

9 September 2020

NOTICE OF MEETING

A meeting of the **ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB)** will be held **VIA SKYPE** on **WEDNESDAY, 16 SEPTEMBER 2020** at **1:00 PM**, which you are requested to attend.

BUSINESS

- 1. APOLOGIES FOR ABSENCE**
- 2. DECLARATIONS OF INTEREST (IF ANY)**
- 3. MINUTES**
 - (a) Minutes of Integration Joint Board held on 5 August 2020 (Pages 3 - 8)
- 4. MINUTES OF COMMITTEES**
 - (a) Audit and Risk Committee held on 23 June 2020 (Pages 9 - 12)
 - (b) Finance and Policy Committee held on 26 June 2020 (Pages 13 - 16)
 - (c) Audit and Risk Committee held on 18 August 2020 (Pages 17 - 20)
 - (d) Finance and Policy Committee held on 28 August 2020 (Pages 21 - 24)
- 5. CHIEF OFFICER'S REPORT (TO FOLLOW)**

Report by Chief Officer
- 6. PUBLIC HEALTH UPDATE (TO FOLLOW)**

Report by Associate Director of Public Health
- 7. ARGYLL AND BUTE CULTURE SURVEY UPDATE (Pages 25 - 34)**

Report by Chief Officer, Health and Social Care Partnership
- 8. YEAR 3 (2019/20) ANNUAL REVIEW OF THE CHILDREN AND YOUNG PEOPLE'S SERVICES PLAN 2017-2020 (Pages 35 - 90)**

Report by the Head of Children and Families and Justice

9. SCOTTISH SOCIAL SERVICES COUNCIL (SSSC) REGISTRATION POLICY

(Pages 91 - 106)

Report by Head of Customer Support Services

10. FINANCE

(a) Budget Monitoring as at 31 July 2020 (Pages 107 - 132)

Report by Head of Finance and Transformation

(b) Budget Outlook 2021-22 to 2023-24 (Pages 133 - 142)

Report by Head of Finance and Transformation

(c) Financial Risks 2020-21 (Pages 143 - 150)

Report by Head of Finance and Transformation

(d) Covid-19 Response and Financial Implications (Pages 151 - 160)

Report by Head of Finance and Transformation

(e) Financial Recovery Plan (Pages 161 - 164)

Report by Head of Finance and Transformation

11. ANNUAL AUDITED ACCOUNTS 2019/2020 (Pages 165 - 256)

Report by Head of Finance and Transformation

12. DATE OF NEXT MEETING

Wednesday 25 November 2020 at 1.00 pm

Contact: Hazel MacInnes Tel: 01546 604269



**MINUTES of MEETING of INTEGRATION JOINT BOARD (IJB) held in the BY SKYPE
on WEDNESDAY, 5 AUGUST 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
 Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
 Julie Lusk, Chief Social Work Officer / Head of Adult Services, HSCP
 Dr Rebecca Helliwell, Associate Medical Director, Argyll and Bute HSCP
 Joanna Macdonald, Chief Officer, Argyll and Bute HSCP
 Kevin McIntosh, Staffside Lead for Argyll and Bute HSCP (Council)
 Angus MacTaggart, GP Representative, Argyll and Bute HSCP
 George Morrison, Head of Finance, Argyll and Bute HSCP
 Kirsteen Murray, Chief Executive, Argyll and Bute Third Sector Interface
 Elizabeth Rhodick, Public Representative
 Dr Nicola Schinaia, Associate Director of Public Health, Argyll and Bute HSCP
 Fiona Thomson, Lead Pharmacist, NHS Highland

Attending: Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
 Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
 Lorna Davies, Occupational Therapist, Argyll and Bute HSCP
 David Forshaw, Principal Accountant, Argyll and Bute Council
 Jane Fowler, Head of Customer Support Services, Argyll and Bute Council
 Paul Hawkins, Chief Executive, NHS Highland
 Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
 Pippa Milne, Chief Executive, Argyll and Bute Council
 Margaret McGowan, Independent Sector Representative
 Emma Pickard, External Culture Advisor, NHS Highland
 Patricia Renfrew, Acting Head of Children and Families, Argyll and Bute HSCP
 Alex Taylor, Head of Children and Families, Argyll and Bute HSCP
 Jennifer Swanson, Organisational and Workforce Development Manager, Argyll and Bute HSCP
 Stephen Whiston, Head of Strategic Planning and Performance, Argyll and Bute HSCP

The Chair welcomed Lorna Davies, Occupational Therapist, to the meeting. She gave the following account of her experience during lockdown –

“While talking with my colleagues in Occupational Therapy it was illuminating to hear their unique perspective on the lockdown. At their very core Occupational Therapists understand the basic human need of purposeful and meaningful occupations within the roles we play in our lives.

So many of us have had a different experience of Lockdown; for some key roles of colleague, carer, friend, grandparent were ripped from us without warning, our daily routines and rituals taken over night.

For others roles were not taken but added too, many found themselves grappling with the new role of teacher or carer. Others sought roles in volunteering, becoming more part of a community and looking after those that couldn't do for themselves.

If ever there was a time to notice the impact, value and necessity that meaningful occupation gives our life then lockdown has shone a light on it.

We have all had to get used to a slower pace of life; find new ways to connect and many people have found the space to tap into their creative side, whether that be revisiting a past hobby long forgot or taking up a new pursuit, the joy and NEED to find a meaningful way to fill our days have resulted in new musicians, painters, crafters, gardeners, DIY'ers, bakers, you name it we tried it, and I do hope that when the lockdown restrictions ease and life goes back to a new normal that our connection with what makes life meaningful is not something that is forgotten."

The Chief Officer and the Chair thanked Lorna for her contribution on behalf of the IJB and all HSCP Staff.

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Linda Currie, Elizabeth Higgins, Fiona Hogg, Donald MacFarlane, Judy Orr, and Gaener Rodger.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES

The Minutes of the meeting of the Integration Joint Board held on 27 May 2020 were approved as a correct record subject to the following amendments –

Amending Nicola Shinaia's job title to read HSCP instead of NHS Highland.

Removing the title of Chief Social Work Officer from Alex Taylor's job title and adding the title of Chief Social Work Officer to Julie Lusk's job title.

4. MINUTES OF COMMITTEES

Prior to the consideration of the Minutes of Committees it was agreed that in future draft Committee Minutes would come forward to the IJB before approval by the Committees to allow the most up to date Minutes to come forward to the Board.

(a) Audit and Risk Committee held on 18 February 2020

The Minutes of the meeting of the Audit and Risk Committee held on 18 February 2020 were noted.

The Chair of the Audit and Risk Committee, Councillor Sandy Taylor, provided the Board with a verbal update on the decisions taken by the Audit and Risk

Committee held on 23 June 2020. The Chair of Audit and Risk highlighted the discussion that was had over workforce planning, the delay in the audit of learning disability services due to a redesign of the service and the issues raised within the Internal Audit Report on Business Continuity Planning.

(b) **Finance and Policy Committee held on 13 May 2020**

The Minutes of the meeting of the Finance and Policy Committee held on 13 May 2020 were noted.

5. CHIEF OFFICER'S REPORT

The Board gave consideration to a report from the Chief Officer covering a range of issues including Bute Dialysis Unit Work to Restart, "Upwards and Onwards" Videos Helping with Falls Prevention, Successful Drone Delivery Trials, Survey on Video Consulting Held in Argyll and Bute, Local Carers Services Thanked for the Support they Provide to Carers, Jean's Bothy Improving Access to Mental Health and Wellbeing Services, and Staffside Update.

Decision

The Integration Joint Board noted the content of the report by the Chief Officer.

(Reference: Report by Chief Officer dated August 2020, Submitted)

6. COVID-19 PUBLIC HEALTH UPDATE

The Board gave consideration to a report reviewing the work of Public Health in Argyll and Bute relating to Covid-19 and which focused on 4 main areas: understanding the epidemiology of Covid-19 in Argyll and Bute, caring for people work stream, supporting communities, and the priority of Public Health activities as the Covid-19 responses evolve based on the changing epidemiological, clinical and socio-economic landscape. The report provided the timeliest update and outlined priority Public Health work over the summer months.

Decision

The Integration Joint Board –

1. Noted the Covid-19 current status update in terms of –
 - Distribution of infection rates in the Argyll and Bute community
 - Covid-19 testing in the Argyll and Bute community
 - Support to Argyll and Bute community during the peak of the Covid-19 pandemic and its adaptation to the new response phases
2. Agreed the look forward planning themes/implications to allow response to additional "spikes" of Covid-19 infection, whilst "business as usual" resumes.

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

7. HSCP PERFORMANCE EXCEPTION REPORT - FINANCIAL QUARTER 4 (2019/20)

The Board gave consideration to a report summarising the HSCP performance for FQ4 using available data. The report advised that reporting for FQ4 had been substantially affected by the Covid-19 pandemic impact of escalating health and social care services to an emergency response.

Decision

The Integration Joint Board –

1. Noted the National Health and Wellbeing scorecard performance for the FQ4 19/20 reporting period.
2. Noted the considerable impact Covid-19 restriction had with regards to available data.
3. Approved the revised Annual Performance Report 2019/20 production process.
4. Noted that data from the performance report would be discussed at the Clinical and Care Governance Committee.

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

8. CULTURE PROGRAMME UPDATE

The Board gave consideration to a report which had been considered by NHS Highland Board on 28 July 2020 providing an update on Board wide activity for the Culture Fit for the Future Programme during June 2020.

Decision

The Integration Joint Board noted the content of the NHS Highland Board paper.

(Reference: Report by Chief Officer dated August 2020 and Report by Director of HR and OD, NHS Highland dated July 2020, submitted)

9. STAFF GOVERNANCE REPORT FOR FINANCIAL QUARTER 4 (2019/20) AND FINANCIAL QUARTER 1 (2020/21)

The Board gave consideration to a report that set out the key issues and quarterly performance data from the two employing parent bodies for staff governance in the Health and Social Care Partnership.

Decision

The Integration Joint Board noted the content of the quarterly report on the staff governance performance in the Health and Social Care Partnership.

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

10. FINANCE

(a) **Budget Monitoring as at 30 June 2020**

The Board gave consideration to a report providing a summary of the financial position of the Health and Social Care Partnership as at 30 June 2020.

Decision

The Integration Joint Board -

1. Noted that the forecast outturn position for 2020-21 was a forecast overspend of £3.840m as at 30 June 2020 and that there was a year to date overspend of £1.981m as at the same date.
2. Noted the above position excluded 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.

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

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

The Board gave consideration to a report summarising the budget outlook covering the period 2020-21 to 2022-23. The outlook was based on three different scenarios – best case, worst case and mid-range.

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 August 2020, submitted)

(c) **Financial Risks 2020-21**

The Board gave consideration to a report providing an updated assessment on financial risks for 2020/21 from the report provided to the Board in May 2020. The report advised that three new risks had been added and one removed.

