under occupancy, these were still in progress at end of June. Overall the year to date position is still fluid.
- 1.3 The forecast outturn position for 2020-21 is a forecast overspend of £3.840m. This consists of an overspend of £2.040m within Social Work delivered services and an overspend of £1.800m within Health.

- 1.4 The forecast outturn is significantly impact by the Covid-19 pandemic. All work on delivery of savings was halted for 2 months at end of March as resource was put onto mobilising for the pandemic. Covid-19 cases have now fallen in number, and we are planning for re-starting services that were stopped in the context of continuing to need to comply with social distancing. Additional costs are being incurred for staffing (to cover for people off with symptoms or in households with symptoms, or shielding or with child care issues), and for PPE, additional cleaning, additional provider costs, and running Covid Assessment Centres (CACs) across our area. (More details are given in a separate report on the agenda.)
- 1.5 We have received approval in principle for these additional costs and two tranches of funding have been announced – both for social work costs – totalling £1.092m. The first of these for £903k is reflected in the year to date position and forecast outturn where we have assumed that all funding is matched by expenditure in full. The Scottish Living Wage Covid funding of £189k was not yet billed at the end of June, however the forecast also does not include the additional costs of this. However, we have not assumed that funding will cover undelivered savings or shortages in income, although these are being claimed on our Covid mobilisation cost tracker returns. We are aware that there is inadequate funding nationally to cover all claims.
- 1.6 It should be noted that the dispute with NHS Greater Glasgow & Clyde continues and we do not know what the payment being sought for 2020-21 is compared to what we have budgeted. This is expected to be available by end of July. We have very recently become aware that they are proposing a different charging model based on bed days and that this is likely to increase charges from next year onwards. This risk is not reflected in the forecast outturn position or year to date expenditure reported above.

2. INTRODUCTION

- 2.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 30 June 2020. Information is provided on both the year to date position and the forecast outturn position and is summarised at a service/activity level.

3. DETAIL OF REPORT

3.1 Year to Date Position as at 30 June 2020 – Social Work

- 3.1.1 As previously advised, accrual accounting is not in place for Social Work and self-billing, although planned, is not in place yet. We have however implemented a new interface between CareFirst and payables for residential care payments to speed up the processing of these which supplements the previous interface for non-residential care invoices.
- 3.1.2 There is a year to date overspend of £605k as at 30 June 2020. Further information is provided within Appendix 1.
- 3.1.3 The largest overspend is on Learning Disability - £556k. The bulk of this relates to Supported Living placements. This both additional demand above budgeted levels and undelivered savings. The next biggest overspend is £512k on Older

People mostly due to non delivery of savings where work paused due to Covid. Physical Disability is the third area of overspend at £175k mainly driven by demand driven overspends.

- 3.1.4 The main area of underspend is under Chief Officer (£301k) where we are tracking vacancy savings which are well above budget. This cost centre is also used for Covid costs and related income. To end of June the bulk of these costs were for Personal Protective Equipment (PPE) £140k, additional responder services £60k, and for supplier relief £92k where we made payments to care homes for under occupancy under the national scheme. Costs for PPE have now reduced as we have established 7 community PPE hubs across our area and have been receiving free of charge supplies for social care providers from NSS national procurement. We have issued 1,171,000 items of PPE free of charge to providers over the 8 weeks to 28 June.
- 3.1.5 We originally intended to implement the Scottish Living Wage increase to £9.30 per hour from Monday 26 April. We had budgeted a 3% increase for that. Nationally an agreement was made to bring this forward to 6 April and to award a 3.3% increase in order to support social care providers. The extra costs for us have been calculated at £114k. Scottish Government confirmed our share of funding for this on 8 June at £189k. This funding is being routed via NHS Highland and is not reflected in the figures to end of June. The additional cost is also not reflected in the forecast outturn. Similarly the extended sick pay scheme which has very recently been agreed between Cosla and Scottish Government is not reflected either.
- 3.1.6 Unlike last year, we are now showing gross Social Work expenditure before the funds flow of £12m from NHS Highland, which is in line with annual accounts presentation. This explains why the social work year to date and full year budget appears to have jumped significantly from the comparable period last year.

3.2 Year to Date Position as at 30 June 2020 – Health

- 3.2.1 Within Health, there is a year to date overspend reported of £1.376m. This is primarily caused by Covid-19 related expenditure of c £2.02m (for Covid-19 Assessment Centres, additional staffing, equipment and PPE purchases, estates and IT costs and financial sustainability payments to GP practices, chemists, dentists and opticians) which should be matched by Scottish Government funding (as we have received approval in principle), along with shortfalls against savings targets of c £450k. There is also a shortfall in income from charges to other health boards, again largely due to the Covid-19 pandemic.
- 3.2.2 Due to suspension of many services, very few budget overspends have emerged. The most prominent ones are GP locum cover on Mull, sickness absence medical locum cover at Lorn & Islands Hospital and agency staffing in Lorn & Islands Hospital laboratory, locum costs for medical staffing in Dunoon, and unfunded pay costs for 3 displaced staff. There are also unfunded costs for two long stay in-patients in New Craigs and one in Fife. The long standing cost pressure of GP locum costs on Mull has now been resolved with the establishment of an independent GP practice on the island on 1st June 2020.

With Covid-19 causing interruption to delivery of a range of services, unsurprisingly a number of short-term underspends have emerged in budgets

3.2.3 for services which have been affected. These include:

- salaried dental services
- chargeable cost per case services provided by NHS Greater Glasgow & Clyde
- patients travel costs
- staff travel costs
- Lorn & Islands Hospital theatre supplies
- delay in the opening of Bute dialysis service

A number of changes have been made to groupings of expenditure. Depreciation is now included along with Estates. People & Change is included within Management Services. NHS GG&C for Mental Health and Children & Families have been moved from the GG&C line into Mental Health and Children & Families respectively. Prescribing has been removed from the old Adults Services East & West and is shown separately. Adult Services East and West have been realigned to the portfolios of our two Heads of Adult Services and are now known as Community & Hospital Services; and Mental Health & Learning Disability.

3.2.4 The main areas of overspend are in Community & Hospital Services, and General Medical Services, Budget Reserves (due to savings not being achieved) and Income in the areas described above. More detail is given at Appendix 1.

3.3 Forecast Outturn Position as at 30 June 2020 – Social Work

3.3.1 The forecast outturn position for Social Work for 2020-21 is a forecast overspend of £2.042m. The main driver is a shortfall on savings delivery of £2.792m (see section 3.5 below), and overspends in the following areas due to demand pressures:

- Homecare £250k
- Physical Disability supported living £673k
- Learning Disability supported living £349k
- Learning Disability Joint Residential £278k
- External residential placements for children £341k

3.3.2 The above figures show the impact of higher demand and do not include the forecast effect of non-delivery of savings. It should be noted that homecare demand is expected to increase due to Covid as people may be reluctant to take up care home placements, and this has been factored into the forecast.

3.3.3 Further information is provided within Appendix 2.

3.3.4 Children and Families overall has a forecast outturn overspend of £208k. driven mainly by an overspend on Looked After Children in residential placements of £541k in line with last year's outturn. It is particularly difficult to move children from external placements due to Covid-19. In addition the management restructure saving of £150,000 has not yet been delivered as the new structure will only now be implemented from end of August.

3.3.5 Chief Officer forecast positive variance is £1,262k reflecting some central

provisions and unallocated sums held centrally, as well as forecast over-recovery of vacancy savings of £511k based on the first quarter. The budget for this cost centre has been increased by £903k being the funding from Scottish Government. This is shown as fully matched by expected expenditure with a zero variance.

- 3.3.6 Adult Services overall is forecast to be overspent by £3.1m. The biggest single area of Social Work overspend continues to be on Learning Disability (£1.419m) where there has been a failure to deliver anticipated savings so far, along with higher than budgeted demand.
- 3.3.7 The next largest area of forecast overspend is Older people at £880k, mostly on home care £650k (savings and additional demand) and Older People Other £760k (undelivered savings). The next area of concern continues to be Physical Disability supported living £697k (mainly additional demand) due to expensive care packages.

3.4 Forecast Outturn Position as at 30 June 2020 – Health

- 3.4.1 Within Health delivered services the forecast overspend is £1.800m overspend. This is largely driven by undelivered savings of £1.827m, some emerging cost pressures in Community & Hospital Services, loss of income of £477k due reduced level of patients from other health board resulting from lockdown, offset by some underspends due to suspension of services. More detail is given at Appendix 2.
- 3.4.2 We continue to have an outstanding dispute with NHS Greater Glasgow & Clyde regarding the value of the SLA for hospital services provided by them. We do not know how much they intend charging for 2020/21 and whether this will be more than our budget. This is expected to be available by end of July. We have very recently become aware that they are proposing a different charging model based on bed days and that this is likely to increase charges from next year onwards. Any gap in this is a risk outwith our reported year to date position and is also excluded from our forecast outturn position.

3.5 Savings Delivery

- 3.5.1 As at end of June, £2.954m of the target £10.386m savings have been delivered, 28% of the total and this includes £227k delivered on a non-recurring basis. We are now forecasting to deliver £5.781m of the savings in total by the year end, 56% of the total. Further information is provided at Appendix 3a. The highlighted lines show where savings have been declared in the month and forecasts updated.
- 3.5.2 The forecast outturn shortfall for Social Work is £2.792m. We have only recently finished recruiting for 3 Service Improvement Officers to work on these savings. Two have now joined as of 1 July, and the third will start on 20 July. This will increase our capacity and focus on savings substantially. In the meantime this assessment is based purely on current position with little activity, and recognises the difficulties in delivering many of the agreed changes due to Covid-19.
- 3.5.3 The forecast outturn shortfall for Health is £1.827m after non-recurring savings.

The Health savings are being tracked through the Project Management Office approach co-ordinated by NHS Highland which includes greater visibility of progress against agreed milestones. Good progress is now being made on producing PIDs. Overall progress is monitored through weekly Financial Recovery Board meetings. This approach is now rolled out to Social Work savings through the Finance team. There is a 4 weekly cycle of regular meetings to review both Health & Social Work savings by Head of Service.

3.5.4 Current progress on the unachieved savings is set out in the action tracker included at Appendix 3c.

3.5.5 It is clear that the failure to deliver on all savings (overall shortfall of £4.6m predicted) is the key driver in the forecast outturn overspend of £3.84m. Efforts were hampered by the need to prioritise responses to Covid-19 pandemic in March through to June, and work now on re-mobilising services where these were suspended. Where we can, we will ensure that actions for Covid-19 are aligned and capitalised on, such as increasing use of Near Me. This position is in common with most other HSCPs and our Covid-19 cost tracker returns to Scottish Government include a line for undelivered savings due to Covid-19 of this amount. Whilst there is a clear recognition that this is a cost pressure, we do not yet have assurance that these costs will be met either in part or in full.

3.6 Reserves

3.6.1 There were new earmarked reserves of £555k created at the end of last year in addition to the earlier reserve of £50k for supporting the move from Analogue to Digital (A2D) for 200 telecare service users. No reserves have been drawn down so far this year. Total earmarked reserves are set out in the table below:

Name	£	Comment
Primary Care Improvement Fund	102,616	Underspend on SG specific grant
Action 15 Mental Health Strategy	123,418	Underspend on SG specific grant
Alcohol & Drugs Partnership	59,517	Underspend on SG specific grant
GP Fellowship MH Funding	74,000	12 months fellowship
TEC funding	50,000	A2D 200 users
	50,902	Rec'd Sep 2019
	9,000	Dunoon Broadband
Supporting improvements to GP premises	55,565	Rec'd Sep 2019
Best Start maternity services	60,000	New SGHD allocation
Scotgem Lochgilphead	10,000	NES funding for accommodation upgrade
ACT widen access 19-20	10,000	NES funding for Oban
TOTAL	£605,018	

4. RELEVANT DATA AND INDICATORS

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

5. CONTRIBUTION TO STRATEGIC PRIORITIES

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

6. GOVERNANCE IMPLICATIONS

- 6.1 Financial Impact – The forecast outturn position for 2020-21 is a forecast overspend of £3.84m as at 30 June 2020. This may be improved by Scottish Government funding towards undelivered savings but this is not yet certain. The continuing risk from the dispute with NHS GG&C sits outwith this forecast.
- 6.2 Staff Governance – None directly from this report but there is a strong link between HR and delivering financial balance.
- 6.3 Clinical Governance - None

7. PROFESSIONAL ADVISORY

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

8. EQUALITY AND DIVERSITY IMPLICATIONS

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

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

- 9.1 No issues arising directly from this report.

10. RISK ASSESSMENT

- 10.1 There are a number of financial risks which may affect the outturn. These are reviewed at 2 monthly intervals by the IJB. The single biggest risk is the continuing dispute with NHS Greater Glasgow and Clyde where the gap between the payment they are seeking and what we are budgeting is currently unknown. This is not allowed for in either the year to date position or the forecast financial outturn.
- 10.2 The other significant risk is the effort now being prioritised on the Covid-19 response which has caused a pause on focus from delivery of savings of 2 months, and will continue to affect our ability to deliver some savings for the rest of the year. It is not yet known if there will be financial support from Scottish Government for undelivered savings. We are forecasting not to deliver £4.6m of our savings.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

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

12. CONCLUSIONS

- 12.1 This report provides a summary of the financial position as at 30 June 2020. The forecast outturn position for 2020-21 is a forecast overspend of £3.84m. £4.6m of this is due to undelivered savings which may be improved by financial support from Scottish Government, but this is not certain.
- 12.2 The Strategic Leadership Team continues to meet on a regular basis to gain grip and control of the financial position.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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APPENDICES:

- Appendix 1 – Year to Date Position as at 30 June 2020
- Appendix 2 – Forecast Outturn for 2020-21 as at 30 June 2020
- Appendix 3a – Savings achieved and forecast as at 30 June 2020
- Appendix 3b – Unachieved savings only as at 30 June 2020
- Appendix 3c – Savings action tracker as at 30 June 2020

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP
REVENUE BUDGET MONITORING SUMMARY - YEAR TO DATE POSITION AS AT 30 JUNE 2020

APPENDIX 1

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

For information:

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

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

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

Service	Actual £000	Budget £000	Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	523	824	301	36.5%	The YTD variance is due to the over-recovery of agreed vacancy savings (£339k) as well as underspends on central repairs partially offset by slippage on the delivery of agreed efficiency savings (£69k).
Service Development	76	77	1	1.3%	Outwith reporting criteria.
Looked After Children	1,537	1,584	47	3.0%	Outwith reporting criteria.
Child Protection	403	633	230	36.3%	The YTD underspend reflects lower than expected demand for contact and welfare services as well as underspends on staffing costs in area teams. The YTD position also includes outstanding accruals from 2019-20 which have not yet been invoiced which is further skewing the YTD position.
Children with a Disability	150	191	41	21.5%	The YTD underspend is as a result of outstanding accruals from 2019-20 as well as the impact on services of Covid 19 and consequent fluctuations in the timing of payments to providers.
Criminal Justice	17	68	51	75.0%	The YTD underspend reflects underspends on staffing, as well as minor underspends on payments to other bodies, printing & stationery and staff travel costs.
Children and Families Central Management Costs	452	420	(32)	(7.6%)	Outwith reporting criteria.
Older People	6,446	5,934	(512)	(8.6%)	The YTD overspend is mainly due to slippage on the delivery of agreed savings (£405k) and higher than budgeted demand for Homecare. This is offset by underspends in Telecare and a YTD underspend across the CHP budgets due to the reduced admission volume as a result of covid-19. The full year forecasts for the external residential care budgets have been adjusted based on a gradual return to normal operations over the course of the year.
Physical Disability	648	473	(175)	(37.0%)	The YTD overspend is mainly due to demand driven overspends on third party payments in supported living and residential placements, slippage on agreed savings (£7k) and lower than expected income from fees and charges.
Learning Disability	3,216	2,660	(556)	(20.9%)	The YTD overspend is due to service demand in supported living and residential care as well as slippage on agreed savings (£261k).
Mental Health	423	494	71	14.4%	The YTD position is currently underspent however the forecast year end outturn for mental health services is a £42k overspend. The YTD position is mainly due to outstanding accruals not yet invoiced for and is also impacted by fluctuations in the timing of payments to providers.
Adult Services Central Management Costs	84	12	(72)	(600.0%)	The YTD overspend is due to the YTD slippage on agreed savings (£89k). Offset partially by various minor underspends.
COUNCIL SERVICES TOTAL	13,975	13,370	(605)	(4.5%)	

Service	Actual £000	Budget £000	Variance £000	% Variance	Explanation
HEALTH SERVICES:					Explanation
Community & Hospital Services	14,661	13,634	(1,027)	(7.5%)	COVID related expenditure and shortfalls against savings targets
Mental Health and Learning Disability	3,435	3,551	116	3.3%	Vacancies and reduced non-pay spend due to suspension of services
Children & Families Services	1,883	1,906	23	1.2%	Outwith reporting criteria.
Commissioned Services - NHS GG&C - main SLA	16,272	16,439	167	1.0%	Reduction in cost per case activity
Commissioned Services - Other Cmnty & Hosp Svcs	942	952	10	1.1%	Outwith reporting criteria.
General Medical Services	4,858	4,439	(419)	(9.4%)	COVID related expenditure
Community and Salaried Dental Services	796	950	154	16.2%	Vacancies and reduced non-pay spend due to suspension of services
Other Primary Care Services	2,825	2,825	0	0.0%	Outwith reporting criteria.
Prescribing	4,815	4,885	70	1.4%	Prudent accrual assuming non achievement of saving target
Public Health	377	409	32	7.8%	Outwith reporting criteria.
Lead Nurse	513	390	(123)	(31.5%)	COVID related expenditure
Management Service	642	665	23	3.5%	Outwith reporting criteria.
Planning & Performance	507	427	(80)	(18.7%)	Savings targets not being achieved
Budget Reserves	0	(162)	(162)	100.0%	Savings targets not being achieved
Income	(299)	(430)	(131)	(30.5%)	Reduced cost per case activity chargeable to other Health Boards due to Covid
Estates	1,970	1,941	(29)	(1.5%)	Outwith reporting criteria.
HEALTH SERVICES TOTAL	54,197	52,821	(1,376)	(2.6%)	
GRAND TOTAL	68,172	66,191	(1,981)	(3.0%)	

REVENUE BUDGET MONITORING FORECAST OUTTURN - AS AT 30 JUNE 2020

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

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	2,693	1,431	1,262	46.9%	The forecast underspend reflects unallocated demand pressures for Older People and Young Adults, underspends against centrally held contingency funding and over-recovery of vacancy savings (£511k) partially offset by provision for bad debts (£80k) and estimated slippage on the delivery of agreed savings (£218k).
Service Development	417	415	2	0.5%	Outwith reporting criteria.
Looked After Children	7,195	7,617	(422)	(5.9%)	The forecast overspend arises due to demand for external residential placements and slippage on agreed savings (£242k) partially offset by underspends in fostering arising due to lower than budgeted service demand.
Child Protection	3,438	3,338	100	2.9%	The forecast underspend arises mainly due to lower than anticipated service demand for contact and welfare services as well as staffing underspends in the area teams.
Children with a Disability	837	803	34	4.1%	Outwith reporting criteria.
Criminal Justice	154	59	95	61.7%	The forecast underspend arises due to staff vacancies and related reduced staff travel expenses as well as underspends on computer software, rent and utilities.
Children and Families Central Management Costs	2,486	2,503	(17)	(0.7%)	Outwith reporting criteria.
Older People	35,387	36,267	(880)	(2.5%)	The forecast overspend reflects higher than budgeted demand for homecare (£250k) and slippage on agreed savings (£1.3m). This is offset by higher than expected income from fees and charges in the HSCP care homes, underspends across the external residential care budgets due to the impact from Covid, and underspends on payments to other bodies
Physical Disability	2,390	3,066	(676)	(28.3%)	The forecast overspend reflects higher than budgeted demand for supported living (£673k) and slippage on agreed savings (£24k) in supported living.

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
Learning Disability	14,928	16,345	(1,417)	(9.5%)	The forecast overspend reflects higher than budgeted demand for services in supported living and residential placements as well as slippage on agreed savings (£854k). The forecast overspend has decreased compared to the month 2 forecast due to the end of a significant client residential package.
Mental Health	2,807	2,849	(42)	(1.5%)	Outwith reporting criteria.
Adult Services Central Management Costs	224	303	(79)	(35.3%)	The forecast overspend is mainly due to estimated slippage on the delivery of agreed savings (£86k) offset slightly by various minor underspends on areas such as transport related expenditure and supplies and services.
COUNCIL SERVICES TOTAL	72,956	74,996	(2,040)	(2.8%)	
HEALTH SERVICES:					Explanation
Community & Hospital Services	54,008	55,031	(1,023)	(1.9%)	Savings targets not being achieved and probability of emerging cost pressures
Mental Health and Learning Disability	14,189	14,353	(164)	(1.1%)	Long term referrals to NHS units in Fife & Inverness
Children & Families Services	7,627	7,625	2	0.0%	Outwith reporting criteria.
Commissioned Services - NHS GG&C	65,756	65,877	(121)	(0.2%)	Risk of savings targets not being achieved
Commissioned Services - Other Cmnty & Hosp Srvc	3,805	3,753	52	1.4%	Reduced cost per case charges from other Health Boards
General Medical Services	18,447	18,422	25	0.1%	Outwith reporting criteria.
Community and Salaried Dental Services	3,801	3,325	476	14.3%	Vacancies and reduced non-pay spend due to suspension of services
Other Primary Care Services	9,406	9,406	0	0.0%	Outwith reporting criteria.
Prescribing	19,563	19,428	135	0.7%	Vacancies
Public Health	1,787	1,810	(24)	(1.3%)	Outwith reporting criteria.
Lead Nurse	1,525	1,539	(14)	(0.9%)	Outwith reporting criteria.
Management Service	2,662	2,852	(190)	(6.7%)	Risk of savings targets not being achieved
Planning & Performance	1,982	2,350	(368)	(15.7%)	Risk of savings targets not being achieved
Budget Reserves	1,831	1,831	(0)	0.0%	Risk of savings targets not being achieved
Income	(1,722)	(1,245)	(477)	38.3%	Reduced cost per case in-patient charges to other Health Boards
Estates	7,955	8,065	(110)	(1.4%)	Displaced staff costs
HEALTH SERVICES TOTAL	212,622	214,422	(1,800)	(0.8%)	
GRAND TOTAL	285,578	289,418	(3,840)	(1.3%)	

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2020/21

Ref.	Savings Description	Manager	Target £' 000	Year to 30 June 2020			Full Year Forecast			
				Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved	
1819-7	Thomson Court	Jane Williams	10	0	10	0%	2	9	15%	15% assumed
1819-8	Assessment and Care Management	Caroline Cherry	42	0	42	0%	0	42	0%	
1819-14	Redesign of Internal and External Childrens Residential Placements	Alex Taylor	200	0	200	0%	0	200	0%	
1819-15	Children and Families Management Structure	Alex Taylor	150	0	150	0%	83	67	55%	
1819-18	Review provision of HSCP care homes	Caroline Cherry	99	0	99	0%	15	84	15%	15% assumed
1819-19	Review and Redesign of Physical Disability Services	Jim Littlejohn	28	0	28	0%	4	24	15%	15% assumed
1819-19	Review and Redesign of Learning Disability Services - Sleepovers and Technology Argyll Wide	Jim Littlejohn	299	0	299	0%	45	254	15%	15% assumed
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Cowal	Jane Williams	125	0	125	0%	19	106	15%	15% assumed
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Helensburgh	Linda Skrastin	152	0	152	0%	23	129	15%	15% assumed
1819-19	Review and Redesign of Learning Disability Rothesay Resource Centre	Jane Williams	14	0	14	0%	2	12	15%	15% assumed
1819-19	Review and Redesign of Learning Disability Assist Cowal Resource Centre	Jane Williams	30	0	30	0%	5	26	15%	15% assumed
1819-19	Review of Ext Residential Learning Disability Placements	Jim Littlejohn	194	0	194	0%	29	165	15%	15% assumed
1819-22	Adult Care West - Restructure of Neighbourhood Teams (SW & Health)	Caroline Cherry	250	0	250	0%	0	250	0%	
1819-25	Older People Day/Resource Centre - Address high levels of management - consolidate opening hours - shared resource	Caroline Cherry	212	0	212	0%	32	180	15%	15% assumed
1819-31	Integrate HSCP Admin, digital Tech and Central Appoint System	Alex Taylor/ Kirsteen Larkin	104	0	104	0%	16	88	15%	15% assumed
1819-33	Catering, Cleaning and other Ancillary Services	Alex / Jayne Jones / Caroline Cherry	70	0	70	0%	11	60	15%	15% assumed
1819-40	SLA and Grants operate within allocation	Alex Taylor	23	23	0	100%	23	0	100%	£23k declared M2
1819-42	Contract Management reducing payments to Commissioned External providers	Stephen Whiston	33	0	33	0%	5	28	15%	15% assumed
1819-46	Adopt a Single Community Team Approach to undertaking Assessment and Care Management	Caroline Cherry	120	0	120	0%	0	120	0%	
1920-33	Review of management structure	Joanna Macdonald / Charlotte Craig	102	0	102	0%	33	69	32%	
1920-40	Implement best practice approaches for care at home and re-ablement across all areas following Bute pilot	Caroline Cherry/ G McCready	300	0	300	0%	150	150	50%	
1920-41	Extend use of external home care transferring hours as gaps occur	Donald Watt	33	0	33	0%	5	28	15%	15% assumed
1920-42	Step up/step down of care to be suspended except for exceptional cases	Judy Orr	227	0	227	0%	227	0	100%	
1920-43	Cap on overtime	Donald Watt	87	0	87	0%	44	43	51%	
1920-44	Reduction on adult services social work travel	Jim Littlejohn/ Donald Watt	25	25	0	100%	25	0	100%	£25k declared through reduction of budgets
1920-45	Planned changes in staffing for Bowman Court in line with Lorne Campbell Court structure	Morven Gemmill	28	0	28	0%	4	24	15%	15% assumed
2021-5	Bring staffing within ECCT teams and Mull Progressive Care Centre into line with best practice elsewhere	Caroline Cherry/ Morven Gemmill	85	0	85	0%	13	72	15%	15% assumed
2021-7	Review of provisioning of day services and remodel considering options of greater third sector involvement aiming for 10% reduction in cost (currently underspending by c £70k)	Caroline Cherry/ Julie Lusk	200	0	200	0%	30	170	15%	15% assumed
2021-30	Provide sleepovers on exceptional basis or as part of core and cluster, and increase technology provision as alternative - savings on top of £299k for earlier years b/fwd and not yet delivered	Jim Littlejohn	50	0	50	0%	8	43	15%	15% assumed
2021-31	Reduce double up care activity for care at home visits through more effective use of equipment, technology and staff training	Caroline Cherry	250	0	250	0%	63	187	25%	
2021-32	Review housing support services and remove where not required for LD and PD clients	Julie Lusk	181	0	181	0%	60	121	33%	
2021-33	Reduce travel and increased grip and control of expenditure	All Managers	60	60	0	100%	60	0	100%	
2021-34	Additional recovery of direct payments (S30110...) (running above budget)	Caroline Cherry/David Forshaw	25	25	0	100%	25	0	100%	
2021-35	Carers support (S30091..)	Caroline Cherry/David Forshaw	150	150	0	100%	150	0	100%	
2021-36	Respite Care (HQ) (S30090...) - align budget to current levels of expenditure, review all expenditure and ensure in line with policy	Caroline Cherry	80	80	0	100%	80	0	100%	
2021-37	Day Care - additional client charge income (running above budget) (S300500..)	Julie Lusk/David Forshaw	25	25	0	100%	25	0	100%	
2021-38	Development & flex budgets not currently utilised (MAKI / B&C) (S300930..)	Caroline Cherry	10	10	0	100%	10	0	100%	
2021-39	Progressive Care Mull additional income (S3008002..)	Caroline Cherry/David Forshaw	10	10	0	100%	10	0	100%	
2021-40	Resource Release - budget not use (S300351..)	Caroline Cherry/David Forshaw	6	6	0	100%	6	0	100%	
2021-41	Telecare - additional income above budget (S300330)	Stephen Whiston/David Forshaw	80	80	0	100%	80	0	100%	

Ref.	Savings Description	Manager	Target £' 000	Year to 30 June 2020			Full Year Forecast		
				Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved
2021-42a	integrated equipment store - increased consistency in prescribing	Julie Lusk/Jim Littlejohn	80	80	0	100%	80	0	100%
2021-42b	integrated equipment store - restriction in range of catalogue items to aid re-use and improved procurement; remove items supported priority 3 and 4 needs (bathing assessments/equipmnet)	Julie Lusk/Jim Littlejohn	20	20	0	100%	20	0	100%
2021-43	Sensory impairment -See/Hear monies underspent	Julie Lusk	10	10	0	100%	10	0	100%
2021-44	Resource Centres/Day Centres - additional income £35k; Travel underspent £10k; Savings on Enable day service £25k	Julie Lusk/David Forshaw	70	70	0	100%	70	0	100%
2021-45	Community Support Teams Dunoon Link Club £12k ended previously and underspend on travel £10k	Julie Lusk/David Forshaw	22	22	0	100%	22	0	100%
2021-10	Transformation of Social Work admin increasing use of technology and integration with NHS admin services - savings not yet quantified	Alex Taylor/Kirsteen Larkin	93	0	93	0%	93	0	100%
2021-12	Staffing review to include workload analysis and risk assessment (possible saving of 3 social worker posts (H&L/B&C/OLI) 2 para professional (T&AC))	Alex Taylor	246	246	0	100%	246	0	100%
2021-46	Improved rostering of staff for school hostels	Alex Taylor	50	0	50	0%	20	30	40%
2021-47	Review of catering arrangements at Dunclutha and East King Street	Alex Taylor	23	0	23	0%	11	12	48%
2021-48	Redesign Emergency Social Work service - shift to contracted hours	Alex Taylor/Brian Reid	100	100	0	100%	100	0	100%
2021-49	Reduce external contracted hours for childrens support workers	Alex Taylor	8	8	0	100%	8	0	100%
2021-50	Dunoon hostel - income from nursery meals	Alex Taylor/David Forshaw	20	20	0	100%	20	0	100%
2021-51	contact & welfare £10k per locality	Alex Taylor	40	40	0	100%	40	0	100%
2021-52	CABD, physio & OT NHS hire of facility	Alex Taylor	15	15	0	100%	15	0	100% declared M2
2021-11	SLA with GG&C for CAMHS service (Fusions)	Alex Taylor/David Forshaw	23	23	0	100%	23	0	100%
2021-55	Technology Enabled Care - improve re-use of equipment through better asset utilisation, cap Telecare equipment cost, reduce travel budget	Stephen Whiston	34	34	0	100%	34	0	100%
2021-60b	Additional vacancy savings (above £600k already budgeted)	Joanna Macdonald/David Forshaw	250	250	0	100%	250	0	100%
2021-62	Unused central funds cost centre S0000000000.40300	Joanna Macdonald/David Forshaw	180	180	0	100%	180	0	100%
Totals			5,453	1,612	3,841	30%	2,661	2,792	49%

ARGYLL & BUTE HEALTH SAVINGS PLAN 2020/21

Ref.	Savings Description	Manager	Target £' 000	Year to 30 June 2020			Full Year Forecast		
				Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved
1819-4	Closure of West House / Argyll & Bute Hospital site	David Ross	20	0	20	0%	20	0	100%
1819-5	Closure of Aros (running costs)	David Ross/ Charlotte Craig	60	0	60	0%	60	0	100%
1819-16	Children & Families services staffing	Alex Taylor	50	0	50	0%	37	13	74% forecast reduced by £13k
1819-32	Catering & cleaning review	Caroline Cherry	20	0	20	0%	10	10	50%
1819-44	Advanced Nurse Practitioners - Oban	Caroline Henderson	14	0	14	0%	14	0	100% increased by £14k
1819-53	Vehicle Fleet Services (see also 2021-57)	Stephen Whiston	18	0	18	0%	18	0	100%
1920-3	Health Promotion Discretionary Budgets	Alison McGrory	54	0	54	0%	0	54	0% reduced by £27k
1920-4	Review of Service Contracts	Judy Orr	86	0	86	0%	36	50	42%
1920-8	GP Prescribing	Fiona Thomson	500	25	475	5%	400	100	80% £9.5k declared M3
1920-22	Dunoon Medical Services (see also 2021-16)	Rebecca Heliwell	100	0	100	0%	0	100	0%
1920-31	Review of SLAs with GGC	Stephen Whiston	290	3	288	1%	6	284	2% £2.5k declared M3. Forecast reduced
1920-32	Review of management structure	Joanna Macdonald / Charlotte Craig	200	0	200	0%	50	150	25%
1920-35	Bed reduction savings : Dunoon	Jane Williams	150	0	150	0%	120	30	80%
1920-38a	LIH Theatre nurse staffing - HAK112	Caroline Henderson	38	0	38	0%	38	0	100% now forecast in full
1920-38b	Lorn & Islands Hospital staffing	Caroline Henderson	124	0	124	0%	124	0	100% now forecast in full
2021-1	Mental Health redesign of dementia services (excludes commissioned services)	Caroline Cherry	200	0	200	0%	0	200	0%
2021-2	Standardise procurement of food across all sites and expansion in conjunction with Council for early years	Caroline Cherry	69	0	69	0%	0	69	0%
2021-3	AHP - carry out workforce planning and establishment setting to find efficiencies in posts and realign services provided to match	Linda Currie	140	0	140	0%	70	70	50%
2021-4a	Admin & clerical general productivity / efficiency enhancement via shift to digital working in 2020/21 and 2021/22	Stephen Whiston	100	0	100	0%	0	100	0%
2021-4b	Right size admin budgets Mid Argyll and LIH	Caroline Cherry	45	0	45	0%	0	45	0% forecast reduced