Decision

The Integration Joint Board –

1. Noted the updated financial risks identified for the Health and Social Care Partnership.
2. Noted the uncertainties around Covid funding which are described in more detail in a separate report.
3. Acknowledged that delays to the commissioning strategy would cause uncertainty for providers and that this would be reviewed by the Strategic Planning Group.

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

(d) **Covid-19 Response and Financial Implications**

The Board 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 also provided a snapshot of the financial estimates of costs of dealing with the Covid-19 response. The financial estimates were updated weekly and were subject to considerable uncertainties.

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 had in principle approved all mobilisation plans, but that approval for individual cost lines had not yet been received.

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

11. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 16 September 2020 at 1.00pm.



**MINUTES of MEETING of ARGYLL AND BUTE HSCP AUDIT AND RISK COMMITTEE held in
the BY SKYPE
on TUESDAY, 23 JUNE 2020**

Present: Councillor Sandy Taylor (Chair)
Councillor Kieron Green, Argyll and Bute Council
Gaener Rodger, NHS Highland Board Non-Executive Member (Vice Chair)

Attending: Joanna MacDonald, Chief Officer, Argyll and Bute HSCP
Judy Orr, Head of Finance and Transformation, Argyll and Bute HSCP
George Morrison, Head of Finance, NHS Highland
Laurence Slavin, Chief Internal Auditor, Argyll and Bute Council
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Nicola Shinaia, Associate Director of Public Health, NHS Highland
John Cornett, Audit Scotland
Andrew O'Donnell, Scott-Moncrieff
David Eardley, Scott-Moncrieff
Paul Kelly, Scott Moncrieff
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
Margaret McGowan, Independent Sector Representative
Caroline Cherry, Head of Adult Services, Older People and Community Hospitals,
Argyll and Bute HSCP

The Chair welcomed everyone to the meeting and outlined the procedure that would be followed due to the meeting being held on an audio only basis in light of Government restrictions put in place in response to the Covid-19 pandemic.

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Sarah Compton-Bishop.

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES AND ACTION LOG

The Minutes of the meeting of the Argyll and Bute HSCP Audit and Risk Committee held on 18 February 2020 were approved as a correct record.

The Committee noted the content of the action log. Arising from the action log, the Chair noted the difficulty of holding a development session for the IJB on workforce planning prior to coming to committee for scrutiny. It was requested that this be delayed until after the next meeting of the Audit and Risk Committee.

4. UNAUDITED ANNUAL ACCOUNTS 2019/20

The Committee gave consideration to a report presenting the Unaudited Annual Accounts for the year 2019-20.

Decision

The Audit and Risk Committee –

1. Approved the Annual Governance Statement for 2019-20 included within the Unaudited Annual Accounts.
2. Approved the Unaudited Annual Accounts for the year ended 31 March 2020 for issue.

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

5. 2020/21 INTERNAL AUDIT PLAN

The Committee gave consideration to a report introducing the 2020/21 Internal Audit Plan that had been approved by Argyll and Bute Council's Audit and Scrutiny Committee on 17 March 2020.

Decision

The Audit and Risk Committee –

1. Noted the HSCP elements of the 2020/21 Internal Audit Plan.
2. Noted that the Chief Internal Auditor would need to review the Plan in light of Covid-19 and will report back to the Committee on any changes which impact on the HSCP elements.
3. Agreed that the Argyll and Bute Council Chief Internal Auditor together with the Head of Finance and Transformation would consider how planned audit and scrutiny resources might be used in the planning and re-design of Learning Disability Services.
4. Requested that a report be brought back to the Committee in light of the discussion around the redesign of learning disability services and the route to be followed.

(Reference: Report by Chief Internal Auditor dated June 2020, submitted)

6. INTERNAL AUDIT FOLLOW UP REPORT

The Committee gave consideration to a report providing updates on all audit actions which were outstanding at the previous meeting of the Committee. The report only related to the audits carried out by Argyll and Bute Council's Internal Audit Team.

Decision

The Audit and Risk Committee –

1. Agreed the current content and format of the report presented was satisfactory and requested that internal audit proceed with that format going forward for future reports.
2. Noted the progress on completion of the internal audit recommendations.

(Reference: Report by Chief Internal Auditor dated June 2020, submitted)

7. NHS HIGHLAND INTERNAL AUDIT REPORT 2019/20 - BUSINESS CONTINUITY PLANNING - NOVEMBER 2019

The Committee gave consideration to the NHS Highland Internal Audit Report 2019/20 on Business Continuity Planning.

Decision

The Audit and Risk Committee –

1. Noted the terms of the report.
2. Noted that NHS Highland would be delivering the changes required, led by Nicola Schinaia, and that the Committee would receive ongoing reports through internal auditors Scott-Moncrieff at future meetings of the Committee.
3. Noted that the Chair would report the issues contained within the report to the next meeting of the Integration Joint Board.

(Reference: Report by Scott-Moncrieff dated November 2019, submitted)

8. ARGYLL AND BUTE INTEGRATION JOINT BOARD INTERNAL AUDIT ANNUAL REPORT 2019/20 - MAY 2020

The Committee gave consideration to the Argyll and Bute Integration Joint Board Internal Audit Annual Report 2019/20.

Decision

The Audit and Risk Committee noted the content of the report.

(Reference: Report by Scott-Moncrieff dated November 2019, submitted)

9. ARGYLL AND BUTE INTEGRATION JOINT BOARD INTERNAL AUDIT REPORT 2019/20 - CORPORATE GOVERNANCE - JUNE 2020

The Committee gave consideration to the Argyll and Bute Integration Joint Board Internal Audit Report 2019/20 on Corporate Governance.

Decision

The Audit and Risk Committee –

1. Agreed to note the report and the responses from management.
2. Noted the point made by auditors that the responses by management address the concerns raised within the report.

(Reference: Report by Scott-Moncrieff dated November 2019, submitted)

Laurence Slavin left the meeting at this point.

10. CARE HOME OVERSIGHT

The Committee gave consideration to a report providing initial assurance of the response to the Cabinet Secretary's guidance on enhanced professional clinical and care oversight of care homes.

Decision

The Audit and Risk Committee noted the response to the Enhanced Care Home Oversight Guidance.

(Reference: Report by Head of Adult Care dated June 2020, submitted)

The Chair thanked John Cornett from Audit Scotland; and Andrew O'Donnell, David Eardley and Paul Kelly from Scott-Moncrieff for their attendance.

The Chair advised that the next meeting of the Committee was Tuesday 18 August 2020.

**MINUTES of MEETING of ARGYLL AND BUTE HSCP FINANCE AND POLICY COMMITTEE
held in the BY SKYPE
on FRIDAY, 26 JUNE 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, NHS Highland
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
David Forshaw, Principal Accountant, Argyll and Bute Council
Julie Lusk, Head of Adult Services, HSCP
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
George Morrison, Head of Finance, Argyll and Bute HSCP
Jim Rundell, Audit Scotland
Alex Taylor, Chief Social Worker/Head of Children and Families, Argyll and Bute HSCP

1. APOLOGIES FOR ABSENCE

There were apologies for absence intimated on behalf of Councillor Gary Mulvaney and Charlotte Craig.

2. DECLARATIONS OF INTEREST

There were none intimated.

3. MINUTES

The Minutes of the Meeting of the Argyll and Bute HSCP Finance and Policy Committee held on 13 May 2020 were approved as a correct record.

4. ACTION LOG 2020-21

The Committee gave consideration to the Action Log 2020-21.

Decision

The Finance and Policy Committee -

1. Noted the content of the Action Log.

2. Noted that the Transformation Update presentation would be carried forward to the next meeting of the Committee as transformation meetings had been put on hold due to Covid-19.

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

5. BUDGET MONITORING AS AT 31 MAY 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 May 2020.

Decision

The Finance and Policy Committee –

1. Noted the forecast outturn position for 2020-21 is a forecast overspend of £6.084m as at 31 May 2020 and that there is a year to date overspend of £1.577m as at the same date.
2. Noted the above position excludes any provision for Scottish Government assistance with non-delivery of savings due to Covid, or for the ongoing dispute with NHS Greater Glasgow and Clyde.

(Reference: Report by head of Finance and Transformation dated June 2020, submitted)

6. COVID-19 RESPONSE AND FINANCIAL IMPLICATIONS

The Committee 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 provided a snapshot of the financial estimates of the costs of dealing with the Covid-19 response. The cost estimates were updated on a weekly basis and were still subject to considerable uncertainties.

Decision

The Finance and Policy Committee –

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 had, in principle, approved all mobilisation plans, but that approval for individual cost lines had not yet been received.

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

7. ANY OTHER COMPETENT BUSINESS

The Head of Finance and Transformation requested that another meeting of the Finance and Policy Committee be held before the Integration Joint Board meeting on 5 August 2020. This was to enable the presentation of month three figures and updated Covid-19 costs before consideration by the Board. It was agreed that a meeting would be arranged towards the end of July and members of the Committee would be notified of a suitable date in due course.

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MINUTES of MEETING of ARGYLL AND BUTE HSCP AUDIT AND RISK COMMITTEE held in the BY SKYPE on TUESDAY, 18 AUGUST 2020

Present: Councillor Sandy Taylor, Argyll and Bute Council (Chair)

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

Attending: Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Jane Fowler, Head of Customer Support Services, Argyll and Bute Council
Julie Lusk, Chief Social Worker/Head of Adult Services, Argyll and Bute HSCP
Joanna MacDonald, Chief Officer, Argyll and Bute HSCP
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
Andrew O'Donnell, Scott-Moncrieff
Judy Orr, Head of Finance and Transformation, Argyll and Bute HSCP
Jim Rundell, Audit Scotland
Jennifer Swanson, Organisational and Workforce Development Manager, Argyll and Bute HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from John Cornett, Caroline Cherry, David Eardley, George Morrison and Laurence Slavin.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES

The Minutes of the meeting of the Argyll and Bute HSCP Audit and Risk Committee held on 23 June 2020 were approved as a correct record.

Arising from the Minutes the Chair advised that he had reported to the IJB on the Business Continuity Planning report by Scott-Moncrieff and on the Learning Disability Review as had been agreed at the meeting held on 23 June 2020. It was noted that discussions had not yet taken place between the Chair, Head of Finance and Transformation and Chief Internal Auditor in respect of the Learning Disability Review, however, assurance was given that a report would be available for the next meeting of the Committee. The Head of Adult Services expressed a wish to be involved in the process.

The Chair advised that the IJB had agreed at their meeting on 5 August 2020 that in future draft Committee Minutes would come forward to the IJB before approval by the Committees to allow the most up to date Minutes to come forward to the Board.

4. WORKFORCE PLANNING

A report advising that NHS Boards and Integrated Authorities were required to develop three year workforce plans, publishing the first of these by 1 April 2021, and covering the period up to 31 March 2024, was given consideration by the Committee. The report provided an update and timetable for producing the Workforce Plan for Argyll and Bute HSCP to meet the Scottish Government deadline.

The Head of Customer Support Services advised verbally that, due to Covid-19, the Scottish Government deadline for producing the plan had been extended to 31 March 2022.