Ref.	Savings Description	Manager	Target £' 000	Year to 30 June 2020			Full Year Forecast		
				Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved
2021-8	Review maternity arrangements for out of hours and bring within contracted hours	Alex Taylor	100	0	100	0%	100	0	100%
2021-9	Review health visitor and school nurse staffing	Alex Taylor	100	0	100	0%	100	0	100% now forecast in full
2021-13	Right size budget for services delivered under SLA by NHS GG&C for those charges on cost by case basis	Stephen Whiston	100	0	100	0%	100	0	100%
2021-14	Removal of health & wellbeing small grant fund	Nicola Schinaia	50	50	0	100%	50	0	100% £50k declared M3
2021-15	Investment fund savings - reduce spend on Care & repair by £60k originally funded as short term investment	C Cherry / J Littlejohn	60	0	60	0%	60	0	100%
2021-16	Rationalisation of medical services for Dunoon (adds to 1920-22)	Rebecca Heliwell	20	0	20	0%	0	20	0%
2021-17	Ongoing grip and control of all non-essential expenditure	Caroline Cherry/Julie Lusk	340	0	340	0%	100	240	29%
2021-18	Savings in time & travel through further roll out of Near Me (Attend Anvwhere)	John Dreghorn/Kristin Gillies	50	0	50	0%	50	0	100%
2021-19	Redesign of hotel services to reflect reduction in inpatient numbers	Caroline Cherry	99	0	99	0%	50	49	51%
2021-20	Centralised booking of medical records - reduction in admin costs	Stephen Whiston	97	0	97	0%	0	97	0%
2021-21	Alternative local provision for patients placed with high cost providers - 10% saving on £2.2m budget predominantly mental health clients	Julie Lusk	200	116	84	58%	200	0	100%
2021-22	Patient Travel costs - spending below budgets	Caroline Cherry	100	100	0	100%	100	0	100% £100k declared M3
2021-23	Catering & domestic - spending below budgets	Caroline Cherry	80	0	80	0%	30	50	38% forecast reduced
2021-24	Oban medical services - underspending areas of admin and non-pay	Caroline Cherry/Caroline Henderson	100	100	0	100%	100	0	100%
2021-25	Near Me Mental Health project - savings on travel	John Dreghorn/Kristin Gillies	10	0	10	0%	10	0	100%
2021-26	Admin pays - removal of budget for 2 half posts saved in Lochgilphead in 2019/20	Caroline Cherry	29	29	0	100%	29	0	100%
2021-27	Cowal general transport - underspend	Caroline Cherry	15	15	0	100%	15	0	100% £15k declared M3
2021-29	Dunoon Gum clinic - underspend	Caroline Cherry	20	20	0	100%	20	0	100%
2021-53	Reduction of health improvement team budget by one third	Nicola Schinaia	6	6	0	100%	6	0	100% £6k declared M3
2021-54	Printer rationalisation and centralisation of GP servers	Stephen Whiston	17	0	17	0%	17	0	100%
2021-57	Fleet management - electric vehicles, improved accuracy of mileage claims using postcodes; fuel savings through use of telematic data (see also 1819-53)	Stephen Whiston	40	0	40	0%	11	29	28%
2021-58	Additional income from other health boards (being achieved in 19/20)	George Morrison	200	0	200	0%	0	200	0%
2021-59	Review of continence nursing practice and related use of supplies (Lead Nurse)	Elizabeth Higgins	20	0	20	0%	20	0	100%
2021-60a	Additional vacancy savings - achieving £2.85m in 2019/20	Joanna MacDonald	500	500	0	100%	500	0	100%
2021-61	Investment fund savings - reduction in funds to support colocation and vacant posts	Joanna MacDonald	72	72	0	100%	72	0	100%
2021-63	Estate Rationalisation (£50k provision in Investment Fund to be used only on a spend to save basis)	Joanna MacDonald	50	0	50	0%	50	0	100%
2021-68	Forensic billing review of utilities - water	David Ross	30	0	30	0%	0	30	0% forecast reduced
2021-64	Review of Forensic Medical Examiner Costs - particularly Bute & Cowal and Out of hours costs (full year saving may only be available in 2021/22)	Rebecca Heliwell	50	0	50	0%	0	50	0%
2021-66	Community dental practices	Donald MacFarlane	25	5	20	20%	25	0	100%
2021-67	Homecare pharmacy services - right size budget	George Morrison	75	75	0	100%	75	0	100%
Totals			4,933	1,115	3,818	23%	2,893	2,040	59%
Non Recurring Savings									
2021-1	Mental Health redesign of dementia services	Caroline Cherry	0	200	-200		200	-200	£200k declared M2
1920-3	Health Promotion Discretionary Budgets	Alison McGrory	0	27	-27		27	-27	£27k declared M2
Totals			0	227	-227		227	-227	
ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2020/21			10,386	2,954	7,432	28%	5,781	4,605	56%

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Appendix 3 (b)

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2020/21

Ref.	Savings Description	Manager	Year to 31 May 2020				Full Year Forecast		
			Target £' 000	Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved
1819-7	Thomson Court	Jane Williams	10	0	10	0%	2	9	15%
1819-8	Assessment and Care Management	Caroline Cherry	42	0	42	0%	0	42	0%
1819-14	Redesign of Internal and External Childrens Residential Placements	Alex Taylor	200	0	200	0%	0	200	0%
1819-15	Children and Families Management Structure	Alex Taylor	150	0	150	0%	83	67	55%
1819-18	Review provision of HSCP care homes	Caroline Cherry	99	0	99	0%	15	84	15%
1819-19	Review and Redesign of Physical Disability Services	Jim Littlejohn	28	0	28	0%	4	24	15%
1819-19	Review and Redesign of Learning Disability Services - Sleepovers and Technology Argyll Wide	Jim Littlejohn	299	0	299	0%	45	254	15%
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Cowal	Jane Williams	125	0	125	0%	19	106	15%
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Helensburgh	Linda Skrastin	152	0	152	0%	23	129	15%
1819-19	Review and Redesign of Learning Disability Rothesay Resource Centre	Jane Williams	14	0	14	0%	2	12	15%
1819-19	Review and Redesign of Learning Disability Assist Cowal Resource Centre	Jane Williams	30	0	30	0%	4	26	13%
1819-19	Review of Ext Residential Learning Disability Placements	Jim Littlejohn	194	0	194	0%	29	165	15%
1819-22	Adult Care West - Restructure of Neighbourhood Teams (SW & Health)	Caroline Cherry	250	0	250	0%	0	250	0%
1819-25	Older People Day/Resource Centre - Address high levels of management - consolidate opening hours - shared resource	Caroline Cherry	212	0	212	0%	32	180	15%
1819-31	Integrate HSCP Admin, digital Tech and Central Appoint System	Alex Taylor/ Kirsteen Larkin	104	0	104	0%	16	88	15%
1819-33	Catering, Cleaning and other Ancillary Services	Alex / Jayne Jones / Caroline Cherry	70	0	70	0%	11	60	15%
1819-42	Contract Management reducing payments to Commissioned External providers	Stephen Whiston	33	0	33	0%	5	28	15%
1819-46	Adopt a Single Community Team Approach to undertaking Assessment and Care Management	Caroline Cherry/ G McCready	120	0	120	0%	0	120	0%
1920-33	Review of management structure	Joanna Macdonald / Charlotte Craig	102	0	102	0%	33	69	32%
1920-40	Implement best practice approaches for care at home and re-ablement across all areas following Bute pilot	Caroline Cherry/ G McCready	300	0	300	0%	150	150	50%
1920-41	Extend use of external home care transferring hours as gaps occur	Donald Watt	33	0	33	0%	5	28	15%
1920-42	Step up/step down of care to be suspended except for exceptional cases	Judy Orr	227	0	227	0%	227	0	100%
1920-43	Cap on overtime	Donald Watt	87	0	87	0%	44	43	51%
1920-45	Planned changes in staffing for Bowman Court in line with Lorne Campbell Court structure	Morven Gemmill	28	0	28	0%	4	24	15%
2021-5	Bring staffing within ECCT teams and Mull Progressive Care Centre into line with best practice elsewhere	Morven Gemmill	85	0	85	0%	13	72	15%
2021-7	Review of provisioning of day services and remodel considering options of greater third sector involvement aiming for 10% reduction in cost (currently underspending by c £70k)	Caroline Cherry/ Julie Lusk	200	0	200	0%	30	170	15%
2021-30	Provide sleepovers on exceptional basis or as part of core and cluster, and increase technology provision as alternative - savings on top of £299k for earlier years b/fwd and not yet delivered	Jim Littlejohn	50	0	50	0%	8	43	15%
2021-31	Reduce double up care activity for care at home visits through more effective use of equipment, technology and staff training	Caroline Cherry/ G McCready	250	0	250	0%	63	187	25%
2021-32	Review housing support services and remove where not required for LD and PD clients	Julie Lusk	181	0	181	0%	60	121	33%

Ref.	Savings Description	Manager	Year to 31 May 2020				Full Year Forecast		
			Target £' 000	Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved
2021-10	Transformation of Social Work admin increasing use of technology and integration with NHS admin services - savings not yet quantified	Alex Taylor/Kirsteen Larkin	93	0	93	0%	93	0	100%
2021-46	Improved rostering of staff for school hostels	Alex Taylor	50	0	50	0%	20	30	40%
2021-47	Review of catering arrangements at Dunclutha and East King Street	Alex Taylor	23	0	23	0%	11	12	48%
Totals			3,841	0	3,841	0%	1,048	2,793	27%

ARGYLL & BUTE HEALTH SAVINGS PLAN 2020/21

Ref.	Savings Description	Manager	Year to 30 June 2020				Full Year Forecast		
			Target £' 000	Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved
1819-4	Closure of West House / Argyll & Bute Hospital site	David Ross	20	0	20	0%	20	0	100%
1819-5	Closure of Aros (running costs)	David Ross/ Charlotte Craig	60	0	60	0%	60	0	100%
1819-16	Children & Families services staffing	Alex Taylor	50	0	50	0%	37	13	74%
1819-32	Catering & cleaning review	Caroline Cherry	20	0	20	0%	10	10	50%
1819-44	Advanced Nurse Practitioners - Oban	Caroline Henderson	14	0	14	0%	14	0	100%
1819-53	Vehicle Fleet Services	Stephen Whiston	18	0	18	0%	18	0	100%
1920-3	Health Promotion Discretionary Budgets	Alison McGrory	54	0	54	0%	0	54	0%
1920-4	Review of Service Contracts	Judy Orr	86	0	86	0%	36	50	42%
1920-8	GP Prescribing	Fiona Thomson	500	25	475	5%	400	100	80%
1920-22	Dunoon Medical Services	Rebecca Heliwell	100	0	100	0%	0	100	0%
1920-31	Review of SLAs with GGC	Stephen Whiston	290	3	288	1%	6	284	2%
1920-32	Review of management structure	Joanna Macdonald / Charlotte Craig	200	0	200	0%	50	150	25%
1920-35	Bed reduction savings : Dunoon	Jane Williams	150	0	150	0%	120	30	80%
1920-38a	LIH Theatre nurse staffing - HAK112	Caroline Henderson	38	0	38	0%	38	0	100%
1920-38b	Lorn & Islands Hospital staffing	Caroline Henderson	124	0	124	0%	124	0	100%
2021-1	Mental Health redesign of dementia services (excludes commissioned services)	Caroline Cherry	200	0	200	0%	0	200	0%
2021-2	Standardise procurement of food across all sites and expansion in conjunction with Council for early years	Caroline Cherry	69	0	69	0%	0	69	0%
2021-3	AHP - carry out workforce planning and establishment setting to find efficiencies in posts and realign services provided to match	Linda Currie	140	0	140	0%	70	70	50%
2021-4a	Admin & clerical general productivity / efficiency enhancement via shift to digital working in 2020/21 and 2021/22	Stephen Whiston	100	0	100	0%	0	100	0%
2021-4b	Right size admin budgets Mid Argyll and LIH	Caroline Cherry	45	0	45	0%	0	45	0%
2021-8	Review maternity arrangements for out of hours and bring within contracted hours	Alex Taylor	100	0	100	0%	100	0	100%
2021-9	Review health visitor and school nurse staffing	Alex Taylor	100	0	100	0%	100	0	100%
2021-13	Right size budget for services delivered under SLA by NHS GG&C for those charges on cost by case basis	Stephen Whiston	100	0	100	0%	100	0	100%
2021-15	Investment fund savings - reduce spend on Care & repair by £60k originally funded as short term investment	C Cherry / J Littlejohn	60	0	60	0%	60	0	100%
2021-16	Rationalisation of medical services for Dunoon	Rebecca Heliwell	20	0	20	0%	0	20	0%
2021-17	Ongoing grip and control of all non-essential expenditure	Caroline Cherry/Julie Lusk	340	0	340	0%	100	240	29%
2021-18	Savings in time & travel through further roll out of Near Me (Attend Anywhere)	John Dreghorn/Kristin Gillies	50	0	50	0%	50	0	100%

Ref.	Savings Description	Manager	Year to 31 May 2020				Full Year Forecast		
			Target £' 000	Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved
2021-19	Redesign of hotel services to reflect reduction in inpatient numbers	Caroline Cherry	99	0	99	0%	50	49	51%
2021-20	Centralised booking of medical records - reduction in admin costs	Stephen Whiston	97	0	97	0%	0	97	0%
2021-21	Alternative local provision for patients placed with high cost providers - 10% saving on £2.2m budget predominantly mental health clients	Julie Lusk	200	116	84	58%	200	0	100%
2021-23	Catering & domestic - spending below budgets	Caroline Cherry	80	0	80	0%	30	50	38%
2021-25	Near Me Mental Health project - savings on travel	John Dreghorn/Kristin Gillies	10	0	10	0%	10	0	100%
2021-54	Printer rationalisation and centralisation of GP servers	Stephen Whiston	17	0	17	0%	17	0	100%
2021-57	Fleet management - electric vehicles, improved accuracy of mileage claims using postcodes; fuel savings through use of telematic data	Stephen Whiston	40	0	40	0%	11	29	28%
2021-58	Additional income from other health boards (being achieved in 19/20)	George Morrison	200	0	200	0%	0	200	0% £100 declared to PMO in 2019/20
2021-59	Review of continence nursing practice and related use of supplies (Lead Nurse)	Elizabeth Higgins	20	0	20	0%	20	0	100%
2021-63	Estate Rationalisation (£50k provision in Investment Fund to be used only on a spend to save basis)	Joanna MacDonald	50	0	50	0%	50	0	100%
2021-68	Forensic billing review of utilities - water	David Ross	30	0	30	0%	0	30	0%
2021-64	Review of Forensic Medical Examiner Costs - particularly Bute & Cowal and Out of hours costs (full year saving may only be available in 2021/22)	Rebecca Heliwell	50	0	50	0%	0	50	0%
2021-66	Community dental practices	Donald MacFarlane	25	5	20	20%	25	0	100%
Totals			3,966	148	3,818	4%	1,926	2,040	49%
ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2020/21			7,807	148	7,659	2%	2,974	4,833	38%

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ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2020/21