Decision

The Audit and Risk Committee noted the timetable for producing the Argyll and Bute HSCP Workforce Plan to meet the Scottish Government deadline of 31 March 2022.

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

5. INTERNAL AUDIT FOLLOW UP REPORT

The Committee gave consideration to a report providing an update on all audit actions which were outstanding at the previous meeting of the Committee. The report related only to audits carried out by Argyll and Bute Council's Internal Audit Team.

Decision

The Audit and Risk Committee noted the content of the report and that satisfactory progress continued to be made on the 2020/21 Audit Plan and on the implementation of internal audit recommendations.

(Reference: Report by Chief Internal Auditor dated August 2020, submitted)

6. ARGYLL AND BUTE INTEGRATION JOINT BOARD: INTERNAL AUDIT REPORT: FINANCIAL MONITORING AND PLANNING

The Committee gave consideration to the Argyll and Bute Integration Joint Board Internal Audit Report on Financial Monitoring and Planning.

Decision

The Audit and Risk Committee noted -

1. The key findings of a very positive report.
2. That Heads of Service will produce service plans which link to the operating plan and financial budgets.

3. The commitment by the Head of Finance and Transformation to review the Financial Regulations within the Financial Year.

(Reference: Report by Scott Moncrieff dated July 2020, submitted)

7. AOCB

Andrew O'Donnell of Scott Moncrieff advised the Committee that from 7 September 2020 Scott-Moncrieff would be adopting the universal name "Azets" across the company. He advised that the branding on internal audit reports would change but there would be no change to the content of reports. This was noted by the Committee.

8. DATE OF NEXT MEETING

The date of the next meeting was noted as 15 September 2020.

The Head of Finance and Transformation advised that the Annual Audit of Accounts would be considered at this meeting and was on track for completion by this date.

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**MINUTES of MEETING of ARGYLL AND BUTE HSCP FINANCE AND POLICY COMMITTEE
held in the BY SKYPE
on FRIDAY, 28 AUGUST 2020**

Present: Councillor Kieron Green, Argyll and Bute Council (Chair)
Sarah Compton Bishop, NHS Highland Non-Executive Board Member (Vice Chair)
Councillor Gary Mulvaney, Argyll and Bute Council
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
Sharon Atkinson, Talent Management Officer, Argyll and Bute Council (item 8)
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
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
George Morrison, Head of Finance, Argyll and Bute HSCP
Linda Skraskin, Child Health Manager, Argyll and Bute HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Julie Lusk, Kevin McIntosh, Patricia Renfrew, Boyd Robertson and Jim Rundell.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES

The Minutes of the meeting of the Argyll and Bute HSCP Finance and Policy Committee held on 26 June 2020 were approved as a correct record subject to amending apologies for absence to include those from Councillor Gary Mulvaney.

4. BUDGET MONITORING AS AT 31 JULY 2020

The Committee gave consideration to a report providing a summary of the finance position of the Health and Social Care Partnership as at 31 July 2020. The report noted that there was still considerable uncertainty around the financial impact of the Covid-19 pandemic.

Decision

The Finance and Policy Committee –

1. Noted the forecast outturn position for 2020-21 was a forecast overspend of £2.964m as at 31 July 2020 and that there was a year to date overspend of £2.117m as at the same date.
2. Noted the above position excluded any provision for Scottish Government assistance with non-delivery of savings due to Covid-19, or for the ongoing dispute with NHS Greater Glasgow and Clyde.

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

5. FINANCIAL RISKS 2020/21

The Committee gave consideration to a report providing an update on the financial risks facing the organisation which had not been reflected in the forecast of the financial outturn.

Decision

The Finance and Policy Committee –

1. Noted the updated financial risks identified for the Health and Social Care Partnership.
2. Noted the uncertainties around Covid-19 funding which are provided in more detail in a separate report.
3. Noted that the financial risks will continue to be reviewed and monitored on a two monthly basis and reported to the Integration Joint Board.

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

6. BUDGET OUTLOOK

The Committee gave consideration to a report summarising the budget outlook covering the period 2020-21 to 2022-23. The budget outlook was based on three different scenarios, best case, worst case and mid-range.

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 August 2020, submitted)

7. 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. The report advised that cost estimates were updated on a regular basis and were still subject to considerable uncertainties.

Decision

The Finance and Policy Committee –

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 had, in principle, approved all mobilisation plans, but approval for individual cost lines had not yet been received.

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

8. SCOTTISH SOCIAL SERVICES COUNCIL (SSSC) REGISTRATION POLICY

The Committee gave consideration to a report introducing an HSCP Policy to support the process for ensuring staff who require to be Scottish Social Services Council (SSSC) registered to undertake their role maintain that registration, how this is supported and any implications of the lapse of registration.

Decision

The Finance and Policy agreed to recommend the endorsement of the Policy to the Integration Joint Board (IJB).

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

9. FINANCIAL RECOVERY PLAN

The Committee gave consideration to a report providing a commentary on the causes of a forecast overspend and which proposed a financial recovery plan in order to return the forecast to a break even position.

Decision

The Finance and Policy Committee -

1. Noted the proposed financial recovery plan.
2. Agreed to recommend endorsement of the proposed financial recovery plan to the Integration Joint Board (IJB).

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

10. DATE OF NEXT MEETING

The date of the next meeting was noted as 25 September 2020.



Integration Joint Board

Date of Meeting: 16 September 2020

Title of Report: Argyll & Bute Culture Survey Update

Presented by: Joanna Macdonald

The IJB is asked to:

- Welcome the progress of the Argyll & Bute Culture 100 day plan
- Note the establishment of Argyll & Bute Culture Group

1. EXECUTIVE SUMMARY

NHS Highland published the results of the Argyll & Bute Culture Survey on 15 May 2020. This survey was carried out as part of a recommendation from the Sturrock Review and as such was directed at NHS Highland staff in Argyll and Bute.

Following its publication on the 15 May and presentation to a public meeting of the Argyll & Bute Integration Joint Board on the 27 May we immediately put in place an initial 100 day action plan to address the key findings with subsequent actions identified alongside staffside representation.

NHS Highland and Argyll and Bute Health and Social Care Partnership have offered a sincere apology to colleagues who indicated in the Culture Survey that they experienced bullying and harassment.

Each subsequent IJB has included a Culture Update from NHS Highland and Argyll & Bute's progress on the delivery of the 100 day plan.

It is acknowledged that change will take time and the participation of staff is key to this.

INTRODUCTION

Communication, delivery, empathy and appropriate action have been identified as key actions in building relationships and trust with an integrated staff group. Argyll & Bute HSCP seek to work with its partners to ensure we are meeting our commitments to staff building a strong partnership across a wide geographic area.

DETAIL OF REPORT

3.1 As part of this Plan NHS Highland Board:

- appointed an external culture advisor to review recruitment processes.
- launched an independent 'Speak Up', Guardian Service which offers a 24/7 service for staff to independently discuss concerns.
- appointed independent review panel members as part of the NHS Highland Healing Process.

Locally in Argyll & Bute we:

- invited staff volunteers to join the Argyll and Bute Culture Group to help improve the culture within the organisation. (over 30 staff volunteered with the first meeting on 1 Sept co-chaired by the Deputy Chief Officer and Staffside Rep).
- The Culture Group will provide the staff drive and representation for future culture development.
- have had over 200 staff attending our virtual training in Courageous Conversations.
- are holding twice weekly virtual staff check in sessions with the Chief Officer to provide an opportunity for staff to ask questions and provide feedback.
- identified staff Wellbeing Champions to help communicate key messages about wellbeing and psychological support.
- Communicate weekly about Culture and wellbeing
- Weekly Communication from the Chief Officer
- Delivered the 100 day plan with the exception of confidential contact officers

2. RELEVANT DATA AND INDICATORS

Argyll & Bute Culture Survey 15 May 2020

3. CONTRIBUTION TO STRATEGIC PRIORITIES

The Culture of the organisation doesn't just address the need to change behaviours but informs our attitudes in the delivery of our services and our ability to transform.

4. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

None for this paper

4.2 Staff Governance

Review of NHS Highland policies and roll out of Once for Scotland policies

4.3 Clinical Governance

None for this paper

5. PROFESSIONAL ADVISORY

None for this paper

6. EQUALITY & DIVERSITY IMPLICATIONS

Seeks to embed good staff governance and support equality of treatment and opportunity for all staff.

7. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

None for this paper

8. RISK ASSESSMENT

Ensuring Argyll & Bute Health and Social Care Partnership is a positive place to work will support recruitment and retention of staff.

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Culture Group staff are invited to take joint ownership of the virtual tea breaks supporting the chief officer and senior staff in creating a forum for all staff.

10. CONCLUSIONS

This paper outlines the basis for the creation of the Argyll & Bute Culture Group noting the 30 staff who have volunteered to support this and act as ambassadors across the partnership. The Culture Group has good representation from across the disciplines and provides a positive forum for enabling change in partnership.

11. 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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Meeting: Integrated Joint Board
Meeting date: 19th September 2020
Title: Culture Programme update
Responsible Executive/Non-Executive: Fiona Hogg, Director of HR & OD
Report Author: Emma Pickard, Culture Advisor

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to an:

- Emerging issue

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

- Person Centred

2 Report summary

2.1 Situation

The Culture Programme and Oversight Group have recently proposed changes to the programme structure and governance arrangements to improve delivery focus and facilitate staff involvement.

2.2 Background

The Culture Programme is moving to a new phase which requires wider colleague involvement and engagement; following successful conclusion of a number of centrally-led initiatives, including the design and launch of the Healing Process, EAP and Guardian Service.

To facilitate wider colleague involvement, a new programme structure has been proposed. The format and attendance of the Culture Oversight Group (formerly Culture Programme Board) has also been proposed for revision as part of this, to encourage outcome-focused discussion and progress management.

2.3 Assessment

The issues and recommendations are structured under 4 key themes:

1. Culture Programme structure and priorities
2. Progress update
3. Ongoing Concerns
4. Partnership Working review

1. Culture Programme Structure and priorities

A revised programme structure has been proposed in order to facilitate wider colleague engagement and greater rigour in planning and resource allocation. There are concerns from some Culture Board members that implementing a programme management approach increases the complexity of delivery as will require involvement from a greater number of colleagues. However, the NHS Highland Board and Staff Governance Committee support the proposed changes.

The purpose of the structure is indeed to increase participation, as culture change will require widespread involvement across the organisation. The intention is also to improve focus and prioritise action, but it is possible that the terminology used to date has confused people.

To address the feedback, a collaborative prioritisation exercise with members of the current Culture Board and the newly formed Argyll and Bute Culture Group is underway. This will co-produce a set of Culture priorities which is expected to be 4-6 key activities from the existing suite of proposed work. Plans and resources will then be structured around these activities, and language will be tested for resonance with members. The next meeting of the Culture Group on the 14th September will review the outcomes from this prioritisation exercise.

2. Progress update

Progress continues to be made in a number of key areas:

Recruitment Review: the External Culture Advisor has completed a review of current recruitment practices and processes, following engagement with recruitment teams, managers and candidates and a review of policies and systems. The report has made a set of draft recommendations to improve manager and candidate experience, which will be shared with a group of staffside, manager and HR colleagues for further discussion and prioritisation. The final recommendations will require resourcing and support if they are to be taken forwards.