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Forecast £'000	Actions completed to 31 May 2020	Actions planned for next 4 weeks	What planned actions will achieve	Why there is a forecast shortfall in the saving?	What are we doing to recover from forecast shortfall
1819-8/22/46	Adult Care West - Restructure of Neighbourhood Teams (SW & Health) and adopt a single community team approach to undertaking assessment and care management	Caroline Cherry / G McCreedy	412	0	0	Paused due to Covid. To restart review. Neighbourhood model does not suit Argyll and Bute and will be approached differently.	C Cherry and G McCreedy to review the whole target proposal and widen out to provide much more detail.	Re-focus onto deliverable actions supported by project plan	Paused due to Covid. Previous plans no longer clear.	to be re-visited in 2020/21
1920-40	Implement best practice approaches for care at home and re-ablement across all areas following Bute pilot	G McCreedy / Caroline Cherry	300	0	150	Paused due to Covid. Scrutiny of block contracts has been started to identify areas of down time. A meeting has been held with one provider to consider reduction in block hours with a follow up meeting planned for early April but deferred. Templates for all meetings with providers have been developed and shared with Resources Team Leaders and Procurement staff. Meetings have been held with Bute and Cowal staff to discuss the monitoring visits and targets being set.	G McCreedy to re-start in role early June and develop detailed plans.	Standardisation of processes. Reduction in duplication. Enablement approach. Clarity of responsibilities around invoices, identification of downtime, communication with providers and monitoring of service delivery. All local services will have to work together to ensure priority services are provided and best use is made of all resources across the services.	Paused due to Covid. Additional staff required due to shielding. Expect higher demand as users less keen on going into care homes	Monthly meetings to hold local team leads accountable, close monitoring of activity and focus of work within this project by Head of Service. But progress is expected to be impacted by priority response to Covid-19
1819-19 / 2021-30	Review and Redesign of Learning Disability Services - Sleepovers and Technology Argyll Wide	Jim Littlejohn	349	0	52	SIO appointed. Reviewing sleepovers / waking nights and utilising TEC facilities is now embedded as normal practice in reviews, but savings have not materialised. Just Checking equipment relatively little used.	SIO to start 20 July. Now looking at using Tablets / more TEC to enhance overnight responder capability on a trial basis with a view to a "cluster" living cost reduction. Continuing discussions with contractor for Helensburgh Golf course new build - 2 @ 2 bed plus 13 bed bungalows	Unlikely to deliver target savings this year. New builds would compete in c 15 months and facilitate 4 to 5 out of area repatriations with comprehensive care delivering c £260k p.a. savings	Currently at a plateau until new models of accommodation and support are completed and implemented	Validation of savings declared as some LD clients now transferred to Older People budgets
2021-31	Reduce double up care activity for care at home visits through more effective use of equipment, technology and staff training	Caroline Cherry	250	0	63	Paused due to Covid.	C Cherry and G McCreedy to scope proposal and widen out to provide much more detail.	Focus onto deliverable actions supported by project plan	Paused due to Covid.	Now starting project with allocated resource
1920-42	Step up/step down of care to be suspended except for exceptional cases	Judy Orr	227	0	227	Guidance on care packages issued 27 September. Winter planning monies (Health) of £85k being held centrally to allow for step up/ step down packages over winter as required.	Continued operation of local CRGs to ensure compliance.	Reduction in planned spend	Forecast shortfall as unable to assess impact - but there have been significant improvement of £313k in forecast overspend on residential carehome placements	Not yet identified.
1819-25/7	Older People Day/Resource Centre - Address high levels of management - consolidate opening hours - shared resource	Caroline Cherry	222	0	33	Current management structure within Thomson Court has been reviewed with the aim of changing from four managers to two shared manager posts between Struan Lodge and Thomson Court. Care Inspectorate preference is for management to be on site so may share differently. Care Inspectorate questions re proposed changes being answered	See also 2021-7. Overall plan for day services to be developed. 1. New job descriptions to be reviewed in conjunction with temporary unit managers. 2. Continue communication with care inspectorate to ensure planned structure meets their requirements.	Agreement with care inspectorate to assess feasibility of having shared managers in order to progress the saving.	Changes in management has meant lack of clear direction so now being re-scoped	Not yet identified
1819-14	Redesign of Internal and External Childrens Residential Placements	Alex Taylor	200	0	0	The Core & Cluster property in Helensburgh is now operational and has recently been intensively used. A project closure report has been completed. The roll out to Oban has been put on hold as the initial review of the Helensburgh implementation confirms it has not delivered the anticipated savings due in part to the ages of the young people (<16) and the associated additional costs. All external placements are reviewed monthly on a multi agency basis. One placement has recently been returned with saving of £150k, but there is a new case with even higher costs so no saving declared as yet.	Review report on business case for extension of core and cluster - but this may be cost avoidance rather than cost saving	The Core and Cluster Model has a role in providing a step down provision for care experienced young people on their path to independence.	Because Core and Cluster is addressing under capacity in the wider system.	The need for both external and internal placements has grown over the past six months and is projected to grow further. All appropriate measure are being taken to care for and support our young people in Argyll and Bute. These developments should be taken as cautionary because the equilibrium of the wider system is presently out of balance.
2021-7	Review of provisioning of day services and remodel considering options of greater third sector involvement aiming for 10% reduction in cost (currently underspending by c £70k)	Caroline Cherry/ Julie Lusk	200	0	30	Linked to a number of other schemes incl 1819-25/7	Overall plan for day services to be developed by Caroline Cherry & Julie Lusk	Focus onto deliverable actions supported by project plan	Paused due to Covid.	Now starting project with allocated resource

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Forecast £'000	Actions completed to 31 May 2020	Actions planned for next 4 weeks	What planned actions will achieve	Why there is a forecast shortfall in the saving?	What are we doing to recover from forecast shortfall
1819-19	Review of Ext Residential Learning Disability Placements	Jim Littlejohn	194	0	29	SIO now appointed. New Head of Service with a focus on this portfolio started 16 December. Fyne View possibly to be retained as 3 person site (currently classed as hospital ward), vacancy in Greenwood. Timetable in place to move forward with Campbell St facility which is being used in interim as day facility, Waterfront also progressing and new build at Golf Course to support out of area repatriations. Review stopped due to Covid 19	SIO to commence in post on 20 July. progress Campbell St facility with Scottish Autism	Expect to deliver target savings this year	Currently at a plateau until new models of accommodation and support are completed and implemented	New policies / procedures needed re out of area placements
2021-32	Review housing support services and remove where not required for LD and PD clients	Julie Lusk	181	0	60	Paused due to Covid	J Lusk to follow up review of housing support and clarify management roles and responsibilities for the review			
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Helensburgh	Linda Skrastin	152	0	23	Capacity added to Campbell St facility, 4 residents identified (3 Helensburgh and 1 Lochgiphead) and parents support group established. Scottish Autism to operate facility and recruitment underway. New SIO post to concentrate on Learning disability being recruited. Vacant support worker appointed and should improve team position.	SIO starting 20 July. Scottish Autism to take on Campbell St facility	Potential for 3 re-patriations and 1 new package saving £60k p.a.	Forecast shortfall as it is unlikely that savings can be fully achieved due to assessed needs of clients.	Developing core and cluster accommodation in Helensburgh. Work has stalled since departure of Gordon Murray. Team Leader continuing with some aspects of the work but lack of capacity and resource make this difficult. Also no policies in place for sleepover guidance or respite.
1819-15	Children and Families Management Structure	Alex Taylor	150	0	83	All staff have been matched into new posts	Progress with new arrangements. Finalise calculation of saving to be delivered and update forecast. Expect to be close to target for full year but in year saving will be short due to part year only and need to cover redundancy cost of c £40k. New structure to go live from 31 August.	Implementation now to be 31 August 2020 to align closer to Adult Services.	Lengthy and Difficult HR processes	Not yet identified
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Cowal	Jane Williams	125	0	19	Reviews not happening systematically every 6 months as they should due to capacity issues. All respite requests scrutinised. Discussions to be undertaken to consider core and cluster model on Bute.	SIO started 20 July. To re-start case reviews Consistent review process to be developed	Development of proposals	vacant SIO post so no capacity with LD team to progress this.	Consider progression of Core and Cluster models of support, reducing overnight spend in particular. Scrutiny of P1/2 within current limited resources. No respite policy - required
2021-5 & 1920-45	Bring staffing within ECCT teams and Mull Progressive Care Centre into line with best practice elsewhere	Morven Gemmill	113	0	17	MG made presentation to SLT on 18 December and direction agreed. Paused due to Covid	MG to start looking at efficiencies in the way care packages are delivered and staff grading once normal business resumes.	Focus onto deliverable actions supported by project plan	Paused due to Covid.	Not yet identified
1819-31	Integrate HSCP Admin, digital Tech and Central Appoint System	Alex Taylor/ Kirsteen Larkin/ Stephen Whiston	104	0	16	Not clear how this is being taken forward. Social work admin savings are all captured at 2021-10. Automation is being captured at 2021-20	Review what further work can be done and realign to Corporate savings workstream	Development of proposals	No further admin savings can be realised under new model until other automation work is completed	Other areas of support service budget will be examined to find shortfall in savings
1920-33	Review of management structure	Joanna Macdonald	102	0	33	Job Evaluations completed. Went to Staff Liaison Group 27 Feb. Indicative financial costings prepared. One to one consultations carried out with staff affected	Matching in to be completed and further staff consultations carried out. Progressing – will know extent of savings once matching finalised. Shortfall likely. CCraig to provide update at August meeting	Implementation now to be 30 September	Delay in progressing restructuring due to extended consultation process	Indicated vacancy savings as recruitment to vacant posts over the course of the year has been put on hold.
1819-18	Review provision of HSCP care homes	Caroline Cherry	99	0	15	The original plan was not progressed. Now focussing on an efficiency review.	Broader review required to see what efficiencies in operation can be achieved across all care homes in Argyll & Bute.	Focus onto deliverable actions supported by project plan	Paused due to Covid.	Now starting project with allocated resource
2021-10	Transformation of Social Work admin increasing use of technology and integration with NHS admin services - savings not yet quantified	Alex Taylor/Kirsteen Larkin	93	0	93	Identified £86.5k of saving from vacant posts and expect to be able to deliver in full. Planning further extend use of CareFirst to make admin more efficient.	Changes in practice will be taken forward within SW admin service including automation via SharePoint and Civica. Expect to declare saving in full in month 4.	expected to deliver savings in full	Forecast not yet updated	expected to deliver savings in full
1920-43	Cap on overtime	Donald Watt / Morven Gemmill	87	0	44	Savings made from staffing at Mid Argyll Home Care and Home Care on Mull and Tiree. Some scope to keep going with cost reduction and aim for further savings.	Local Area Managers continue to approve all exceptional overtime in advance of hours being worked. D Watt to provide update	Reduce forecast overspend and deliver saving. Recruited additional bank staff.	Forecast shortfall based on impact to date.	Continue efforts to reduce overtime wherever possible.

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Forecast £'000	Actions completed to 31 May 2020	Actions planned for next 4 weeks	What planned actions will achieve	Why there is a forecast shortfall in the saving?	What are we doing to recover from forecast shortfall
1819-33	Catering, Cleaning and other Ancillary Services	Alex / Jayne Jones / Caroline Cherry	70	0	11	Catering review on shared services basis is continuing with Council. Jane Williams nominated as key contact for HSCP. The catering mapping exercise is now complete and has been approved through HSCP SLT on 6 November 2019 and SMT on 11 November 2019. On-going grip and control for all purchases.	As per the mapping timeline presented to HSCP SLT on 6 November 2019 the next stage in the process is to review the catering management structure and agree options. John Dreghorn assisting Jayne Jones with PID	Possible savings from rationalisation of catering services across the Council and the HSCP.	Progress on shared services has been slower than anticipated.	Confident that these savings will be delivered longer term.
2021-46	Improved rostering of staff for school hostels	Alex Taylor	50	0	20	ML reported £20K under spend identified. Also potential reduction of 1 domestic & additional income supplying to nurseries. Hostels currently closed. Re-mobilisation plans under development	Finalise re-mobilisation and review staffing required under new normal Assess current supplies underspend	Improved assessment of likely saving	Paused due to Covid	Confident that these savings will be delivered longer term.
1819-42	Contract Management reducing payments to Commissioned External providers	Stephen Whiston	33	0	5	No progress this year as paused due to Covid. Advertised Contract & Demand Management Officer post twice but no suitably qualified applicants	Review of advocacy and support contract to re-start.	SLAs review completed and cost profile for 2020/21 agreed	Delays in reviewing SLA, and difficulties anticipated in reducing costs due to notice periods etc.	Full year effect will be received in 2021/22.
1920-41	Extend use of external home care transferring hours as gaps occur	Donald Watt	33	0	5	Both Kintyre and Mid Argyll have this direction to externalise where possible any new packages. PCT working with providers who are keen to support this, albeit concern continues re implications of EU exit. Oban's provision is currently all external and has issues with providers delivering packages due to staffing issues.	To re-advertise post as a Trainee purchasing officer and link through universities to broaden potential applicants	Ongoing monitoring at local level and liaison with procurement to identify and transfer hours where possible.	Issues with external providers in some areas not having the capacity to increase their hours.	No plans
1819-19	Review and Redesign of Learning Disability Assist Cowal Resource Centre	Jayne Lawrence Winch	30	0	4	Review now linked in with overall review of all day services led by Caroline Cherry. In addition review of all Dunoon facilities has commenced with a view to a long term replacement project - initial stage to design new model of care	Meet with HubNorth re funding possibilities and link in with work they are doing with E Lothian and Scottish Borders	2 managers continue in post - no immediate savings to be had.	No co-location agreed and costed to date. 2 managers in post so no immediate staffing savings	Review Struan Lodge Management in conjunction with Bute a/a.
1819-19	Review and Redesign of Physical Disability Services	Jim Littlejohn	28	0	4	The SIO 2 year fixed term post now appointed. This post is required to provide capacity for this work. New Head of Service with a focus on this portfolio started 16 December.	Appointment of SIO Learning Disability will also provide resource to assist with Physical Disability. SIO starts on 20 July	Resume redesign work supporting new HoS lead as per Transforming together objectives	Work not commenced	Not yet identified
2021-47	Review of catering arrangements at Dunclutha and East King Street	Alex Taylor	23	0	11	Potential reduction of cooks and staff / young people to take on increasing independence.	Contract for 1 cook will end in September. Still working on achieving full amount of savings	Improved assessment of likely saving	Paused due to Covid	Confident that these savings will be delivered longer term.
1819-19	Review and Redesign of Learning Disability Rothesay Resource Centre	Jane Williams	14	0	2	Review now linked in with overall review of all day services led by Caroline Cherry.	Ongoing discussions about implementing pilot of transport model to and from day service being removed and being replaced by service user's own mobility component of their benefits or their own mobility vehicle.	Financial impact still to be assessed however will reduce costs of minibus as well as staff time for facilitating the transport.	Awaiting capacity from new SIO-LD to progress this.	Review Thomson Court Residential Management in conjunction with Cowal with a view to achieving savings elsewhere.
Totals			3,841	0	1,049					

ARGYLL & BUTE HEALTH SAVINGS PLAN 2020/21

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Forecast £'000	Actions completed to 31 May 2020	Actions planned for next 4 weeks	What planned actions will achieve	Why there is a forecast shortfall in the saving?	What are we doing to recover from forecast shortfall
1920-8	GP Prescribing	Fiona Thomson	500	25	400	3 months pause due to Covid. No drugs coming off patent. Introduction of Pharmacy First may see increase in costs. Split into 8 schemes and PIDs signed off for £380k and in progress for £40k. Unlikely to achieve in full	Continue to work closely with North Highland workstream. Complete PIDs for remaining 5 schemes totalling £80k	maximise savings	Covid-19 and reduction in capacity	Not yet identified
2021-17	Ongoing grip and control of all non-essential expenditure	Caroline Cherry/Julie Lusk	340	0	100	Grip and control on-going but relaxed due to Covid mobilisation and speed of response required.	JMD to issue statement to LMs & LAMs regarding PECOS scrutiny/authorisation)	maximise savings	Covid-19 and reduction in capacity	Not yet identified

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Forecast £'000	Actions completed to 31 May 2020	Actions planned for next 4 weeks	What planned actions will achieve	Why there is a forecast shortfall in the saving?	What are we doing to recover from forecast shortfall
1920-31	Review of SLAs with GGC	Stephen Whiston	290	3	6	3 months pause due to Covid. Re-advertised Contract & Demand Management Officer post to focus on these savings. £3k declared re Adult H&L services. Unlikely to achieve in full	Kirstin Robertson to provide report on SLAs to next meeting	Confirmation that management and review are in place and that cost information is up to date in line with service delivery.	Delays in reviewing SLAs, and difficulties anticipated in reducing costs due to the following factors: • Costing methodology is historic, complex and/or a regional model which A&B has limitations to change without significant reduction in activity. • reviews are identifying some increase in demand or temporary increases in costs (i.e. locum use) which offset potential savings	Not yet identified
1920-32	Review of management structure	Joanna MacDonald	200	0	50	Job Evaluations completed. Went to Staff Liaison Group 27 Feb. Indicative financial costings prepared. One to one consultations carried out with staff affected	Matching in to be completed and further staff consultations carried out. Progressing – will know extent of savings once matching finalised. Shortfall likely. CCraig to provide update at August meeting	Implementation now to be 30 September	Delay in progressing restructuring due to extended consultation process	Indicated vacancy savings as recruitment to vacant posts over the course of the year has been put on hold.
2021-1	Mental Health redesign of dementia services (excludes commissioned services)	Caroline Cherry	200	0	0	Temporary close of Knapdale and use of Fyne View. Noted that savings were being made due to operating under establishment. Closure of Knapdale as part of service redesign was approved by the IJB in March.	JD to progress PID.	Expect to deliver as non-recurrent saving in 2020/21	Paused due to Covid	Expect to deliver as non-recurrent saving in 2020/21
2021-21	Alternative local provision for patients placed with high cost providers - 10% saving on £2.2m budget predominantly mental health clients	Julie Lusk	200	116	200	£116k saving had been identified and declared in M02. List produced by MM was discussed. 3 forensic inpatients noted. 2 patients were transferred to New Craig's for assessment / rehabilitation at significant cost and not yet returned to A&B. NG noted that one of the patients was to be discharged to Lusragan. However Lusragan did not have adequate staffing to deal with high risk clients. JLusk & CCherry sit on the review group and continue to scrutinise provision	JLusk to contact Ross McLaughlin re Cluster Housing alternatives at Dunbeg	expected to deliver in full	Paused due to Covid	Not yet identified
2021-58	Additional income from other health boards (being achieved in 19/20)	George Morrison	200	0	0	Unlikely to achieve due to Covid-19 as fewer visitors in our area and number of RTAs reduced. Normally two thirds of income achieved in first 6 months of year.	Continue to assess	Updated forecast	Covid-19	Not yet identified
1920-38a/b & 1819-44	Lorn & Islands Hospital staffing	Caroline Henderson / George Morrison	176	0	176	Now includes Theatre saving of £60k and ANP saving of £14k to allow this saving to be delivered differently. ANP role was funded from reduction in Junior Doc hours, essential role to support clinical care & Jnr Doc rota. Recent meeting to discuss Urology work being undertaken in Oban for North Highland patients to increase utilisation. Inpatient beds in Ward A reconfigured, closed 4 in-patient and converted to day case. Review of Oban Lab staffing and Lab redesign has taken place. £100k saving made but needed to offset increased microbiology costs. Recruited microchemist and haematology posts	Establishment setting meetings underway for all Nursing departments. Establishments agreed for ward I & ward A. Ward A will release a saving of approx 20k. Not declared yet. Ward B – HDU staffing being reviewed. Critical care lead in Raigmore supporting ward, implementation of ward watcher, to ensure accurate dependency scoring of patients. Audit being carried out, to support the establishment setting. A/E workforce likely to require an increase at night. Business case to be submitted. Theatre department – workforce review underway. Staffing levels for Endoscopy unit to be in line with other RGH's. Work happening across the Theatre utilisation group across 4 Acute sites.	Increase in savings	Theatre utilisation group across 4 acute Hospitals being led by D Jones. This may increase activity. Unlikely this financial year to declare any further staffing cuts. Not yet been able to identify sufficient staffing savings to meet target. HDU staffing review and audit of dependency levels. Establishment not agreed as yet for ward B.	A review of ECG service to be carried out to identify potential savings. Ward establishment settings to be confirmed and report completed. This has been slightly delayed due to Covid 19.
1920-35	Bed reduction savings : Dunoon	Jane Williams	150	0	120	Bed modelling ongoing with planning. £120k non-recurring saving declared last year. Re-opened for covid-19 response	Workforce planning taking place with Lead Nurse - date not yet confirmed	Updated forecast	Covid-19	Non-recurrent savings declared of £120k last year and expect to make it recurrent this year
2021-3	AHP - carry out workforce planning and establishment setting to find efficiencies in posts and realign services provided to match	Linda Curry	140	0	70	Some savings identified to date	LC to update at next meeting	Updated forecast	Covid-19	Not yet identified

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Forecast £'000	Actions completed to 31 May 2020	Actions planned for next 4 weeks	What planned actions will achieve	Why there is a forecast shortfall in the saving?	What are we doing to recover from forecast shortfall
1920-22/ 2021-16	Dunoon Medical Services	Rebecca Heliwell	120	0	0	Had recruited 3 but 1 decided not to join and start dates for 2 are delayed due to personal considerations. New practitioner rota implemented. Low confidence that this will be achieved - delayed due to Covid	Discuss with local GP practices alternative ways of filling gaps in rota Considering accommodation in hospital but this may be longer term	Clinically more stable team Encourage positive collaborative learning culture and better governance within team	The timescale is more medium to long term- eventually aim is to have no locum spend and all substantive posts in self sustaining rota but this is likely to take years. Positive recruitment and initial progress should make easier as team establishes- ie should build speed with time	Have looked at locum costs and prioritised use of cheapest ones. Working with PMO workstream medical workforce to standardise payments to updated Medacs contracts ie no travel and accommodation to be paid as routine
2021-4a	Admin & clerical general productivity / efficiency enhancement via shift to digital working in 2020/21 and 2021/22	Stephen Whiston	100	0	0	Rapid move to digital working, use of MS Teams and less travel due to Covid 19	SW advised that unlikely to restart work on this until Sept/Oct	Updated forecast	Covid-19	Not yet identified
2021-8	Review maternity arrangements for out of hours and bring within contracted hours	Alex Taylor	100	0	100	PID produced and approved. Likely to achieve full savings target for month 3 from review of pay budgets without impacting on establishment.	To declare saving in M3	Expect to achieve in full	N/A	N/A
2021-9	Review health visitor and school nurse staffing	Alex Taylor	100	0	100	Identified £94k saving with possibly c £70k to be delivered in year from excess pays, ADHD post, AHP post, reduced hours in an ANP post. PR noted that she was unable to reduce HV & SN hours due to SG funding allocated to expand those services and saving was coming from wider review of child health services	Finalise quantification of savings and complete PID	Expect to achieve in full for next year	Some vacancies only occurring part way through year	reviewing alternative non-recurring savings
2021-13	Right size budget for services delivered under SLA by NHS GG&C for those charges on cost by case basis	Stephen Whiston	100	0	100	Reasonably confident. On track to achieve savings and will continue to monitor cost per case reductions	Quantify savings being achieved	Updated forecast	Covid-19	N/A
2021-19	Redesign of hotel services to reflect reduction in inpatient numbers	Caroline Cherry	99	0	50	Reduction in spend due to Covid	To assess savings being made	Updated forecast	Expected to deliver at least in part	Not yet identified
2021-20	Centralised booking of medical records - reduction in admin costs	Stephen Whiston	97	0	0	Deferred due to Covid. Working with North Highland on use of Netcall system for appointment booking. Looking at Active Clinical & Referral Triage. Workshops taking place to scope.	SW to provide update to next meeting	Updated forecast	Covid-19	Not yet identified
1920-4	Review of Service Contracts	Judy Orr	86	0	36	North Highland procurement have been unable to procure additional resource to undertake. Have requested funding to be transferred for A&B IJB to recruit locally but this has been refused. Council PCT unwilling to take on also. Attempted twice to recruit Contract & Demand Management Officer but no applicants with required qualifications	Contracts are currently handled by individual departments e.g. estates, IT, radiography, laboratories. Will re-advertise post as a trainee purchasing officer and link in with universities to broaden range of applicants.	An overall review by an experienced procurement officer is likely to yield savings.	No action taken so far to undertake a review.	£86k shortfall will be carried forward to 20/21 and action will be taken in the new year to pursue full achievement of carried forward shortfall.
2021-23	Catering & domestic - spending below budgets	Caroline Cherry	80	0	30	Reduction in spend due to Covid	To assess savings being made	Updated forecast	Expected to deliver at least in part	Not yet identified
2021-2	Standardise procurement of food across all sites and expansion in conjunction with Council for early years	Caroline Cherry	69	0	0	Paused due to Covid-19.	Link with Council (Jayne Jones) and re-start	Updated plan	Covid-19	Not yet identified
1819-5	Closure of Aros (running costs)	David Ross/ Charlotte Craig	60	0	60	Staff relocated on 13 Feb and premises closed 21 Feb. Full budget is £100k so saving should be achievable	Require full review of Mid Argyll estate in light of new normal working. Link in with D Ross once he returns to work. Proposing move of CMHT & CAMHS teams back into Knapdale ward which would allow full closure of AROS. Savings to be fully estimated	Savings will start from April 2020	Covid-19	N/A
2021-15	Investment fund savings - reduce spend on Care & repair by £60k originally funded as short term investment	J Littlejohn/C Cherry	60	0	60	Paused due to Covid-19. Initial notice given in Jan 2020.	To give formal 12 weeks notice with saving commencing end September	Update forecast	Covid-19	N/A
1920-3	Health Promotion Discretionary Budgets	Allison McGrory	54	0	0	SLA continued to September. If member of staff does not return full savings will be achieved. This is currently a non recurrent saving as based on staff member's secondment to GG&C	assess alternative savings as SLA is unlikely to be extended further	Update forecast	Expected staff member to be made permanent	Not yet identified
1819-16	Children & Families services staffing	Alex Taylor	50	0	37	All staff have been matched into new posts. £37k identified. Some funding (£13k) from education to fund the CAMHS Manager post but noted that this is funding only confirmed for 3 years although expected to continue	Progress with new arrangements. Finalise calculation of saving to be delivered and update forecast. Expect to be close to target	Implementation now to be 31 August 2020 to align closer to Adult Services.	Lengthy and Difficult HR processes	N/A
2021-18	Savings in time & travel through further roll out of Near Me (Attend Anywhere)	John Dreghorn/Kristin Gillies	50	0	50	Good buy in from all sites and expect significant reduction in travel going forward. Increased cost for purchase of equipment – going through Covid 19 Increase in time for consultants / clinical sessions expected	JD to progress this PID Future roll out / redesign of OPD planned pre Covid 19 but now progressing faster	expect to deliver in full	Covid-19	N/A
2021-63	Estate Rationalisation (£50k provision in Investment Fund to be used only on a spend to save basis)	David Ross	50	0	50	None as yet. Target is 1% of £5m budget so should	DR to provide update for next meeting	expect to deliver in full	Covid-19	N/A

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Forecast £'000	Actions completed to 31 May 2020	Actions planned for next 4 weeks	What planned actions will achieve	Why there is a forecast shortfall in the saving?	What are we doing to recover from forecast shortfall
2021-64	Review of Forensic Medical Examiner Costs - particularly Bute & Cowal and Out of hours costs (full year saving may only be available in 2021/22)	Rebecca Heliwell	50	0	0	Contracts costs and end dates collated showing wide variation in costs and low usage.	Review possibility of using NearMe to deliver service in part.	Paused due to Covid	Covid-19	Not yet identified
2021-4b	Right size admin budgets Mid Argyll and LIH	Caroline Cherry	45	0	0	Underspends being made	assess savings for next meeting	Paused due to Covid	Covid-19	Not yet identified
2021-57	Fleet management - electric vehicles, improved accuracy of mileage claims using postcodes; fuel savings through use of telematic data	Stephen Whiston	40	0	11	Past two months have seen reduction in fuel costs due to Covid 19. Going forward envisage less use of vehicles and rationalising of fleet. SW reported application for infrastructure funding from SG. Only 3 EVs are currently in use in Mid Argyll and a further 7 for delivery in Sept. There should be at least 16 EVs in the fleet by the end of the year.	financial analysis to be completed in August	Paused due to Covid	Covid-19	Not yet identified
2021-68	Forensic billing review of utilities - water	David Ross	30	0	0	Double this target has been achieved by repair to water supply to A&B and other schemes; this will be a removal of overspend rather than a saving on budget	JD to liaise with Nicola Bell re potential for ongoing savings	expect to deliver in full	Covid-19	N/A
2021-66	Community dental practices	Donald MacFarlane	25	5	25	£5k declared in m3.	DMF and GM to discuss how to deliver without affecting patients	expect to deliver in full	Covid-19	N/A
1819-4	Closure of West House / Argyll & Bute Hospital site	David Ross	20	0	20	None as yet	DR to provide update for next meeting	expect to deliver in full	Covid-19	N/A
1819-32	Catering & cleaning review	Caroline Cherry	20	0	10	some savings due to Covid	Link to other catering & cleaning reviews	Paused due to Covid	Covid-19	Not yet identified
2021-59	Review of continence nursing practice and related use of supplies (Lead Nurse)	Elizabeth Higgins	20	0	20	None as yet	Review North Highland work on this and assess	Paused due to Covid	Covid-19	N/A
1819-53	Vehicle Fleet Services	Stephen Whiston	18	0	18	Telematics installed and training delivered to users. Only 3 EVs are currently in use in Mid Argyll and a further 7 for delivery in Sept. There should be at least 16 EVs in the fleet by the end of the year.	Starting to collect telemetry data from drivers which will lead to discussions/ improvements	Local management will be able to review use of cars/driving skills once data is collected	N/A	N/A
2021-54	Printer rationalisation and centralisation of GP servers	Stephen Whiston	17	0	17	savings to date 4K from roll out on Mull. Not progressed on Islay and Rothesay as yet	extend locations and ascertain savings - increase has reduced local printing dramatically	expect to deliver in full	Covid-19	N/A
2021-25	Near Me Mental Health project - savings on travel	John Dregghorn/Kristin Gillies	10	0	10	Savings in time & travel through further roll out of Near Me	Going forward only 30% consultations expected to be face to face	expect to deliver in full	Covid-19	N/A
Totals			3,966	149	1,926					
ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2020/21			7,807	149	2,975					



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item:

Date of Meeting: 5 August 2020

Title of Report: Budget Outlook 2021-22 to 2023-24

Presented by: Judy Orr, Head of Finance and Transformation

The Integration Joint Board is asked to:

- Consider the current estimated budget outlook report for the period 2021-22 to 2023-24.

1. EXECUTIVE SUMMARY

- 1.1 This report summarises the budget outlook covering the period 2020-21 to 2022-23. The budget outlook presented to the IJB on that date has been updated.
- 1.2 The funding allocations from NHS Highland have been adjusted for changes to other recurring (non-baselined) funding as at month 1, all of which is assumed to be matched by expenditure. The outturn for 2019/20 was an overspend of £1.280m, wholly due to the dispute with NHS GG&C. This has not been paid over, but had to be accrued in accordance with NHS accounting rules. Although this will be covered through Scottish Government brokerage in the first instance, this will eventually require to be paid back to NHS Highland, but the timescale for that is unlikely to be agreed for another year so is not reflected in this outlook.
- 1.3 There has been one change to the funding from the Council with the worst case scenario now showing a potential 2% reduction to adult social work funding in line with the latest Council projections. This is in line with Scottish Government advice on funding flexibilities which was received late last year. If the Council decided to exercise this flexibility, it would have a very considerable negative impact on the HSCP. The repayment programme for previous years' overspends was agreed by the Council at their Business Continuity Committee on 14 May 2020. In addition a more optimistic assumption has been made across best and mid range scenarios about additional funding for social work from Scottish Government in line with experience over last few years. We now assume an additional £1m pa. in mid range and £1,5m pa. in best scenario.
- 1.4 A number of minor changes have been to update the estimates for Council payroll inflation, non-pay inflation and for future cost and demand pressures

through re-basing the calculations, changing future years' inflationary assumptions for electricity and catering purchases, and reflecting Council proposals to change their pay and grading structure. None have been significant.

- 1.6 The usual best, mid-range and worst case scenarios are presented for the next three years. In the mid-range scenario, the Health and Social Care Partnership budget gap estimated over the three year period 2021-22 to 2023-24 is £15.021m with a gap of £5.678m in 2021-22.
- 1.7 In contrast, the budget gap in the best case scenario over the three years is £3.224m and in the worst case scenario, the budget gap over the three years is £33.482m. A summary of all three scenarios is included within Appendix 1.
- 1.7 The budget gap over 2020-21 to 2022-23 across each scenario is summarised in the table below:

Budget Gap	2021-22 £000	2022-23 £000	2023-24 £000	Total £000
Best Case	1,906	476	842	3,224
Mid-Range	5,678	4,411	4,932	15,021
Worst Case	11,865	10,528	11,088	33,482

2. INTRODUCTION

- 2.1 This report summarises the budget outlook covering the period 2021-22 to 2023-24. The outlook is based on three different scenarios, best case, worst case and mid-range. The detail of all three scenarios is provided at Appendix 1.
- 2.2 The updates include new funding estimates from NHS Highland and a review of inflation and cost and demand pressures.

3. DETAIL OF REPORT

3.1 Funding Estimates

NHS Highland

- 3.1.1 The assumptions for funding from NHS Highland for 2021/22 is a 2.5% mid-range increase, using the opening funding offer from NHS Highland for 2020/21. To this, we have added the expected allocations for Primary Medical Services and other recurring funding. The Other recurring funding figures are now based on allocations as at month 1 which are matched by equivalent expenditure. £(149)k of this has now been baselined being a topslice from NSD. For future years, the mid-range forecast still assumes a 2.5% uplift.
- 3.1.2 The table below outlines the updated estimated funding from NHS Highland over the next three years within the mid-range scenario. All figures have been updated and rolled forward for another year.

	2021-22 £000	2022-23 £000	2023-24 £000
Baseline funding	185,718	185,718	185,718
Baseline funding uplift (2.5%)	4,512	9,137	13,877
Other Recurring Funding	33,818	33,818	33,818
Resource Transfer baseline	7,057	7,057	7,057
Resource Transfer uplift (2.5%)	308	623	946
Total Funding NHS	231,413	236,353	241,416

Council Funding

3.1.3 The estimates for Council funding are unchanged from the previous Budget Outlook for the best and mid-range scenarios which assume a flat cash position as per the settlement for 2020/21. For the worst case scenario, this now reflects a potential 2% reduction to adult social work funding in line with the latest Council projections. This is in line with Scottish Government advice on funding flexibilities which was received late last year. If the Council decided to exercise this flexibility, it would have a very considerable negative impact on the HSCP.

3.1.4 The Council's Business Continuity Committee agreed the repayment profile of previous years' overspends over a 5 year period at its meeting on 14 May 2020. The Council also agreed that "in the event of the HSCP underspending in 2020/21 or any future years, the Council will seek earlier repayment of outstanding debts. Notes that the level of future years funding is subject to the level of Scottish Government funding and the Council's overall financial position in future years."