People Processes: An “as-is” external review of our key people processes has commenced, with Creative Business Solutions being awarded the contract to carry this out, following a tender exercise using the national procurement framework. The scope of the work covers the processes of Discipline, Grievance, Bullying and Harassment as well as Redeployment.

This work will report out before the end of October. This will involve review of data and processes, and interviews with key stakeholders. This external review will precede a collaborative “to-be” design exercise to coproduce our future ways of working in these processes between Staff-side, Managers and HR.

Diagnostics and root-cause analysis: It has been agreed that further diagnostic activity is required to understand the root- cause(s) of the events that led up to the Sturrock Review, in order to ensure that the activity contained within the Culture Programme will indeed deliver the required cultural improvements.

The proposed terms of reference for this diagnostic work will be discussed at the Culture Group on the 14th September, having engaged with the group of Whistle blowers on the drafting of these.

Argyll & Bute 100 Day Plan: Good progress has been made with this. Engagement has significantly increased due to the efforts of the Chief Officer and SLT, particularly with regard to the Virtual Coffee Chats held twice weekly.

The first meeting of the Argyll & Bute Culture group met on 1st September. 30 people have expressed an interest in getting involved in the Culture activity in Argyll & Bute.

Over 300 colleagues have been trained in Courageous Conversations in Argyll & Bute in the first 100 days of the plan and the feedback has been really positive and the skills are being put into practice.

3. Ongoing Concerns

In order to better understand staffside concerns with regards to some cases of ongoing bullying and poor behaviour across NHS Highland, the Director and Deputy Director of HR met with all of the key unions on a 1:1 basis on Thursday 20th August. There was also a dedicated meeting of the Partnership Forum on Friday 21st August where understanding the concerns in these respects was the main agenda item. The NHS Highland Executive Directors Group also met on Thursday 27th August to review concerns and understand the situation and what action the organisation could take to address this.

The key issues raised involved situations where managers are not consistently addressing colleague concerns about behaviours and how they are feeling, when raised at an early stage. It is felt that the lack of effective action can be due to managers not seeing it as their role or not seeing it as important, or in some cases not having the skills to do so effectively.

This means that issues that could be quickly resolved escalate into complex cases and relationship breakdowns. There were also ongoing concerns about a small number of cases that aren't progressing in a timely manner, and the need to review the data and processes involved to improve these, which is the work of the people process review described above. There was also a desire to carry out ongoing collective lessons learned / case reviews to ensure any issues are addressed and understood, which will be taken forward.

Continued rollout of the Courageous Conversations training is critical to support progress in early resolution and addressing concerns. We are also exploring how pilots of the peer led "Civility Saves Lives" approach may complement this in the workplace. The main action needed is around progressing with our Values and Behaviours work, which will clearly set the standard for all colleague and managers.

4. Partnership Working review

The first of two workshops dedicated to improving partnership working has been held, and the second is scheduled for 18th September. In order to facilitate maximum Staff-side input, input from all Staff-side members will be invited in advance of the workshop.

The outcomes of the second workshop will be:

- An agreed set of partnership priorities with resources required to deliver
- Clarity on the roles of Staff-side, HR and Managers
- Recommendations on changes to current governance arrangements and ways of working
- Recommendations on changes to Staffside resource allocation

2.3.1 Quality/ Patient Care

Successful delivery of the Culture Programme is critical to effective patient care.

2.3.2 Workforce

The Culture Programme will ensure colleagues 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 our Culture Programme. Improving our culture will realise reductions in sickness absence and staff turnover, and reduce time and effort spent on disciplinary and grievance processes.

2.3.4 Risk Assessment/Management

No additional risks have been identified.

2.3.5 Equality and Diversity, including health inequalities

Fairness, along with dignity and respect are core principles of our Culture Programme where our values will be embedded in all we do as an organisation.

2.3.6 Other impacts

None

2.3.7 Communication, involvement, engagement and consultation

To deliver the revised programme structure and governance arrangements, greater colleague involvement and engagement is planned. A suite of communication approaches will be required to foster this involvement and a plan is under development.

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.

- Executive Directors Group: 24th August 2020

2.4 Recommendation

- **Discussion** – Examine and consider the implications of a matter.

3 List of appendices

Not applicable

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Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Date of Meeting : 16th September 2020

Title of Report: Year 3 (2019/20) Annual Review of the Children and Young People's Services Plan 2017 – 2020

Presented by: Patricia Renfrew

The Integration Joint Board is asked to :

- Note that both NHS Highland and Argyll and Bute Council are jointly and equally responsible for children's services planning
- Approve Argyll and Bute's Children and Young People's Services Plan 2017-2020 Year 3 review for the period 2019/20
- Approve the Children and Young People's Services Plan Year 3 review for submission to Scottish Government as per the legislative requirement

1. EXECUTIVE SUMMARY

- 1.1 The Children and Young People's Service Plan 2017-2020 was approved at the Integrated Joint Board and Community Services Committee in September 2017 <https://www.argyll-bute.gov.uk/sites/default/files/cyspsm.pdf>.
- 1.2 There is a requirement in Part 3 of the Children and Young People (Scotland) Act 2014 to review the report annually and report on the performance and progress to date in delivering the outcomes set out in the plan.
- 1.3 This review considers updates on 2019/20 progress and areas for improvement, provides information on key developments that have taken place since the plan was published and sets out key plans for the year ahead.

2. INTRODUCTION

This is the second annual review of the Children and Young People's Service Plan 2017-2020

<https://www.argyll-bute.gov.uk/sites/default/files/cyspsm.pdf>. In this review we will report on our performance and progress to date in delivering the outcomes we set out to achieve

The review will consider:

- Updates on 2019/20 progress and areas for improvement
- Provide information on developments that have taken place since the plan was published
- Set out key plans in the year ahead

3. DETAIL OF REPORT

The Children and Young People's Service Plan (CYPSP) approved in November 2017 by Council and the Integrated Joint Board is set within the context of seven strategic priorities for early intervention and support, mental health and well-being, child protection, corporate parenting, children and young people's voice, substance misuse and leadership and communication. The priorities are aligned to the eight well-being indicators of Safe, Healthy Achieving, Nurtured, Active, Respected Responsible and Included (commonly referred to as SHANARRI).

- 3.1 Overall we have made good progress in achieving a number of outcomes which have supported the delivery of the plan. The following successes are highlighted.

Overall we have made good progress in achieving a number of outcomes which have supported the delivery of the plan. The following successes are highlighted.

Early Intervention and Support

NHS Highland, including Argyll and Bute Maternity Services, were early adopters in the Best Start Programme. The Programme has the following aims; Continuity of Midwife and Obstetric Care, the development of maternity Hubs and keeping mum and baby together. The programme supports the continuity of care pathway, which sees women building strong relationships with their midwife and receiving care tailored to their individual needs and circumstances.

Reflecting the Getting it Right for Every Child (GIRFEC) model, the Best Start Programme recognises that maternity and neonatal care services are the foundations of health and wellbeing. The health, development,

social, and economic consequences of childbirth and the early weeks of life are profound, and the evidence shows that this is felt by individual families and communities, as well as across the whole of society.

In line with the principles of GIRFEC, Antenatal mothers in Argyll and Bute have a Named Midwife and Buddy Midwife which provides them with a continuity of planned antenatal care package.

This is supported by Consultant Obstetricians from NHS Greater Glasgow and Clyde who are now using Attend Anywhere to work with communities across the Argyll and Bute area by holding '*virtual clinics*'.

While all of Highland were early adopters, Argyll and Bute focused on continuity of care and the development of Hubs, with Attend Anywhere being made available on every site. This is particularly important as the most vulnerable women usually need to give birth in Glasgow and often have to travel out with Argyll and Bute for appointments.

Working to promote the benefits of breastfeeding across all agencies has been a particular focus and included working with primary schools and early years to promote breastfeeding. This builds on the success of obtaining the UNICEF Gold baby friendly award of Achieving Sustainability which recognises and celebrates excellent and sustained practice in the support of infant feeding and parent-infant relationships.

This is reflected in the increase in breastfeeding rates at 6-8 weeks which continue to improve year on year. The percentage of children exclusively breastfed at 6-8 weeks has increased to 37.3%, this surpasses the national target of 32%.

Implementation of the Universal Health Visiting pathway for all pre-school children has gone particularly well across Argyll and Bute. The pathway increases Health Visiting home visiting contacts, which is instrumental in building relationships with families. This is reflected in 90% of children at 13 – 15 months and 27 – 30 months having an Ages and Stages Questionnaire (ASQ). ASQ provides reliable, accurate developmental and social-emotional screening for children. ASQ has been specifically designed to pinpoint developmental progress and catch delays in young children, paving the way for meaningful next steps in learning, intervention, or monitoring.

This links well with the Early Years developmental milestone data. Pre-COVID 19 estimates indicated the percentage of children reaching their developmental milestones on P1 entry would exceed the 85% target.

Mental health and well-being

The blending together of two programmes has resulted in a higher number of families attending Incredible Years Parenting Programmes.

The Psychology of Parenting Programme (POPP) involves delivery of two evidence-based parenting programmes for families with young children who have elevated levels of behaviour problems.

Argyll and Bute have been fortunate enough to be involved in the Changing Lives Initiative (CLI), a community-based research project creating a better understanding about ADHD and providing an intervention programme for families with children (age 3-7) experiencing behaviours consistent with ADHD.

CLI and POPP have provided an opportunity for staff across the partnership to be trained to deliver either the Incredible Years or Triple P parenting programmes.

CLI have also developed an Innovative App on ADHD to support families.

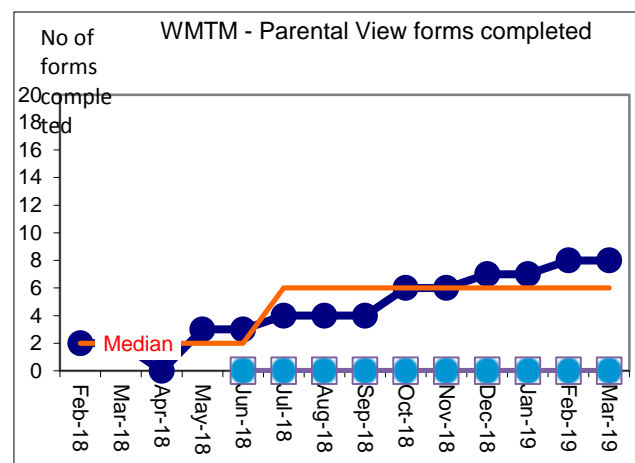
The App helps families understand what ADHD is and provides practical strategies and tools for parents to use with their children. The App is particularly relevant for parents who have concerns about their child's behaviour but are not yet sure if their child has ADHD. The App is also extremely useful for those working with children in helping them understand ADHD and how they might support children who have issues with inattention, hyperactivity or impulsivity.

Children and Young People's Voice

Argyll and Bute were successful in obtaining the Top Team Award for Quality Improvement (QI) at the National QI Awards in November 2019. The award was obtained as a direct result of two tests of change:

1. Developing and testing a 'What Matters to Me' (WMTM) form in one locality, allowed staff to gather the views parents at Child's Planning meetings.

The run chart provides evidence that the use of the 'What Matters to Me form' was

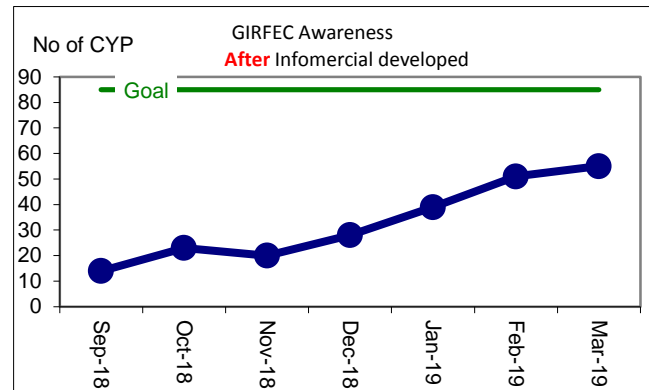


beneficial in gathering the views of parents which supports us in building strong, positive relationships. Gathering the views of children, young people, parents/families is fundamental and underpins the values and principles of GIRFEC.

- Working with school pupils to develop an ‘infomercial’ to provide information on GIRFEC, the Named Person role and the Child’s Planning process (the infomercial can be viewed on the GIRFEC website <https://argyll-bute-girfec.com/>)

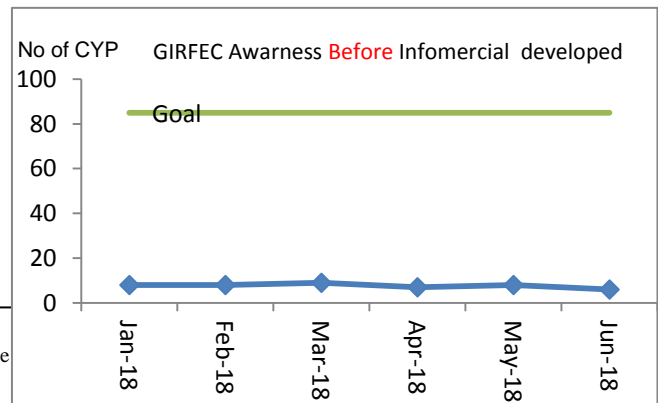
GIRFEC Infomercial

Focus groups and the use of a Likart questionnaire with Children and young people (C&YP) across Argyll and Bute highlighted that although some of them had a Child’s Plan, they weren’t fully aware of what it was all about. This prompted us to develop a GIRFEC ‘infomercial’. C&YP were involved in the planning and development of the infomercial and several were also involved in making the voiceover.



To ascertain if the GIRFEC infomercial had led to an improvement a follow-up Likart questionnaire was carried out six months after it had been launched.

The results provided overwhelming evidence of how this helped pupils understand GIRFEC and what it meant for them.



GIRFEC Infomercial Development Likart Questionnaire
 Survey of C&YPs awareness of GIRFEC **before** and **after** developing the GIRFEC Infomercial.
 -How aware are you of Getting it Right for Every Child?
 -How aware are you of the Named Person role?
 -How aware are of what’s involved in a Child’s Plan meeting?

Unaware
 Don't know
 Aware

Child Protection

The Social Work Practice Leads development programme is now complete and fully implemented across Argyll and Bute. It is anticipated the programme will improve staff confidence and support developments in the future.

The Early and Effective Intervention (EEI) process has been reviewed, resulting in the development of a Domestic Abuse Referral Pathway to the Named Person and also Named Person guidance which provides detail on the Impact of Domestic Abuse.

Corporate Parenting

To ensure young people leaving care are offered appropriate housing, care experienced young people who are ready to move to their own accommodation are given the maximum 200 points, recognising their vulnerability as a group and in line with our obligation as corporate parents.

The first step of a temporary tenancy allows housing departments to engage with the young person and encourage them to take up appropriate support to help them sustain their tenancy. This is beneficial in helping provide appropriate supports during this difficult transition.

Substance Misuse

Argyll and Bute have been successful in reaching the 90% target of secondary schools delivering drugs awareness programmes in partnership with the Alcohol and Drugs Partnership (ADP).

The annual S3 Health Drama was delivered for the third year running to all S3 pupils (755 pupils). The programme addresses a number of health topics relevant to young people. It includes 3 lesson plans, a resilience workbook, workshops, a touring drama production and a question and answer session with service providers.

90% of pupils said they found the drama informative, with 86% reporting they are more aware of young people's services across Argyll and Bute.

The results of the 2019/20 SALSUS survey indicate a positive 3% reduction of Argyll and Bute's 15 year olds who report they are regular smokers at least once a week.

Leadership and Communication

Chief Executives and senior leaders from across the partnership are committed to the Scottish Government GIRFEC Collective Leadership Programme which commenced in August 2019. The programme involves supported evaluation activities, including a staff survey and structured focus groups with young people, parents and professionals.

The results of the staff survey highlighted 88% said they felt part of a whole children's services system that works across different sectors and agencies in Argyll and Bute.

The Collective Leadership Programme has temporarily suspended due to COVID 19, however plans are in place to recommence this work in the Autumn.

Summary of areas requiring improvement

The Year 3 review highlighted some areas where performance results were not as anticipated and consequently areas where further testing and improvements are required.

Early Intervention and Support

One Community Maternity Unit (CMU) has been involved in testing the percentage of pregnant women whose Carbon Monoxide levels have reduced by 10 days post-natal. It was anticipated this work would be scaled up to other CMUs across Argyll and Bute; however the introduction of a new electronic midwifery record keeping programme (Badgernet) prevented progress in this area. It is hoped Badgernet will provide opportunities for more efficient data collection around future tests of change.

Mental Health and Wellbeing

The number of children registered with a dentist at 2 years of age has reduced slightly by 3% this year. It could be argued this is balanced by a 2% increase in the number of 3 – 5 year olds registered with a dentist. Oral health and Health Visiting staff continue to work together to highlight to parents the importance of registering their child with a dentist as early as possible.

Children and Young People's Voice

Percentage of children and young people waiting less than 18 weeks to access a Primary Mental Health Worker or the Child and Adolescent Mental Health Service (CAMHS) is considerably lower (58% and 54%) than the 90% target figures for 2019/20.

This is a direct result of two specific sets of circumstances:

1. CAMHS team experiencing significant staffing issues
2. Inaccurate data collection due to recording programme changing mid way through the year

The CAMHS team are currently working with Scottish Government to try resolve the issues highlighted.

Child Protection

The percentage of Initial Referral Investigations (IRDs) evaluated as good or above has reduced to 60% this year. The audit group has identified a potential recording issue whilst auditing, i.e. the information recorded does not always reflect the quality of discussion, which in turn leads to a lower score. This is currently being rectified and a revised audit form is now being used. Early indication has identified that some improvement has been made since the form was put on Carefirst, however more time is required to see if this makes a difference.

Corporate Parenting

In 2018/19 the CELCIS PACE programme identified a significant improvement in the permanency planning timescales for care experienced children. In 2019/20 the focus of permanency work has been progressing cases with significant drift and has focusing on older children when a Permanence Order. We continue to have new cases that have progressed in the aspired timescales, 39% of cases are still sitting at the 12 – 24 months time period and 22% have taken from 24 - 48 months to secure permanence.

Leadership and Communication

Argyll and Bute's Children Strategic Group has carried out a self-evaluation exercise as part of the GIRFEC Collective Leadership Programme. The self evaluation exercise identified some key areas for improvement; these, along with the findings of the overall supported

evaluation will be addressed as part of the GIRFEC leadership report and action plan.

4.0 WHAT HAS CHANGED SINCE WE DEVELOPED THE 2017 – 20 CYPSP?

4.1 Children's Rights and Engagement are a specific focus of the Strategic Priority – 'Children and Young People's Voices' within the current Plan. Work is underway to ensure children and young people understand their rights as laid out in the United Nations Convention on the Rights of the Child (UNCRC) which is due to be incorporated into Scots Law in 2020.

4.2 We plan to ensure children and young people (CYP) will be at the heart of strategic planning and design in Argyll and Bute. To support us to achieve this ambition, a multi-agency group of professionals attended a Children and Young People Improvement Collaborative (CYPIC) Engagement Practicum on using Quality Improvement (QI) and the Model for Improvement approaches of Plan, Do, Study, Act (PDSA) testing.

Our aim is to increase the involvement of Children and Young People in the co-design of engagement processes. It is anticipated the QI approach will benefit our aim of working towards long term sustainable change in this area.

The UNCRC Children's Rights and the Engagement Practicum work will shape and structure the Children and Young People's Voice strategic priority in the new CYPSP 2020 – 23.

4.3 The GIRFEC Collective Leadership Programme commenced in August 2019 with Chief Executive Officers and senior managers from across the partnership. The Collective Leadership framework will build confidence for practitioners and managers to deliver a shared understanding on leadership and delivery of services for children and families.

A programme of supported evaluation included:

- A self evaluation exercise
- Staff survey
- Phase 1 – 24 structured focus groups involving children and young people, parents, carers and professionals involving all agencies across the partnership
- Child's Plan audit
- Phase 2 - targeted focus groups

A report will be generated from the supported evaluation activity and from this an improvement action plan will be developed. Unfortunately this work has currently been delayed due to COVID 19

5.0 Children and Young People Service Plan 2020 – 23

- 5.1 The Scottish Government have developed revised guidance for Children's Services Plans as a result of a public consultation which ran from 25 March 2019 to 17 June 2019, the revised guidance relates to Children's Services Plans from 1 April 2020 onwards.

Whilst overall responsibility for children's services planning rests with the local authority and relevant health board, it is expected that they will work collaboratively with other members of the Community Planning Partnership (CPP), as well as with children, young people and their families at various stages of the plan's development and review.

The development of the new CYPSP 2020 – 23 is underway. The strategic priorities for the new plan have partially been identified from the information and data obtained in the well-being and SALSUS survey carried out in 2018-19, ensuring children and young people are consistently able to express their views regarding services across Argyll and Bute.

Feedback from the GIRFEC focus groups involving children and young people, parents and professionals will also inform the priorities for the new plan.

The CYPSP is firmly rooted in the Getting It Right for Every Child framework using well-being Indicators to ensure linkage to outcomes with the Argyll and Bute Improvement Plan and the National Performance Framework.

Argyll and Bute's Children Strategic group self evaluation and GIRFEC supported evaluation will form the basis of the leadership and communication section of the new CYPSP 2020 – 23. This also aligns with the identified actions for improvement from the Joint Inspection of Children's Services

6.0 CONCLUSION

- 6.1 The year 3 review of the CYPSP has highlighted some good practice and areas where improvement is required.

The self evaluation and mapping exercise, along with the information gathered through the partnership Joint Strategic Needs Assessment, has helped shape the way forward for the new CYPSP.