3.1.5 The agreed repayment schedule is presented below:

	Repayment 2017-18 Overspend £000	Repayment 2018-19 Overspend £000	Repayment 2019-20 Estimated Overspend £000	Total Repayment £000	Status
2020-21	500	0	0	500	agreed
2021-22	655	545	0	1,200	indicative
2022-23	0	1,255	0	1,255	indicative
2023-24	0	1,327	0	1,327	Not yet agreed
2024-25	0	0	1,165	1,165	Not yet agreed
Total	1,155	3,127	1,165	5,447	

3.1.6 The table below outlines the funding from Argyll and Bute Council expected over the next three years in the mid-range scenario.

	2021-22 £000	2022-23 £000	2023-24 £000
Baseline funding	60,577	60,577	60,577
Total Funding Council	60,577	60,577	60,577
Less 2017-18 and 2018-19 overspend payment	(1,200)	(1,255)	(1,327)

Net Payment from Council	59,377	59,322	59,250
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- 3.1.7 The table below summarises the total estimated funding over the next three years within the mid-range scenario.

	2020-21 £000	2021-22 £000	2022-23 £000
Funding NHS	231,413	236,353	241,416
Funding A&B Council	59,377	59,322	59,250
Total Funding	290,790	295,675	300,666

3.2 Savings Measures Already Approved

- 3.2.1 A number of additional savings for 2021-22 were agreed at the IJB on 27 March 2019 as part of setting the 2019/20 budget. These new savings totalled £520k and comprise a further £500k on prescribing and £20k for criminal justice.
- 3.2.2 In addition saving 2021-65 of £50k, review of support payments to GP practices, was deferred to 2021/22 at the budget meeting on 25 March 2020. There is no change to this position from that reported in the previous budget outlook.

3.3 Base Budget

- 3.3.1 The base budget is the approved budget from 2020-21 and includes the second year of the agreed investment in financial sustainability for 2021/22 only. The base budget for Health has changed reflecting changes in the other recurring funding. There are no other changes from the base budget previously presented.
- 3.3.2 The table below summarises the base budget in the mid-range scenario.

	2021-22 £000	2022-23 £000	2023-24 £000
Base Budget NHS	214,289	214,289	214,289
Base Budget Council	60,077	60,077	60,077
Investment in financial sustainability – 2 nd year	318	0	0
Resource Transfer	12,304	12,304	12,304
Base Budget	286,988	286,670	286,670

3.4 Employee Cost increases

- 3.4.1 For Health staff, a 3 year pay deal has already been agreed for 2018-19 to 2020-21 at 3% each year. For 2021-22 to 2023-24, it has been assumed that the 3% will continue within the best case and mid-range scenarios, with a 3.5% increase in the worst case scenario.
- 3.4.2 For Social Work staff, an agreement has been reached on the pay award and the increase in 2020-21 is 3%. For 2021-22 and 2020-23, the best case

scenario assumes the public sector pay commitment which averages around 2.7%, the worst case scenario assumes a 3.5% increase (similar to the 2018-19 offer) and the mid-range scenario assumes a 3% increase.

3.4.3 There are also additional costs in relation to incremental drift, and a proposed change to the Council's pay and grading structure and an estimate has been built into all three scenarios.

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

	2021-22 £000	2022-23 £000	2023-24 £000
Health pay award	1,936	3,929	5,979
Health pay increments	185	370	555
Social Work pay award	964	1,957	2,980
Social Work pay increments	82	164	246
Social work change to pay structure	57	59	61
Total Employee Cost Changes	3,224	6,479	9,821

3.5 Non-pay Inflation

3.5.1 A review of the non-pay inflation assumptions, previously reported to the IJB on in May 2020, has been undertaken and the following assumptions have been updated:

- Catering purchases – inflation of 10% for first year only (due to EU exit) and thereafter reduced to 5% p.a.
- Electricity – inflation of 9.76% for first year only (when new contract is due to be agreed) and thereafter reduced to CPI
- National Care Home contract – this was previously split between inflation and cost/demand pressure by client group and has now been consolidated into a single line under non-pay inflation
- All others have simply been rolled forward as per the previous outlook

3.5.2 The table below summaries the updated non-pay inflation estimated over the next three years within the mid-range scenario. Further information is included within Appendix 1.

	2021-22 £000	2022-23 £000	2023-24 £000
<i>Health:</i>			
Prescribing	1,000	2,000	3,000
Hospital Drugs	79	162	249
Main GG&C SLA	1,340	2,782	4,326
Other SLAs	618	1,252	1,885
Energy Costs	148	295	443
<i>Social Work:</i>			
Catering Purchases	37	58	79
National Care Home Contract	530	1,082	1,655

NHS Staffing Recharges	128	184	242
Purchase and Maintenance of Equipment	11	22	33
CPI Essential increases	18	37	56
Scottish Living Wage	856	1,738	2,647
Carers Allowances	33	67	101
Utilities	26	36	46
Total Non-Pay Inflation	4,824	9,715	14,762

3.6 Cost and demand pressures

3.6.1 As with non-pay inflation, the cost and demand pressure assumptions have been rolled forward and the following assumptions have been updated:

- National Care Home contract – this was previously split between inflation and cost/demand pressure by client group and has now been consolidated into a single line under non-pay inflation above and removed from this section.
- All others have simply been rolled forward as per the previous outlook, but calculations have been updated to reflect current forecast where this is above budget.

3.6.2 The table below summaries the updated cost and demand pressures estimated over the next three years within the mid-range scenario. Further information is included within Appendix 1.

	2021-22 £000	2022-23 £000	2023-24 £000
Health:			
LIH* Laboratory	50	100	150
New high cost care packages	120	120	120
Other NSD* developments	50	100	150
Oncology medicines demand	450	900	1,350
Microsoft Licence fees	300	300	300
Refurbishment of Aros residences	60	0	0
Social Work:			
Older People Growth	367	740	1,119
Care Services for Younger Adults	355	710	1,065
Continuing Care demand pressure in Children & Families	250	500	750
Allowance for Unknown Cost and Demand Pressures	1,000	2,000	3,000
Total Cost and Demand Pressures	3,002	5,470	8,004

*LIH: Lorn & Isles Hospital *NSD: National Services Division

3.7 Updated Budget Outlook

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

	2021-22 £000	2022-23 £000	2023-24 £000
Base Budget	286,988	286,670	286,670
Employee Cost Changes	3,224	6,479	9,821
Non-Pay Inflation	4,824	9,715	14,762
Cost and Demand Pressures	3,002	5,470	8,004
Management/Operational Savings agreed March 2019	(520)	(520)	(520)
Management/Operational Savings agreed March 2020	(50)	(50)	(50)
Total Estimated Expenditure	297,468	307,764	318,687
Estimated Funding	291,790	297,675	303,666
Estimated Budget Surplus / (Gap) Cumulative	(5,678)	(10,089)	(15,021)
Estimated Budget Surplus / (Gap) In Year	(5,678)	(4,411)	(4,932)

3.7.2 In the mid-range scenario, the Health and Social Care Partnership budget gap estimated over the three year period 2021-22 to 2023-24 is £15.021m with a gap of £5.678m in 2020-21.

3.7.3 In contrast, the budget gap in the best case scenario over the three years is £3.224m and in the worst case scenario, the budget gap over the three years is £33.482m. A summary of all 3 scenarios is included within Appendix 1.

3.7.4 The changes from the previous anticipated outlook to 2022-23 (as noted at the IJB meeting on 27 May 2020) are summarised in the table below based on the mid-range scenario:

	2021-22 £000	2022-23 £000	2023-24 £000
Previous Reported Budget Gap (mid-range)	(6,613)	(12,128)	(18,193)
Increase in NHS Funding estimates	927	924	920
Increase in Social Work funding by Scottish Government	1,000	2,000	3,000
Base budget adjustment	(931)	(931)	(931)
Employee cost changes (increase)	(57)	(59)	(61)
Increase in non-pay inflation	(239)	(369)	(483)
Decrease in cost & demand pressures	235	474	727
Revised Budget Gap (mid-range)	(5,678)	(10,089)	(15,021)

- 3.7.5 The budget gap over 2021-22 to 2023-24 across each scenario is summarised in the table below:

Budget Gap	2021-22 £000	2022-23 £000	2023-24 £000	Total £000
Best Case	1,906	476	842	3,224
Mid-Range	5,678	4,411	4,932	15,021
Worst Case	11,865	10,528	11,088	33,482

4. RELEVANT DATA AND INDICATORS

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

5. CONTRIBUTION TO STRATEGIC PRIORITIES

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

6. GOVERNANCE IMPLICATIONS

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

7. PROFESSIONAL ADVISORY

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

8. EQUALITY AND DIVERSITY IMPLICATIONS

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

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

- 9.1 None directly from this report.

10 RISK ASSESSMENT

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

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

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

12. CONCLUSIONS

- 12.1 A budget outlook covering the period 2021-22 to 2023-24 has been prepared rolling forward the previous outlook by a further year. In the mid-range scenario, the Health and Social Care Partnership budget gap estimated over the three year period is £15.021m with a gap of £5.678m in 2021-22. This has improved from the outlook previously presented by £935k mainly due to changes in assumptions for additional funding for social work from the Scottish Government.

13. DIRECTIONS

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

APPENDICES:

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

AUTHOR NAME: Judy Orr, Head of Finance and Transformation

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	Best case scenario			Mid-Range scenario			Worst case scenario		
	2021-22	2022-23	2023-2024	2021-22	2022-23	2023-2024	2021-22	2022-23	2023-2024
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Base Budget:									
Base Budget	285,739	285,739	285,739	286,670	286,670	286,670	285,739	285,739	285,739
Base Budget Adjustments	318	0	0	318	0	0	318	0	0
Revised Base Budget	286,057	285,739	285,739	286,988	286,670	286,670	286,057	285,739	285,739
Employee Cost Changes:									
Pay Award	2,804	5,688	8,653	2,900	5,886	8,959	3,071	6,247	9,530
Pay Increments/change to employee base	283	511	739	324	593	862	509	963	1,417
Total Employee Cost Changes	3,087	6,199	9,392	3,224	6,479	9,821	3,580	7,210	10,947
Non-Pay Inflation:									
<i>Health:</i>									
Prescribing	900	1,800	2,700	1,000	2,000	3,000	1,100	2,200	3,300
Hospital Drugs	47	97	150	79	162	249	116	232	348
Main GG&C SLA	1,099	2,226	3,381	1,340	2,782	4,326	1,649	3,338	5,067
Other SLAs (GPs, GG&C, other HBs, service inputs)	494	998	1,502	618	1,251	1,885	742	1,503	2,263
Utilities	106	215	324	148	295	443	187	374	561
<i>Social Work:</i>									
Catering Purchases	37	58	79	37	58	79	37	58	79
National Care Home Contract	398	807	1,229	530	1,082	1,655	663	1,359	2,089
NHS Staffing Recharges	128	184	242	128	184	242	128	184	242
Purchase and Maintenance of Equipment	8	16	25	11	22	33	14	27	42
Specific CPI Increases	14	27	42	18	37	56	23	46	70
Scottish Living Wage	771	1,562	2,375	856	1,738	2,647	999	2,033	3,103
Carers Allowances	25	50	75	33	67	101	41	84	127
Utilities	25	33	40	26	36	46	28	39	52
Total Non-Pay Inflation	4,052	8,073	12,164	4,824	9,715	14,762	5,727	11,476	17,343
Cost and Demand Pressures:									
<i>Health:</i>									
LIH Laboratory	50	100	150	50	100	150	100	200	300
Out of Hours - GPs option out of hours	0	0	0	0	0	0	0	0	0
Share of national charge for HEPMA	0	0	0	0	0	0	0	0	0
New high cost care packages	120	120	120	120	120	120	220	220	220
Other NSD developments	50	100	150	50	100	150	50	100	150
Oncology Medicines Demand	350	700	1,050	450	900	1,350	550	1,100	1,650

	Best case scenario			Mid-Range scenario			Worst case scenario		
	2021-22	2022-23	2023-2024	2021-22	2022-23	2023-2024	2021-22	2022-23	2023-2024
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Bute Dialysis	0	0	0	0	0	0	0	0	0
Microsoft Licence Fees	300	300	300	300	300	300	300	300	300
Cystic Fibrosis Treatments	0	0	0	0	0	0	106	212	318
Asbestos Removal	0	0	0	0	0	0	0	0	0
LIH Clinical Lead	0	0	0	0	0	0	0	0	0
Salen relocation of surgery to Mull PCC	0	0	0	0	0	0	0	0	0
Refurbishment of Aros residences	60	0	0	60	0	0	60	0	0
<i>Council:</i>							0	0	0
Older People Growth	0	0	0	367	740	1,119	735	1,492	2,273
Care Services for Younger Adults	177	354	531	355	710	1,065	532	1,064	1,596
Continuing care demand pressure in Children & Families	0	0	0	250	500	750	500	1,000	1,500
Allowance for Unknown Cost and Demand Pressures	500	1,000	1,500	1,000	2,000	3,000	1,500	3,000	4,500
Total Cost and Demand Pressures	1,607	2,674	3,801	3,002	5,470	8,004	4,653	8,688	12,807
<i>Savings Previously Agreed:</i>									
Management/Operational Savings - Agreed March 2019	(520)	(520)	(520)	(520)	(520)	(520)	(520)	(520)	(520)
Management/Operational Savings - Agreed March 2020	(50)	(50)	(50)	(50)	(50)	(50)	(50)	(50)	(50)
Total Savings	(570)	(570)	(570)	(570)	(570)	(570)	(570)	(570)	(570)
Total Estimated Expenditure	294,233	302,115	310,526	297,468	307,764	318,687	299,447	312,543	326,266
Funding:									
NHS	231,450	237,411	243,552	231,413	236,353	241,416	229,134	232,670	236,269
Council	60,877	62,322	63,750	60,377	61,322	62,250	58,447	57,480	56,515
Total Funding	292,327	299,733	307,302	291,790	297,675	303,666	287,581	290,150	292,784
Budget Surplus / (Gap) Cumulative	(1,906)	(2,382)	(3,224)	(5,678)	(10,089)	(15,021)	(11,865)	(22,393)	(33,482)
Budget Surplus / (Gap) In Year	(1,906)	(476)	(842)	(5,678)	(4,411)	(4,932)	(11,865)	(10,528)	(11,088)
<i>Partner Bodies Split:</i>									
Health	22	95	188	(1,774)	(3,623)	(5,580)	(4,445)	(8,865)	(13,393)
Social Work	(1,928)	(2,477)	(3,412)	(3,904)	(6,466)	(9,441)	(7,421)	(13,528)	(20,089)
Budget Surplus / (Gap) Cumulative	(1,906)	(2,382)	(3,224)	(5,678)	(10,089)	(15,021)	(11,865)	(22,393)	(33,482)
Budget Surplus / (Gap) In Year	(1,906)	(476)	(842)	(5,678)	(4,411)	(4,932)	(11,865)	(10,528)	(11,088)



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item:

Date of Meeting: 5 August 2020

Title of Report: Financial Risks 2020-21

Presented by: Judy Orr, Head of Finance and Transformation

The Integration Joint Board is asked to:

- Consider the updated financial risks identified for the Health and Social Care Partnership.
- Note the uncertainties around Covid funding which are described in more detail in a separate report.
- Note that financial risks will continue to be reviewed and monitored on a two monthly basis and reported to the Board.

1. EXECUTIVE SUMMARY

- 1.1 The report to the IJB on 27 March 2019 introduced a process of identifying and reporting financial risks to the Board on a regular basis. This report provides an updated assessment of these risks for 2020/21. Three new risks have been added and 1 removed as the risk has been assessed as being remote or not likely at all.
- 1.2 Each risk has been classified as to its likelihood and also has been quantified within a financial range. Each risk also notes any current mitigations in place to keep the risk from being realised.
- 1.3 30 risks have been identified in total, with 11 classified as possible, 14 classified as likely and 3 as almost certain. The remainder have been classed as remote or unlikely. Only one risk has been quantified as being over £500,000 which relates to the service level agreement dispute with NHS Greater Glasgow & Clyde. Overall these risks have been quantified as potentially amounting to £3.000m. This is a considerable increase from the £2.130m reported at end of March.
- 1.4 In addition, there is considerable uncertainty around levels of Covid funding from Scottish Government and there is a separate report on the agenda about that risk which is not included in this summary.
- 1.5 Financial risks will continue to be reviewed and monitored on a two monthly

basis and will be reported to the Board as part of the pack of financial reports.

2. INTRODUCTION

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

3. DETAIL OF REPORT

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

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

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

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

- 3.3 Alongside each risk identified there is a note of any current mitigations that are in place to keep the risk from being realised. There are some risks where monitoring can take place but it is difficult to mitigate the risk due to Scottish Government policy directions and the introduction of new drugs.

- 3.4 The UK withdrawal from the European Union could lead to additional financial risks. However, at the current time it is not possible to quantify what these may be or when they might impact the IJB. We will continue to monitor developments.

- 3.5 The individual financial risks are detailed in Appendix 1 and are summarised in the table below.