It is anticipated the GIRFEC Collective Leadership Programme will also support the partnership by providing a means to progress the transformational change that is required in the future.

- 6.2 Appendices 1 and 2 detail performance against indicators and actions identified in the plan.

7.0 GOVERNANCE IMPLICATIONS

7.1 Financial Impact

There are no additional resource implications with the delivery of the plan.

7.2 Staff Governance

None at this time.

7.3 Clinical Governance

The Council and NHS Highland are required to report on the progress of the Children and Young People's Services plan as directed within the Children and Young People (Scotland) Act 2014, set out within the supporting Statutory Guidance published in December 2016.

8. EQUALITY & DIVERSITY IMPLICATIONS

The Children and Young People's Services Plan identifies how health and social care services contribute to reducing inequalities, including health and education inequality.

9. RISK ASSESSMENT

There are potential reputational implications for the Health and Social Care Partnership should they fail to deliver the full legislative requirements set out within the Children and Young People (Scotland) Act 2014, Statutory Guidance of December 2016.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The Children and Young People's Services Plan informs our young people, parents, carers, volunteers and practitioners of the outcomes and actions

that all partner agencies have committed to deliver in order to ensure that children and young people living in Argyll and Bute get the possible start in life.

NEXT STEPS

To present the 2020 - 2023 Children and Young People's Service Plan

Appendices

Appendix 1: Children and Young Peoples Services Plan Year 3 Performance Report

Appendix 2: Children and Young Peoples Services Plan Year 3 Actions Progress Report

Patricia Renfrew
Consultant Nurse Children and Families
8th July 2020

Children and Young People's Services' Plan Year 3

Performance element	Status	Target	Actual	Comments
1. Strategic Priority - Early Intervention and Support				
1.1 Percentage of women with continuity of planned antenatal care in place	●	170.00	186.00	<p>Yr 3 Each woman has an identified Named Midwife</p> <p>Yr 1 This has been achieved by identifying a named midwife for each woman and putting in place a 'huddy' midwife system.</p> <p>Yr 3 Target Achieved</p>
1.2 Percentage of pregnant women whose Carbon Monoxide levels have reduced by 10 days post-natal	●	10.00	150.00	<p>Yr 2 Further testing is required before scaling up to other areas.</p> <p>Yr 1 Midwives are adopting the quality improvement methodology. This will be tested in one area in Argyll and Bute and then scaled up.</p>
1.3 Percentage of smoke free homes by 10 days post-natal	no data available	95.00	no data available	<p>Yr 3 No data available due to a change in recording system used by midwives</p> <p>Yr 2 Further testing is required before scaling up to other areas.</p> <p>Yr 1 Midwives are adopting the quality improvement methodology. This will be tested in one area in Argyll and Bute and then scaled up.</p>
1.4 Percentage of children exclusively breastfed at 6-8 weeks	●	134.00	137.30	<p>Yr 3 There has been a great deal of work to increase breast feeding figures, these figures reflect this as it exceeds the 34% target.</p> <p>Yr 2 A range of interventions have been put in place to support and increase breastfeeding rates such as introducing infant feeding problem solving clinics in Cowal, introduction of infant feeding support workers in 2 areas Cowal and Oban.</p> <p>Yr 1 a range of interventions have been put in place to support and increase breast feeding rates such as introducing infant feeding problem solving clinics in Cowal, introduction of infant feeding support workers in 2 areas Cowal and Oban.</p>
1.5 Percentage of children registered with a dentist at by 2 years	●	155.00	149.6	<p>Yr 3 This increases to 93% at age 3 - 5 year olds are registered with a dentist.</p> <p>Yr 2 Health Visitors and Oral Health staff promote dental registration at every contact</p> <p>Yr 1 Health visitors and oral health staff promote dental registration at every contact</p>
1.6 Percentage of education staff trained on 'good to go' healthy eating programme	●	195.00	30.00	<p>Yr 3 Funding issues and staff capacity has resulted in a lack of dedicated time available to support training education staff to consistently deliver 'good to go'</p> <p>Yr 2 Due to funding cuts resulting in a lack of dedicated time available to support training education staff to consistently deliver 'good to go' Plans are in place to review in year 3</p> <p>Yr 1 15 schools have delivered the programme in yr1. Plans to scale up in yr 2 and feedback is provided on the programme in the paediatric dietitian</p>
1.7 Percentage of schools delivering the 'good to go' programme	●	190.00	30	<p>Yr 3 Funding issues and staff capacity has resulted in a lack of dedicated time available to support training education staff to consistently deliver 'good to go'</p> <p>Yr 1 15 schools have delivered the programme in yr1. Plans to scale up in yr 2 and feedback is provided on the programme in the paediatric dietitian</p>
1.8 Percentage of children receiving an ASQ developmental assessment by 13 – 15 months	●	85.00	90.00	<p>Yr 3 The ASQ tool is used to screen and assess the developmental performance of children in the areas of communication, gross motor skills, fine motor skills, problem solving and personal-social skills.</p> <p>Yr 2 The ASQ tool is used to screen and assess the developmental performance for the children in the areas of communication, gross motor skills, fine motor skills, problem solving and personal social skills.</p> <p>Yr 1 88% reflects the uptake of reviews. Health visitors are routinely carrying out reviews using the ASQ developmental assessment tool in line with the Universal Health Visitor Pathway.</p>
1.9 Percentage of children receiving an ASQ developmental assessment by 27 - 30 months	●	85.00	90.00	<p>Yr 3 The ASQ tool is used to screen and assess the developmental performance of children in the areas of communication, gross motor skills, problem solving and personal-social skills.</p> <p>Yr 2 The ASQ tool is used to screen and assess the developmental performance for the children in the areas of communication, gross motor skills, fine motor skills, problem solving and personal social skills.</p> <p>Yr 1 95% reflects the uptake of reviews. Health visitors are routinely carrying out reviews using the ASQ developmental assessment tool in line with the Universal Health Visitor Pathway.</p>
1.10 Percentage of children reaching their developmental milestones on P1 entry	Mid-point data	185.00	Mid-point Data 41.00	<p>Yr 3 Estimates indicate the data will exceed 85%, though this may be difficult to obtain with COVID 19.</p> <p>Yr 2 Midpoint developmental milestone data is available at this point. Updated/full year figures are currently being collated and will be analysed by the end of September 2019</p>
2. Strategic Priority - Mental Health and Wellbeing				
2.1 Percentage of 'Connected Baby' modules on attachment accessed by staff through CPD	●	95.00	95.00	<p>Yr 3 Target achieved.</p>

				Yr 2 New staff members working in childrens services are encouraged to access the module to increase awareness of attachment
2.2 Percentage of new mothers breastfeeding at birth	●	60.00	68.00	Yr 3 There has been a great deal of work to support an increase in new mothers breast feeding, this figure reflects this. Yr 2 All women have a conversation with their midwives about the benefits of skin to skin contact. This facilitates an increase in initiating breastfeeding at birth. Yr 1 All women have a conversation with their midwives about the benefits of skin to skin contact. This facilitates an increase in initiating breastfeeding at birth.
2.3 Percentage of parents attending Psychology or Parenting Programmes [POPP]	●	38.00	36.00	Yr 3 This includes 37 parents from across A&B who have also attended Incredible Years parenting programmes through the Changing Lives initiative. Yr 2 Incredible Years and Triple P parenting sessions are run across all in localities either in groups or 1:1 sessions. Yr 1 Staff continue to promote Incredible Years and Triple P parenting sessions in localities.
2.4 Percentage of children and young people waiting less than 18 weeks to access a Primary Mental Health Worker	●	90.00	158.00	Yr 3 Current CAMHS staffing issues reflect the figure. Yr 2 Additional PMHW resource as supported an increase in capacity Yr 1 The capacity Primary Mental Health Worker team has been increased by 2 FTE across all of Argyll and Bute in 2018.
2.5 Percentage of children and young people waiting less than 18 weeks to access Child and Adolescent Mental Health Services (CAMHS)	●	90.00	154.00	Yr 3 Current CAMHS staffing issues reflect the figure. Yr 2 The redesign of CAMHS and involvement in the Mental Health Improvement Collaborative will support progress in this area. Yr 1 The capacity of the team will increase in 2018 with the introduction of two new posts.
2.6 Percentage of young carers with a Child's Plan identifying the need for support	no data available	75.00	no data available	Yr 2 Young Carers do not routinely meet the criteria for opening a Child's Plan. Yr 2 Young Carers do not routinely meet the criteria for opening a Child's Plan. Yr 1 Not many young carers meet the criteria for opening a child's plan and this measure will be reviewed for year 2.
2.7 Percentage of eligible families accessing Healthy Start	●	75.00	64.00	Yr 3 Tests of change are in place to support an increase in uptake of Best Start vouchers which replaced the Healthy Start scheme in Summer 2019. Yr 2 Test of change are underway to support an increase in uptake of healthy start. Best start vouchers will replace the Healthy Start scheme from Summer 2019. Yr 1 Work is progressing across the partnership to promote the scheme and increase uptake of Healthy Start.

3. Strategic Priority - Children and Young People's Voices

3.1 Percentage of Children and Young people who complete the Health and Well-being survey	●	75.00'	52	Yr 3 All 10 secondary schools were included in the Health and wellbeing survey and young people were encouraged to complete the survey. Yr 2 The Health and Well-being survey and SALSUS surveys were combined and have been out for completion in Spring 2019. Yr 1 Survey will be introduced in year 2 2018/19
3.2 Percentage of children and young people's views expressed in the GIRFEC child's planning process	●	85.00'	73	Yr 3 There is currently partnership work in place to ensure C&YPs voice is embedded in practice. Yr 2 Work is progressing to test tools and methods of gathering the views of children and Young People
3.3 Percentage of families views expressed in the GIRFEC child's planning process	●	85.00'	80.00'	Yr 3 There is currently partnership work in place to ensure C&YPs voice is embedded in practice. Yr 2 A test of change using the 'What Matters to Me' form. Plans have been successful. Plans are in place to scale up in year 3. Yr 1 A test of change has commenced with the development of 'What Matters To Me' form and this will support increasing performance
3.4 Percentage of children and young people involved in the child protection process that are supported to express their views	●	85.00'	100.00'	Year 3 Children and young people have been actively encouraged to complete the viewpoint questionnaire. Yr 2 Viewpoint has collected data with regard to the 8 well-being indicators of safe, health, achieving, nurtured, active, respected, responsible and included. The sample covers YP aged 8-17. Due to the low number of completed questionnaires (18) the percentage may be unrepresentative, a larger number of responses would provide more accurate figures.
3.5 Percentage of children and young people involved in LAAC processes that are supported to express their views	●	85.00'	85.00'	Yr 3 Target achieved Yr 2 Work is progressing to test tools and methods of gathering the views of children and Young People
3.6 Percentage of children and young people involved in Children's Hearings processes that are supported to express their views	no data available	20.00'	No data available	Yr 3 Children and young people do not complete and return the notification about hearings: 'All About Me' forms. Yr 2 Due to small number of forms routinely returned this measure requires to be reviewed in the 2020-23 CYPSP. All children above the age of six years are sent a copy of the "All about me form" with the notification for any hearing. The few forms returned were blank with no information in them.

4. Strategic Priority - Child Protection

4.1 Percentage of pre-birth antenatal planning meetings for vulnerable women arranged by 28 weeks gestation	●	85.00	85.00	<p>Yr 3 The inspection highlighted pre-birth processes were robust and conducive to early identification of vulnerable mothers in pregnancy and there were clear pathways for escalation to child protection processes if necessary.</p> <p>Yr 2 The inspection highlighted pre-birth processes were robust and conducive to early identification of vulnerable mothers in pregnancy and there were clear pathways for escalation to child protection processes if necessary. Midwives and social workers are following the pre-birth pathway to ensure antenatal planning meetings are in place for vulnerable women by 28 weeks gestation.</p> <p>Yr 1 Midwives and social workers are following the pre-birth pathway to ensure antenatal planning meetings are in place for vulnerable women by 28 weeks gestation.</p>
4.2 Percentage of Initial Tripartite Investigations (IRTIs) evaluated as good or above	●	90.00	60	<p>Yr 3 The reduction in the 90% target could be as a result of a potential recording issue while auditing. This is currently being rectified and a revised audit form is now being used, early indication identified that some improvement has been noted since the form was put on Carefirst, however more time is required to see if this makes a difference.</p> <p>Yr 1 In FQ1 22 CP1s were audited, 8 were graded good or above</p>
4.3 Percentage of multi-agency chronologies initiated at the start of child protection investigations	●	85.00	88	<p>Yr 3 Actual in the area testing the use of multi-agency chronologies. Staff are now more routinely completing and integrated chronologies in one area. Learning from the PDSA tests now requires to be scaled up to other teams across South West Devon.</p> <p>Yr 1 During 2017/18 there were 105 multi agency chronologies initiated at the start of child protection investigations</p>

5. Strategic Priority - Corporate Parenting

5.1 Percentage of LAC Children and Young People attaining accredited qualifications	●	75.00	79.00	<p>Yr 3 This exceeds the 75% target.</p> <p>Yr 2 in 2017/18 90% of LAC one or more qualifications at SCQF level 3 or better</p> <p>Yr 1 In 2016/17 80% of LAC one or more qualifications at SCQF level 3 or better</p>
5.2 Percentage of Child's Plans evaluated as good or above	●	75.00	57.00	<p>Yr 3 Low sample size reflects figure. Results based on the audit activity for the GIRFEC leadership programme. Improvement work will be identified as part of this programme.</p> <p>Yr 2 Evidence of good progress identified in the Joint Inspection of Children's Services</p>
5.3 Percentage of young people leaving care with appropriate housing	●	95.00	100.00	<p>Yr 3 This exceeds the 95% target.</p> <p>Yr 2 In the year 18/19 100% of young people leaving care were offered appropriate housing. Percentage of young people leaving care with appropriate housing</p> <p>Yr 1 In the year 17/18 100% of young people leaving care were offered appropriate housing</p>
5.4 Percentage of LAC children and young people waiting less than 18 weeks to access a Primary Mental Health Worker	●	90.00	58.00	<p>Yr 3 Current CAMHS staffing issues reflect the figure.</p> <p>Yr 2 Primary Mental Health Workers where possible prioritise looked after children.</p> <p>Yr 1 Primary Mental Health workers where possible prioritise looked after children</p>
5.5 Percentage of LAC children and young people waiting less than 18 weeks to access Child and Adolescent Mental Health Services (CAMHS)	●	90.00	54.00	<p>Yr 3 Current CAMHS staffing issues reflect the figure.</p> <p>Yr 2 Primary Mental Health Workers where possible prioritise looked after children.</p> <p>Yr 1 Primary Mental Health workers where possible prioritise looked after children</p>
5.6 Percentage of LAC children and young people waiting less than 6 months after admission to care with a plan for permanence in place	●	90.00	100.00	<p>Yr 3 This exceeds the 90% target</p> <p>Yr 2 Significant improvement noted as part of CELCIS Pace programme</p> <p>Yr 1 Measures are in place through CELCIS PACE programme to improve the timescales to secure permanence for LAC children</p>

6. Strategic Priority - Substance Misuse				
6.1 Percentage of secondary schools delivering drugs awareness programmes in partnership with the Alcohol and Drugs Partnership ADP	●	90.00'	90.00'	<p>Yr 3 Target achieved</p> <p>Yr2 6 of our secondary schools are delivering drug awareness programmes with the support of the ADP.</p> <p>Yr 1 6 of our secondary schools are delivering drugs awareness programmes with the support of the ADP.</p>
6.2 Percentage of 15 year olds who report they usually drink at least once a week	●	10.00'	20.00'	<p>Yr 3 Sample was boosted to include all secondary schools across A&B. The sample also included a great proportion of young people from more deprived areas. This will be identified in the Joint Strategic Needs Assessment.</p> <p>Yr 2 Information obtained from SALSUS survey.</p> <p>Yr 1 Information obtained from SALSUS survey.</p>
6.3 Percentage of 15 year olds who report they are regular smokers at least once a week	●	10.00'	7.00'	<p>Yr 3 This indicated an overall reduction in the number of 15 year olds who report they smoke.</p> <p>Yr 2 Information obtained from SALSUS survey.</p> <p>Yr 1 Information obtained from SALSUS survey.</p>
6.4 Percentage of 15 year olds who report they usually take drugs at least once a week	●	1.00'	1.00'	<p>Yr 3 This indicates an overall reduction in 15 year olds who report taking drugs at least once a week.</p> <p>Yr 2 Information obtained from SALSUS survey.</p> <p>Yr 1 Information obtained from SALSUS survey.</p>

7. Strategic Priority - Leadership and Communication

<p>7_1 Percentage of professionals that understand the mechanism and structures that allow them to influence strategic planning</p>	<p>●</p>	<p>75.00</p>	<p>88.00</p>	<p>Yr 3 In a recent staff survey 88% said they felt part of a whole children's services system, that works across different sectors and agencies in Argyll and Bute. Yr 2 Data obtained from the Joint Inspection of Children's Services Staff Survey whereby 67% of staff reported that they understood Argyll and Bute children's services planning structures. Yr 1 This indicator is linked to the re-establishment of our practitioner forums. The inaugural meetings of the newly established forums were unfortunately delayed due to the winter weather which made travel impossible.</p>
<p>7_2 Percentage of children and young people who have had the opportunity to express their view of the services they use</p>	<p>●</p>	<p>75.00</p>	<p>75.00</p>	<p>Yr 3 The Joint Inspection of Children's young people's survey. Youth services also carry out a variety of exercises that allow young people to express their views. This work will continue with the new CYPSP 2020-23. Yr 2 The Joint Inspection of Children's and Young Peoples Survey. Youth services also carry out a variety of exercises that allow young people to express their view. Yr 1 This will be captured in the well-being survey which is programmed for yr 2 2018/19</p>
<p>7_3 Percentage of children and young people [CYP] with access to the CYP executive summary</p>		<p>75.00</p>	<p>No data available</p>	<p>Yr 3 The executive summary will include the findings from the well-being survey which has been delayed due to COVID 19. Yr 2 The executive summary will include the findings from the well-being survey not due out until early 2020. Yr 1 The executive summary for C&YP will include the high level findings of the well-being survey scheduled for 2018/19</p>
<p>7_4 Percentage of the leadership and communication Quality Indicators which are evaluated as very good or better</p>	<p>●</p>	<p>75.00</p>	<p>71.00</p>	<p>Yr 3 A recent staff survey identified 71% of staff felt there is clear communication about any changes to processes and systems. This will be addressed as part of the GIRFEC Leadership Programme. Yr 2 Evaluation from the Joint Inspection of Children's Services 9.1 Leadership and direction 75% Yr 1 This will follow the inspection of Children's Services</p>

Appendix 2

Year 3 2019/20 Progress Report – Master

What we aim to improve
Strategic Priority - Early Intervention and Support
WBIs – Safe, Healthy, Nurtured and Respected
<ol style="list-style-type: none"> 1. Women are supported during pregnancy and the post-natal period 2. Women who are vulnerable to risk are supported throughout their pregnancy and during the postnatal period 3. Children and young people are supported to be healthy and their well-being needs are met 4. Children achieve their appropriate developmental milestones by 13-15 months, 27-30 months review and on starting P1 5. Children and Young People reach their potential for their age and ability 6. Children and Young People have opportunities for play and development and are ready to learn 7. Children and Young People experience positive parenting and good attachment

How we plan to do it						
Outcome	Action	Evaluation	Action Lead and Person Reporting	Where are we now in terms of progressing each action?	What evidence do we have of this progress?	Delivered across Multi-agency or Single agency
Women are supported during pregnancy and postnatal period	Promote use of continuity of planned antenatal care packages with Midwifery teams	Number of Care packages in place % of continuity in the AN, intrapartum and PN period	Consultant Lead Midwife J Lambert	All teams have developed action plans and driver diagrams. A named Midwife and Buddy Midwife are available for antenatal mothers.	<ul style="list-style-type: none"> • Data is collated monthly • Runs charts are visible in all maternity units in Argyll and Bute (ex. Helensburgh) 	Single agency Health
	Monitor Carbon Monoxide levels at each core contact	Carbon Monoxide levels reduced	Consultant Lead Midwife J Lambert	One team has embedded this work and will buddy another team to upscale.	Evidence of continuity and regular testing if Carbon Monoxide is greater than 4 parts per million. Monthly data	Single agency Health
	Promote GIRFEC process of early intervention antenatally	Audit of antenatal plans	Consultant Lead Midwife J Lambert	Pre-birth pathway working well across all areas of Argyll and Bute (excluding Helensburgh which receives services from NHS GGC)	Data collated on core and additional families and number of active Antenatal plans	Multi-agency