Likelihood Range	Remote	Unlikely	Possible	Likely	Almost certain	Total
<£100k	0	1	5	3	1	10
£100k - £300k	0	1	4	7	2	14
£300k - £500k	0	0	2	2	0	4
£500k - £1.5m	0	0	0	2	0	2
>£1.5m	0	0	0	0	0	0
Total	0	2	11	14	3	30

- 3.6 There are 30 risks identified in total with 2 classed as unlikely, 11 classified as possible, 14 classified as likely and 3 as almost certain. Two risks have

been quantified as being over £500k and one classed as almost certain. Quantifying these risks with an expected probability and financial impact gives a total potential adverse impact of £3.000m, up from the £2.130m previously reported.

- 3.7 The largest risk quantified as potentially being £500k - £1.5m relates to the service level agreement with NHS Greater Glasgow and Clyde where the payment for the last financial year remains under dispute to the sum of £1.324m and any settlement is likely to have a knock on effect on charge for 2020-21 spend with them. This year's SLA cost is due to be provided by end of July. We increased the budget by £1.1m above inflation, but there is still a further financial risk outwith the forecast.
- 3.8 The next largest risk (quantified similarly) relates to uncertainties around a number of funding streams where there is a possibility that the expected funding for this year might be re-directed by Scottish Government to meet Covid additional costs, and we already have staff employed based on previously advised funding.
- 3.9 The next two highest risks are the potential use of agency medical staff in psychiatry, and potential for increased demand in physical disability services, both quantified at £200k each. The likelihood for physical disability demand has increased following a new patient being notified after the month 3 forecast was finalised.
- 3.10 Following a review of the financial risks, three new risks have been identified, all related to post Covid impacts – for ongoing additional cost of PPE, for loss of income from services re-mobilised differently, and for potential funding streams being altered where staff are already in post utilising the expected funding. In addition, there is considerable uncertainty around levels of Covid funding from Scottish Government and there is a separate report on the agenda about that risk which is not included in this summary.
- 3.11 One risk has been removed as the risk relating to the need to increase staff provision in our care homes for fire safety has been assessed as being remote or not likely at all as the risk has been mitigated in other ways.
- 3.12 Financial risks will be reviewed and monitored on a two monthly basis and will be reported to the Board as part of the pack of financial reports.

4. RELEVANT DATA AND INDICATORS

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

5. CONTRIBUTION TO STRATEGIC PRIORITIES

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

6. GOVERNANCE IMPLICATIONS

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

6.2 Staff Governance – None.

6.3 Clinical Governance – None.

7. PROFESSIONAL ADVISORY

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

8. EQUALITY AND DIVERSITY IMPLICATIONS

8.1 None directly from this report.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

9.1 None directly from this report.

10. RISK ASSESSMENT

10.1 Risks are detailed within the report.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

11.1 None directly from this report.

12. CONCLUSIONS

12.1 This report summarises the key financial risks facing the Health and Social Care Partnership. There are 30 risks identified in total with a potential adverse impact of £3.000m which is not included in the financial forecast. Two risks potentially exceed £0.5m. The next two largest risks are classed as potentially in the range of £300-500k and are also considered likely to occur during 2020/21.

13. DIRECTIONS

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

APPENDICES:

Appendix 1 – Financial Risks 2020-21 (sorted by size of quantified risk)

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ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP - FINANCIAL RISKS 2020/21
INTEGRATION JOINT BOARD - MARCH 2020 UPDATE

HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	LIKELIHOOD	FINANCIAL IMPACT £000	QUANTIFIED RISK £000s (sorted in descending order)	COMMENTS
Health	Commissioned Services - NHS GG&C	NHS GG&C SLA ask may be higher than budget	Letter sent to GG&C on 5th December 2019 re-stating A&B's offer and challenging basis of GG&C's claim.	4	500-1,500	500	GG&C indicated draft SLA value by end of July - will then revise
Health	Action 15, ADP, waiting times and PCIF funding and related costs	Employees hired on understanding that grant funding will continue. Risk of funding being realigned to Covid	SG being asked to confirm policy intentions	4	500-1,500	500	New risk
Health	Adult Services	Continued use of agency medical staff in psychiatry	Continuation of attempts to recruit permanent staff. Where this is not possible then the service will be required to contain locum costs within budget but it has to be appreciated that this might not always be possible if it affects service delivery.	4	300-500	200	uncertainty about junior doctors in August
Council	Physical Disability	Increased demand for service, both for new clients and from increases in the needs of existing service users exceeds the demand pressure built into the budget.	Regular review of services and tracking of changes in service demand. Scrutiny by local and senior management of care packages and funding requests.	4	300-500	200	likelihood increased. New MND patient notified and not in forecast 24/7 support anticipated. Unsure of health requirement
Health	Service wide	High volume of grievances received from health care assistants band 2s who believe they should be re-graded to AfC band 3	Short life working group being established to agree generic job descriptions for band 3 role of Health Care Support Worker	5	100-300	150	
Health / Council	All HSCP - additional PPE costs	expect to need PPE on an ongoing basis beyond that funded through SG. SG funding community hubs to end October at least	review of when PPE is required	5	100-300	150	New risk
Health	Adult Services	Continued use of locum GPs in Kintyre Medical Group	Practice to be re-advertised in different way post Covid	4	100-300	100	
Health	Commissioned Services - NHS GG&C & Other Scottish Boards	Potential for growth in the number of high cost individual patient treatments. High volume being experienced for new TAVI cardiac procedure	This will be monitored but it is an area where there is limited control.	4	100-300	100	budget for 6, already done 4 in YTD, did 9 last year
Health	Commissioned Services - Other	Continued high level of eating disorder patient referrals to the Priory (Huntercombe no longer used)	Development of local CAMHS service. Limited mitigations for adult services possible at present	4	100-300	100	increased likelihood post Covid
Health	Commissioned Services - Other	Potential for growth in the number of high cost individual patient treatments (joint care packages)	This will be monitored but it is an area where there is limited control.	4	100-300	100	new MND patient
Council	Looked After Children	Potential increase in the number of children and young people who need to be taken into care and supported/accommodated by the HSCP.	Practitioners are working hard to avoid admissions to care and the service is developing lower cost models of support for young people who become looked after.	4	100-300	100	little change in current cases. Takes into account possible post Covid cases
Council	All Social Work	Difficulties in recruiting and retaining qualified staff as well as increased demand/complexity in terms of the services required and/or increased sickness absence which result in the use of locum/ supplemental staffing.	Work is ongoing with HR and the Communications team to look at how we can encourage people to come and work in Argyll and Bute. Work is also underway in relation to growing our own through staff training. Attendance management processes and monitoring arrangements are in place to deal with sickness absence issues.	4	100-300	100	numbers of agency social workers is reducing. Close management review from CSWO. Aim to reduce to zero by end of September

HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	LIKELIHOOD	FINANCIAL IMPACT £000	QUANTIFIED RISK £000s (sorted in descending order)	COMMENTS
Council	Social Work - adult services	Potential loss of income following re-mobilisation of services post Covid	Working closely with stakeholders in service redesign and review of charging policies. May reduce cost of services in line	4	100-300	100	New risk
Council	Older People	Potential increase in the number of older people requiring support.	Regular review of services and tracking of changes in service demand. Scrutiny by local and senior management of care packages and funding requests.	3	300-500	100	drop in number in care homes (partially due to covid). Concern about increase in demand for care at home, but capacity is fairly fixed
Council	Learning Disability	Increased demand for service, both for new clients and from increases in the needs of existing service users exceeds the demand pressure built into the budget.	Regular review of services and tracking of changes in service demand. Scrutiny by local and senior management of care packages and funding requests.	3	300-500	100	SIO about to start and will increase scrutiny
Health	Adult Services	Continued use of agency nursing staff in Lorn & Islands Hospital	Continuation of attempts to minimise the use of agency staff.	3	100-300	50	
Health	Adult Services	Overspending on GP prescribing budgets for several potential reasons causing short supply of drugs resulting in price increases	Prescribing advisors advise GPs on good prescribing practice to contain costs.	3	100-300	50	
Health	Adult Services	Potential for consultant vacancies at Lorn & Islands Hospital resulting in increased use of locums	Most consultant roles are currently filled by employed staff and there would be an attempt to recruit to vacancies rather than use locums.	3	100-300	50	
Health	Commissioned Services - NHS GG&C	New cystic fibrosis drugs costs higher than budgeted for.	This will be monitored but it is an area where there is limited control.	3	100-300	50	covers a couple of new patients only
Health	Management and Corporate Services	Potential for the cost of migration to Windows 10 and Office 365 exceeding budgetary provision and move to increased remote working	Head of IT has an implementation plan. Risk reflects potential for slippage.	5	<100	38	more laptops and mobile phones, increased equipment for remote working
Health	Adult Services	Continued reliance on locum medical staff to cover shifts on the Oban out of hours rota	As part of grip and control, regular review of workforce undertaken by the Strategic Leadership Team to minimise excess staffing and use of locums. Medical workforce workstream reviewing use of all locums.	4	<100	25	
Health	General Medical Services	Potential for high cost of reimbursements to GP practices for maternity and sickness absence cover	This will be monitored but it is an area where there is limited control.	4	<100	25	covid increased risk
Council	Chief Officer	Increased building maintenance and repairs costs arising as the buildings we use get older and their condition deteriorates.	Regular monitoring of the fabric of the buildings and assessment for asset sustainability works funded via the capital budget. Reduction in the number of buildings in use through the co-location of staff into fewer buildings.	4	<100	25	
Health	Commissioned Services - NHS GG&C	Potential for further growth in the cost of oncology drugs beyond provision in the budget	A cost pressure has been build into the 2020-21 budget. This should assist in minimising this risk, however, it is a risk that there is limited control over.	2	100-300	20	some delays in screening delaying new numbers of patients, reducing our risks slightly
Health	Adult Services	Continued use of agency staff in Lorn & Islands Hospital Laboratory	Continuation of attempts to recruit permanent staff. Where this is not possible then the service will be required to contain locum costs within budget but it has to be appreciated that this might not always be possible if it affects service delivery. Raigmore considering what they could do to assist	3	<100	13	

HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	LIKELIHOOD	FINANCIAL IMPACT £000	QUANTIFIED RISK £000s (sorted in descending order)	COMMENTS
Health	Adult Services	Continuation of excess community nurse staffing on Mull	As part of grip and control, regular review of workforce undertaken by the Strategic Leadership Team to minimise excess staffing and use of locums.	3	<100	13	
Health / Council	Estates	Costs of colocation may exceed budget.	A small allocation has been made in the Investment Fund for these costs.	3	<100	13	
Health / Council	Commissioned Services - Other	Third sector commissioned services cannot be delivered within the current budgets	Negotiations with third sector providers seek for such costs to be covered through efficiencies year on year	3	<100	13	reduced financial impact as inflation uplifts were agreed and built into budget
Council	Children with a Disability	Potential increase in the number of children and young people requiring support/families requiring support as well as the potential for increased levels of support required by existing service users.	The weekly Children's Resource Panel is scrutinising requests for service. Consideration is being given to how SDS and other service models could be developed to provide support in the future.	3	<100	13	
Health	Adult Services	Continuation of excess nurse staffing in Rothesay Victoria Hospital	As part of grip and control, regular review of workforce undertaken by the Strategic Leadership Team to minimise excess staffing and use of locums.	2	<100	5	got 2 extra staff for dialysis unit - used on main ward
	Grand Total					3,000	
SPLIT	Health					2,175	
	Council					825	
	Total					3,000	

Yellow = new risk since last report to IJB

Amber = updated

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Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item:

Date of Meeting: 5 August 2020

Title of Report: Covid-19 response and financial implications

Presented by: Judy Orr, Head of Finance and Transformation

The Integration Joint Board is asked to:

- Note the details provided in relation to Covid-19 response and associated mobilisation plan costing
- Acknowledge the uncertainties in the cost elements submitted
- Note that the Scottish Government has in principle approved all mobilisation plans, but that approval for individual cost lines has not yet been received

1. EXECUTIVE SUMMARY

1.1 This report provides an overview of the HSCP's Covid19 mobilisation readiness and its future planning for living and operating with Covid-19. It also provides a snapshot of the financial estimates of the costs of dealing with the Covid-19 response. These cost estimates are updated on a weekly basis, and are still subject to considerable uncertainties.

1.2 The Scottish Government has in principle approved all mobilisation plans. However all expenditure items over £500k require formal approval and this is still awaited for all lines submitted. In the interim, the Scottish Government has issued a first tranche of funding on 12 May 2020 of £50m nationally on an NRAC/GAE allocation basis and A&B HSCP received £903k as its share. This is "particularly to support immediate challenges in the social care sector". In addition funding for Scottish Living Wage uplifts for social care providers has been agreed and A&B HSCP is to receive £189k as its share. All of this funding is being routed via NHS Highland.

1.3 A small amount of expenditure was incurred in 2019/20 of £41,000 which is matched by a specific funding allocation. In addition the additional FHS (Family Health Services) Prescribing cost accrual of £324,000 (reflecting people ordering prescriptions earlier than usual in March because of the impending lockdown) was funded through NHS Highland in 2019/20, and then offset in 2020/21 where a reduction in costs is expected in the first quarter. The regular returns are now only for 2020/21 expenditure as 2019/20 has been finalised. This report is based on the draft return as at 24 July. It should be noted that new guidance and an updated template was received on 24 July advising that the quarter 1 return is due on 14 August.

Scottish Government is now expected to review Quarter 1 claims in detail by mid September to allow funding allocations to be confirmed by end of September.

2. INTRODUCTION

- 2.1 This report provides information on the Health and Social Care Partnership's response to Covid-19 pandemic and associated estimated costs.

3. DETAIL OF REPORT

3.1 Summary of Covid-19 status update and look forward

- 3.1.1 The latest Covid-19 performance report dated 22 July 2020 shows that we have had a total of 164 cases and 64 deaths in our area up to that date. On that day we had 2 suspected cases in our hospitals at midnight and there were 2 care homes none closed to new admissions due to confirmed or suspected cases. It should be noted that this can change daily. In total we have c 320 in our care homes, and over 1,100 receiving home care. In addition there are now over 3,100 people who are in the shielded category, and shielding has been extended to end of July. Shielding and self or household isolation and child care issues all impact available staffing.
- 3.1.2 Our 8 Covid Assessment Centres assessed 6 people in the previous week with 0 patients transferred to hospital and a further 22 health & social care staff tested. A&E attendances are now largely back at previous levels with 511 in that week, of which 18 had suspected Covid.
- 3.1.3 Re-mobilisation plans are progressing reflecting the social distancing requirements with the targets of reaching 80% of normal activity levels by end of July and 100% by end of August.
- 3.1.4 Unless there is a large second surge following relaxation of lockdown requirements, we are now past the peak of the pandemic. No additional beds have been required to date. This is a significant reduction from early estimates as a result of the effective social distancing now in place. However as these measures are relaxed, the situation may change. Over the coming weeks we will model our actual activity against projections to provide some assurance around the shape and length of the projected demand curve.
- 3.1.5 We expect our Community Assessment Centres (CACs) to have a role for some considerable time, and they are then likely to evolve into community treatment rooms as envisaged through the Primary Care Improvement Plan. Although the Mobile Testing Units are now present in all our main towns on a weekly schedule, it is envisaged that the CACs will continue to have a significant role in testing going forward. There is now a weekly regimen for testing staff and residents in care homes and this is likely to be extended to care at home workers. Where there is a positive case identified in a care home, then additional testing needs to be carried out through the CAC as these go to a different lab which has fewer false positive results.

There are some 320 people in care homes in Argyll and Bute - numbers

3.1.6 have been falling. We are now providing financial sustainability support to care homes for vacant places (as agreed nationally) and have so far agreed payments to 8 care homes totalling just over £173k. Of this £50k was paid out as an advance in May under local arrangements before the national arrangements were fully agreed. Financial support is also being provided for additional staffing costs, and other direct costs, but claims are still to be processed for these. To end of June, we have received total financial support claims to date of £307k. Only around a quarter (by number) of all expected claims have been received.

3.1.7 Social care providers have been provided with personal protective equipment (PPE) free of charge from our community PPE hubs since the start of May. Over the 12 weeks since then, nearly 1.9m items of PPE have been provided, mainly fluid resistant masks, disposable aprons and gloves. Eye protection and hand sanitiser are also available from the hubs. They provide care homes, registered social care providers, unpaid carers and personal assistants employed through self-directed support. These hubs are expected to be in operation at least until October.

3.1.8 Hospital PPE was also provided free of charge on a push basis from the national distribution centre for a period of time, but this has reverted to a normal basis since mid-May. There have been some direct deliveries to GP practices, dental practices and optometrists which are expected to continue on a 4 weekly basis till end August / early September. These are not confirmed as not being chargeable. If they run out in between, further supplies are obtainable through Health Boards.

3.1.9 It is clear that the length of time we will have to deal with the implications of this pandemic is extending into the next 12 months. This disease burden is part of the new activity “norm” and we will have to focus on simultaneously managing Covid19 whilst resuming routine, comprehensive health and social care. This has financial implications and regular cost returns are submitted of the levels of estimated costs as explained below.

3.2 Covid 19 Mobilisation costing

3.2.1 Since the start of April, the HSCP has been required to contribute to a local mobilisation plan cost return on a regular basis, submitted to Scottish Government through NHS Highland. The next return is due on 27 July, and the draft version as at 17 July has been referenced for this report.

3.2.2 The format of the return has changed regularly in this period. The initial return of 2 April provided certain parameters for expected staff absence rates rising from 15% in March to a peak of 25% in May and June and reducing gradually to 0% in March 2021. Similarly there was a predetermined phasing for costs associated with additional beds from a peak of 100% in April to June down to 0% in March 2021. The most recent return allows for these to be varied to reflect actual costs as these are well below the expected levels.

3.2.3 The return includes 3 tabs relevant to the HSCP. There is an approval tracker which lists our local approvals for items above £30k (approved at Silver Command meetings) and this is amalgamated into the Health Board’s

overall approval tracker which will also record approvals from Scottish Government for items over £500k – none received as yet.

- 3.2.4 The next tab is a bed model and this shows that we are now expecting zero net additional beds. We initially designated 61 as Covid beds for the first quarter reducing down to 0 by March 2021 but this has been removed as we were not staffing these differently. Acute beds provided by NHS GG&C are included in their return and will not be recharged to us. Covid costs are being recorded and refunded on a Board of Treatment basis.
- 3.2.5 The final tab shows the costs expected to be incurred across all cost lines. The calculations for these have followed the assumptions provided to HSCPs from the Chief Financial Officer Network and the latest guidance. These cost estimates are now informed by actual costs incurred in April to end of June.
- 3.2.6 A small amount of expenditure was incurred in 2019/20 of £41,000 which is matched by a specific funding allocation. In addition the additional FHS Prescribing cost accrual of £324,000 (reflecting people ordering prescriptions earlier than usual in March because of the impending lockdown) was funded through NHS Highland directly in 2019/20, and then clawed back in 2020/21 where there is an offsetting reduction in costs expected.
- 3.2.7 Actual costs are being carefully tracked. Social care providers have been asked to invoice additional Covid related costs separately and detailed guidance has been given to them on what type of additional costs (such as PPE, equipment and additional staffing) is expected. Care Homes are receiving funding of vacant beds due to under-occupancy at 80% of the agreed national care home contract rates. Additional support for extended sick pay for social care providers has been agreed nationally, but no claims have yet been received for this, and claims for other additional costs are still being processed – none yet recorded in actuals. Direct costs for supplies and equipment are being charged to Covid cost centres. Where additional staff are being employed, and for additional hours over normal working, this is also being tracked through codes on time sheets and specific Covid approvals through workforce monitoring. There is some time lag before these costs are shown in the financial ledgers and the position on actual costs is only now starting to be seen, and variances investigated.
- 3.2.8 The Scottish Government has in principle approved all mobilisation plans. Two meetings have been held with Scottish Government officials on our plan submissions but no individual lines have been formally approved. Nationally the Scottish Government has funding available of £600m plus £20m for hospices and it is understood that the submissions to date far exceed the funding available. Of course, actual costs may prove to be lower. Regionally, there is now some peer review and benchmarking but this is unlikely to get into full flow till after the end of quarter 1 submissions.
- 3.2.9 Separate funding has been received through NHS Highland for the national agreement to implement the Scottish Living Wage which came in 3 weeks earlier than we would normally have implemented it, and at a slightly higher rate. We have received £189k which covers our extra costs, and these are

now removed from the mobilisation cost tracker.

3.2.10 The only other funding distributed so far is a share of £50m for social care costs to assist with cash flow – our share is £903k on a national formula basis. In addition, we have been advised there will be funding of £25k for Chief Social Work Officer for 6 months commencing 29 June 2020 to support CSWO capacity to support oversight of care homes. There has been some funding direct to GP practices and pharmacies predominantly for opening on the bank holidays. Allocations for Health costs covering months 1 and 2 are expected to be announced shortly, but could well be on a formula basis just as an interim measure. The main allocations for quarter 1 will be based on a review of the next return due on 14 August, and these funding allocations are expected by end of September.

3.2.11 Our estimated costs on the plan as at 24 July 2020 total £14.016m prior to receipt of any funding. This has decreased by £3.7m from the £17.7m previously reported as of 17 June, but there have been quite a number of changes within this overall sum. The current submission covers the following key areas:

Cost area	£000s	comment
Additional hospital beds	87	Bed purchases only (reduced due to credits in June)
Reduction in delayed discharges (17)	277	Now tracked actual costs, 10 for care at home packages, 7 care home placements
PPE	930	Increased reflecting long term need for this and purchases of contingency stocks in June
Deep cleans	45	Social care only – none in first qtr
Estates & facilities	518	Includes hospital deep cleans. Additional costs of remobilisation anticipated
Additional staff overtime	375	Reduced to remove 25% staff absence expectations for social work staff and now in line with first quarter actuals
Additional temporary staff	1,350	Substantially decreased reflecting actuals to date
Scottish Living Wage national implementation	0	Funded separately – now removed
Additional costs for externally provided services	2,420	All estimated – not yet invoiced – mainly Social care providers
Care homes income support for vacancies	958	Added based on national guidance. 8 claims to date
Mental Health services	157	Counselling services
GP practices	824	Previously based on May costs, none in June
Opticians	697	New line
Additional prescribing (1%)	281	Updated for 1 st qtr actuals
Community hubs (CACs)	368	Activity levels lower than

and screening / testing		anticipated and costs dropped in June
Staff accomm, travel, IT & telephony costs	294	Supporting home working
Revenue equipment	256	Now excludes beds
Loss of income	438	Reduced charges to patients of other boards reflecting lack of activity
CSWO, infection control, winter planning	350	New lines added
Underachievement of savings	4,593	Reduced in line with latest forecasts
Offsetting savings - Health	(1,200)	Now recognised – travel etc
Total	14,016	

3.2.12 The key changes are to recognise offsetting savings of £1.2m, reduction in under achievement of savings of £0.5m, reduction in additional temporary staff provisions (mainly for social care) of £1.02m, and reduction in additional staff overtime of £0.96m. These last two lines were previously driven by national assumptions and these assumptions have been removed and reduced in line with first quarter actuals.

4. RELEVANT DATA AND INDICATORS

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

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 This work supports/underpins the HSCPs strategic and operational response to this emergency pandemic.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – The additional costs for responding to Covid-19 are estimated and set out in Appendix 1. There are considerable uncertainties surrounding these estimates and in the funding that will be made available from Scottish Government.

6.2 Staff Governance – The workforce deserves significant credit for their flexibility and proactive response.

6.3 Clinical Governance - Clinical governance response has been fundamental to the shaping and management of the public health projections and demand modelling and our response to ensure patient, client and staff safety.

7. PROFESSIONAL ADVISORY

7.1 Input from professionals across the stakeholders remain instrumental in the response to the Covid19 pandemic.

8. EQUALITY AND DIVERSITY IMPLICATIONS

8.1 These will need to be reviewed and considered as we progress through this pandemic cycle and emergency operating arrangements

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

9.1 Compliance with GDPR remains critical and is being considered within the various pieces of work supporting the sharing of information and data to protect health and wellbeing of staff and the public and patients.

10. RISK ASSESSMENT

10.1 There is considerable uncertainty around the funding that will be made available from the Scottish Government for Covid-19 mobilisation plans. Approval has been received in principle but we do not yet have approval for any specific expenditure lines for 2020/21. Funding for the 2019/20 costs of £41,000 has been confirmed.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

11.1 None directly from this report.

12. CONCLUSIONS

12.1 This report provides an overview of the HSCP response to address the Covid19 pandemic. This has been achieved through fantastic commitment and support of our staff and all our partners and stakeholders and the wider Argyll and Bute community as well as the SAS and NHS GG&C.

12.2 Our scale of mobilisation has flexed and adapted over the last 3 months and we are now passed the peak. We are however, now moving towards a new phase of this pandemic "Covid19 normal" which is certainly going to extend into the next 12 months and probably longer. This requires the HSCP and partners to cement new ways of working and operating in our new covid19 world. Work on planning for re-mobilisation is now well underway.

12.3 The appendix provides a snapshot of the costing for the Covid-19 mobilisation as at 24 July 2020 prior to the submission of the first quarter return due on 14 August. This will continue to be updated regularly as assumptions are refined and actual costs are incurred.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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APPENDICES:

Appendix 1 – Covid-19 local mobilisation tracker weekly return as at 24 July 2020 – early draft due for submission on 14 August 2020

Instructions

Please complete the below table to reflect your indicative financial plan for response to COVID-19.

Duplicate tabs as necessary for each HSCP

Update cells in yellow

Figures are in £s

Please include sufficient narrative to support figures recorded in the template.

Where costs do not fit into any of the categories given, please put in 'other', with description in the notes column of what this is for.

Please use additional rows where required (under 'Other').

Costs should only be included for **additional** costs incurred as a result of COVID-19 emergency

Name of Body	A&B HSCP
Finance Contact:	George Morrison
Date of last update	24-Jul-20

Key Assumptions

Additional Hospital Beds

Please complete tab 'Bed Numbers (HSCP)'

Staff absence rates actual/assumption (%)	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20

Delayed Discharge Reduction- Assumptions	Additional ac	Average unit cost (£)	Supporting Narrative
Delayed Discharge Reduction- Additional Care Home Beds			7 clients actual costs used / projected at current rates
Delayed Discharge Reduction- Additional Care at Home Packages			10 clients - actual costs used / projected at current rates

H&SCP Costs	Revenue										Body incurring cost (NHS or LA)	Supporting Narrative	
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	2020/21			
Additional Hospital Bed Capacity/Costs - Maintaining Surge Capacity	91,836	18,358	(23,481)	-	-	-	-	-	-	-	86,712	NHS	Bed purchases April & May Credit notes June
Delayed Discharge Reduction- Additional Care Home Beds	20,645	15,894	10,341	7,341	11,716	9,373	9,373	11,716	9,373	136,235	LA	Updated 14/07/2020 - weeks allocated to month on which the Sunday falls	
Delayed Discharge Reduction- Additional Care at Home Packages	5,176	9,088	9,572	12,029	15,048	12,038	12,038	15,048	12,038	141,198	LA	Updated 14/07/2020 - weeks allocated to month on which the Sunday falls	
Delayed Discharge Reduction- other measures	-	-	-	-	-	-	-	-	-	-	-	-	-
Delayed Discharge Reduction- other measures	-	-	-	-	-	-	-	-	-	-	-	-	-
Delayed Discharge Reduction- other measures	-	-	-	-	-	-	-	-	-	-	-	-	-
Delayed Discharge Reduction- other measures	-	-	-	-	-	-	-	-	-	-	-	-	-
Personal protection equipment	75,764	20,165	55,797	17,000	17,000	72,000	72,000	120,000	120,000	929,726	NHS/LA	Recategorisation of some prior months costs in June, £50k mask order social work	
Deep cleans	-	-	-	5,000	5,000	5,000	5,000	5,000	5,000	45,000	-	Cost in Estates & facilities as can't separate from domestic costs, pays in additional staff costs	
Covid-19 screening and testing for virus	5,520	3,859	1,508	5,000	5,000	5,000	5,000	5,000	5,000	55,887	NHS	Testing being undertaken in Oban lab, transport costs to GGC labs now being identified	
Estates & Facilities cost including impact of physical distancing measures	76,691	84,914	56,131	50,000	50,000	50,000	40,000	30,000	20,000	517,736	NHS	Includes deep clean costs as not identified from other cleaning costs	
Additional staff Overtime and Enhancements	28,823	76,220	63,301	22,909	22,909	22,909	22,909	22,909	22,909	374,526	NHS/LA	-	
Additional temporary staff spend - Student Nurses & AHP	34,058	3,469	-	-	-	-	-	-	-	37,527	NHS	-	
Additional temporary staff spend - Health and Support Care Workers	90,039	231,999	176,961	153,500	102,400	53,800	43,700	42,800	50,000	1,035,198	NHS/LA	Assumes reduction in Covid cover from August, increase for flu season Dec/Jan	
Additional temporary staff spend - All Other	10,377	30,484	20,983	30,000	30,000	25,000	20,000	20,000	30,000	276,843	NHS/LA	Assumes reduction in Covid cover from August, increase for flu season Dec/Jan	
Additional costs for externally provided services	10,286	9,814	63,923	204,000	204,000	204,000	204,000	304,000	304,000	2,420,023	NHS/LA	Updated for June actual and reviewed profile	
Cost to 3rd Parties to Protect Services (where services are currently stopped)	-	50,519	257,045	200,000	200,000	200,000	50,000	-	-	957,564	LA	Updated for June actual and revised for future based on SG sustainability payment updates and claims submitted to date, allowance included on assumption for support to end of year for care homes	
Additional costs to support carers	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Services	3,390	4,801	8,621	10,000	10,000	10,000	10,000	20,000	20,000	156,813	NHS	Band 6 staff required to continue with the Mental Health Assessment Units	
Additional FHS Payments - General Ophthalmic Services	47,455	86,200	82,914	80,000	80,000	80,000	60,000	60,000	40,000	696,569	NHS	-	
Additional FHS Payments- GP Practices	-	373,900	-	50,000	50,000	50,000	50,000	50,000	50,000	823,900	NHS	-	

H&SCP Costs	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	2020/21	Body incurring cost (NHS or)	Supporting Narrative
Additional FHS Prescribing	40,900	64,100	31,700	16,000	16,000	16,000	16,000	16,000	16,000	280,700	NHS	Public Holiday cover & staffing, & 1% growth less March 2020 increase
Community Hubs	70,077	53,704	8,405	20,000	20,000	20,000	20,000	20,000	20,000	312,186	NHS	Assumes reduction in hubs as lockdown is eased
Other Community Care	-	-	-	-	-	-	-	-	-	-		
Loss of income	49,599	61,494	72,043	70,000	70,000	40,000	20,000	15,000	10,000	438,136	NHS	Patient Treatment Income, Catering Income, Dental Treatment Income
Staff Accommodation Costs	7,107	11,024	4,075	5,000	2,000	2,000	2,000	2,000	5,000	49,205	NHS	
Additional Travel Costs	44	52	2,314	2,000	2,000	2,000	2,000	2,000	2,000	20,409	NHS	
IT & Telephony Costs	5,749	35,734	2,683	70,000	40,000	30,000	10,000	5,000	5,000	219,166	NHS	July order placed
Communications	-	4,967	674	-	-	-	-	-	-	5,641	NHS	Recategorisation of May costs
Equipment & Sundries	40,275	47,477	53,384	30,000	25,000	20,000	10,000	10,000	5,000	256,136	NHS	Includes IES kit in June actual
Homelessness and Criminal Justice Services	-	-	-	-	-	-	-	-	-	-		
Children and Family Services	-	-	-	-	-	-	-	-	-	-		
Prison Healthcare Costs	-	-	-	-	-	-	-	-	-	-		
Hospice - Loss of income	-	-	-	-	-	-	-	-	-	-		
Chief Social Work Officer Support	-	-	-	4,166	4,166	4,167	4,167	4,167	4,167	25,000		
Managing Backlog of Planned Care	-	-	-	-	-	-	-	-	-	-		
Management of unmet demand	-	-	-	-	-	-	-	-	-	-		
Covid-19 screening and testing	-	-	-	-	-	-	-	-	-	-		
Infection Prevention and control measures	-	-	2,266	2,500	2,500	2,500	2,500	2,500	2,500	24,766	NHS	Professional Nurse supporting care homes
Public Health Capacity	-	-	-	-	-	-	-	-	-	-		
Staffing support (Non-Pay), including staff wellbeing	-	-	-	-	-	-	-	-	-	-		
New ways of working/ Systems transformation	-	-	-	-	-	-	-	-	-	-		
Winter Planning	-	-	-	-	-	-	-	60,000	60,000	300,000	NHS	Additional Flu Test kits, Increase in responder services, step up/step down beds
Other- Update narrative and add additional rows as required	-	-	-	-	-	-	-	-	-	-		
Other- Update narrative and add additional rows as required	-	-	-	-	-	-	-	-	-	-		
Other- Update narrative and add additional rows as required	-	-	-	-	-	-	-	-	-	-		
Offsetting cost reductions - HSCP	(100,000)	(100,000)	(100,000)	(100,000)	(100,000)	(100,000)	(100,000)	(100,000)	(100,000)	(1,200,000)	NHS	Mainly staff travel and transport costs
Total	613,811	1,198,233	861,160	966,445	884,739	835,787	590,687	743,140	717,987	9,422,803		
Expected underachievement of savings (HSCP)	382,736	382,736	382,736	382,736	382,736	382,736	382,736	382,736	382,736	4,592,830	NHS/LA	
Total	996,547	1,580,969	1,243,896	1,349,181	1,267,475	1,218,523	973,423	1,125,876	1,100,723	14,015,633		

Cash Flow Forecast	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Local Authority- Actual Spend									
Local Authority- Accrual									