CYPSP 2017 – 20 Year 3 updates (2019/20) Master

Children and young people are supported to be healthy and their well-being needs are met	Promote the benefits of breastfeeding across all agencies	Number of training sessions delivered	Consultant Nurse Children and Families P Renfrew	All maternity units provide 1 to 1 parent craft education classes. Breastfeeding awareness sessions in all early years establishments across A&B.	<ul style="list-style-type: none"> Parent craft flyers and attendance sheets Maternity diaries Feedback 	Multi-agency
	Promote and teach breastfeeding in nurseries, schools and with antenatal women	Training programme	Consultant Nurse Children and Families P Renfrew	<p>All early years establishments have received training and resources for breastfeeding, this is now embedded across Argyll and Bute</p> <p>Breastfeeding awareness sessions for P1 to P7 now rolling out across A&B More vulnerable antenatal women are seen routinely by Infant Feeding Support Worker (IFSW).</p> <p>Highland 'in on the act breastfeeding scheme' is now being exchanged for the governments New breastfeeding friendly Scotland scheme. All existing participants are being changed over and are receiving new resources and new participants are being approached.</p>	<ul style="list-style-type: none"> Feedback IFSW stats 	Multi-agency
	Train education staff to deliver 'good to go' programme in all schools across Argyll and Bute	Number of training session delivered in schools	Paediatric Dietitian Jan Chapple	Training resource has been updated and link resources added. In coordination with education colleagues we are planning and	Record of training calendar and staff attended	Multi-agency

				delivering education in schools in Argyll and Bute		
	Support schools to deliver 'good to go' healthy eating programmes	Number of training sessions delivered in schools	Lead Paediatric Dietitian Jan Chapple	We are supporting schools by providing initiation resources, materials and professional support if required.	We are recording initiatives and collating evaluations	Multi-agency
	At child's 6-8 week review Health Visitors to encourage parents to register their child with a dentist by their first birthday	Number of dental registrations	Oral Health Improvement Manager Elizabeth Peat Margaret Morrison	Established HV to Childsmile referral pathway for families identified by Health Visitor (HV) as benefiting from Childsmile service and support into dental services The recommendation is for HVs to identify those children at greater risk for referral into Childsmile to address inequalities in our communities Recognised oral health resource material in the Universal HV pathway at key contacts by the early years team	<ul style="list-style-type: none"> 3-5yr olds registered with a Dentist Sept 2019 April 2019 - March 2020 264 referrals SIMD 1-5 to Childsmile Comment - NHS Highland (not including data for A&B) 0-2yr olds registration figures for Sept 2019 43.4% 	Single agency Health
	Implement the Pregnancy and Parenthood in Young People (PPYP) Strategy	Action plan data	Argyll and Bute Children's Strategic Group J Lambert P Renfrew A Paterson	Governance now sits with A&B CYPIC group Actions in the plan updated Testing and consolidation of Maternity Care Assistant roles in Bute, Cowal and Oban	<ul style="list-style-type: none"> Reports <p>Feedback from Team Leads and staff. Initial feedback is positive but there is a need to focus on additional support for YP and vulnerable families</p>	Multi-agency
Children achieve their appropriate	Implementation of the Universal Health Visiting pathway for all children, with increased home	Number of Home Visits undertaken	Consultant Nurse Children and Families	The Universal HV pathway commenced implementation incrementally in May 2015	Data collection on HV contacts as per the pathway	Single agency Health

CYPSP 2017 – 20 Year 3 updates (2019/20) Master

developmental milestones by Primary 1	visiting contacts		P Renfrew	and will be fully implemented this year (2020)		
	Support, monitor and promote uptake of 13 – 15 month and 27 – 30 month reviews	Number of children with completed reviews	Consultant Nurse Children and Families P Renfrew	13 – 15 month and 27 – 30month reviews are fully embedded in practice	Data collection on the child health surveillance pre-school reviews	Single agency Health
	Ensure Developmental Milestones are measured for all 3 and 4 year olds	Develop-mental milestones data	CYPIC/ EY Team K Johnston	<ul style="list-style-type: none"> Milestone data routinely collected bi-annually Continue to ensure practitioners have a shared understanding of children achieving their developmental milestones and that the data they collect is robust 	Annual developmental milestone report with evidence of data analysis outlining: <ol style="list-style-type: none"> The overall percentage of milestones achieved The percentage achieved within each milestone The percentage achieved within each locality 	Single agency Early years education
Children and Young People reach their potential for their age and ability	Maintain and promote the Bookstart programme (including training for staff)	Education Reports	EMT L Burgar	<p>In partnership with Live Argyll we continue to build capacity within communities and Early Learning and Childcare settings to deliver Bookbug sessions.</p> <p>The following groups were trained to deliver Bookbug sessions in 2019:</p> <ul style="list-style-type: none"> 6 Early Years Modern Apprentices 20 staff members, mostly LiveArgyll Library staff) <p>Another training was planned March 2020 with 22 participants signed up - this is on hold due to lockdown</p> <p>Bookbug Session stats:</p>	<p>Monitor number of participants trained and number of sessions delivered</p> <ul style="list-style-type: none"> Bookbug attendance figures 5388 adults and 887 children Some stats were unobtainable due 	Multi-agency

				887 Bookbug Sessions took place in 2019/20 and was attended by children	to furlough constraints.	
	Implement the 3-18 Numeracy and Mathematics strategy and the 3-18 Literacy strategy	Education Data	EMT D MacAllister K Johnston P Inglis	<p>Numeracy - Guidance for the early acquisition of numeracy has been created for all schools and training will be provided to P1 practitioners.</p> <p>Stages of Early Arithmetical Learning (SEAL) SEAL training has continued with another 10 schools, 27 schools now involved.</p> <p>The Principal Teachers for Literacy and Numeracy have worked with the Early Years Team on extending the Learning and Development Framework to include progression in Literacy, numeracy and developmental milestones until the end of Primary One. This is in the early stages of development and is being rolled out with pilot provisions.</p> <p>Literacy – P1 guidance and training was provided for all schools. PT Literacy has been supporting schools across the Authority with early literacy. Feedback from practitioners and SLT have</p>	<p>Feedback from parental questionnaires was positive regarding confidence with SEAL approach.</p> <p>Positive feedback from practitioners regarding P1 numeracy guidance. Most schools recorded a notable increase in attainment in NIF data compared with last year.</p> <p>Practitioner feedback</p> <p>Literacy The Emerging Literacy project has been in place across the Authority for three and a half years. In that time over 40 schools and associated staff across Argyll have been involved during that period with 36 establishments engaged at present. “Buddy Networks” are operating across clusters led by Practice Leads. Schools and staff involved are enthusiastic about the importance of a</p>	Single agency Education

				<p>been positive. Some Early Years establishments and P1 teachers are beginning to trial the resources to support the tracking and monitoring of children’s progress through the whole of early level, from age 3 to the end of P1. This is continuing to develop early pedagogical approaches to teaching literacy in P1.</p> <p>PT for Literacy has been working with the Regional Collaborative on emerging literacy, now involving 24 schools. This is developing the planning for foundation skills across education establishments as well as tracking the skills developments from early years through P1. This is developing consistency of expectations relating to phonics: speed, encoding & decoding together, approaches rooted in music, movement, and rhythm. It is also separating sound acquisition from handwriting, delaying formal handwriting until developmentally appropriate. Staff have been supported with creating contexts for writing within play and creating literacy rich environments.</p>	<p>developmental approach which meets the needs of our youngest learners. The Emerging Literacy approach is currently being evaluated for impact across the Northern Alliance, with particular findings in Argyll and Bute-</p> <ul style="list-style-type: none"> • Data has been collected and analysed and this has been used by the Early Years Team to identify development needs for ELC going forward. • Particular areas for improvement have been identified in Rhyme Production and Word Boundaries. This has been analysed by locality and Excellence and Equity Leads, Education Support Officers and managers have identified ideas for change to close the gap in settings. The key drivers for this have been identified and tally with the new National Practice Guidance, Realising the Ambition. • The Early Years Team have developed tracking and moderation across Early Level using the Emerging Literacy progress overview to support collegiate discussion. Training has been rolled out to all Authority ELC establishments and is currently being piloted as an online format. • Northern Alliance Emerging Literacy meetings have taken place using remote conferencing and have continued during the current restrictions. • A questionnaire is due to be issued 	
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				<p>This has developed confidence that we are approaching early literacy in a way which has a positive impact of pupils' achievement and wellbeing. It has increased confidence in practitioners in developing literacy and increased understanding of how to gather a range of evidence to evaluate against the early level Benchmarks. There has been increased collaboration with Early Years settings as well as building of stronger parental partnerships and understanding of the importance of these.</p>	<p>to all practice leads in the form of a 'Survey Monkey' by the end of May</p> <ul style="list-style-type: none"> Two case studies are in progress across the Authority and will be completed remotely by practitioners involved. This will be linked to QIs 2.3. and 3.2 – Learning, Teaching and Assessment and Ensuring Children's Progress. 	
Continue to support and challenge schools to raise attainment overall as measured by national examinations and the National Improvement Framework measures for Literacy and Numeracy	Benchmark Data	EMT L Connor Alison MacDonald	<ul style="list-style-type: none"> Continued work from Education Central Officers through quality improvement visits Input at Head Teacher meetings, and training delivered on Insight and the BGE Benchmarking tool Professional dialogue discussions take place in August and September to analyse the performance data, and subsequent strategy 	<p>Evidence of impact from quality assurance visits minutes.</p> <p>Quantitative SQA and National Improvement Framework data available in August.</p>	Single agency Education	
Continue to promote and train staff on adopting the Model for Improvement (Mfi) methodology	Number of staff trained on Mfi	CYPIC K Johnston P Renfrew	The number of staff attending national MFI training and Scottish Government led practicum	<ul style="list-style-type: none"> Data and run charts on the number of multiagency staff trained on the Model for Improvement methodology Number of staff trained as Scottish 	Multi-agency	

				has increased over 2019/20 Mfl trained staff will become part of the Mfl faculty group who will be trained on delivering the MFI and QI approach in localities through practitioner forums.	<ul style="list-style-type: none"> Improvement Leads and /or coaches CYP Improvement Collaborative faculty Number of staff participating in Scottish Government led practicum's Quality Improvement Award 	
Children and Young People have opportunities for play and development and are ready to learn	Develop Play Strategy linking to National Play Strategy	Development of strategy	CYPIC CPP AP / KJ	Argyll and Bute work to the principles set out in the National Play Strategy	<ul style="list-style-type: none"> Health Visitors distribute Play@Home books and support parents to promote play at home and by attending BookBug rhyme time and Paytalkread sessions Early years settings and school promote free play and learning through play Curriculum for excellence promotes playful learner-led approaches 	Single Agency Education
	Provide learning through play opportunities for children and identify next steps for learning	Developmental milestones data	Early Years Team K Johnston W Brownlie	<ul style="list-style-type: none"> Data is gathered twice per year for developmental milestone progress and analyse outcomes Each ELC setting receives at least two support visits per year – one focused on 'Learning and Development' and one on 'Care and Welfare' 	Developmental milestone data for June 2020 may be delayed due to COVID 19 ELC Visit reports identifying useful next steps for each setting	Single Agency Education
Children experience positive parenting and good attachment	All parents of 3, 4 and 5 year olds have access to Incredible Years or Triple P Parenting programmes (Psychology of Parenting Programme (PoPP))	PoPP data	CYPIC R Quelch	Incredible Years, Triple P Parenting programmes and the Changing Lives Initiative are promoted and delivered through the Psychology of Parenting Programme (PoPP) across Argyll and Bute.	PoPP data Number of programmes delivered Number of parents attending parenting sessions CLI data Number of awareness sessions Number of parents attending parenting sessions	Multi-agency
	Implement the	Evaluation of	A&B Health	<input type="checkbox"/> Dedicated steering	<input type="checkbox"/> ToR in place and group meet	Multi-agency

	<p>recommendations of the Adverse Childhood Experience's (ACEs) Report</p>	<p>ACEs action plan</p>	<p>Improvement Team S Campbell</p>	<p>group established</p> <ul style="list-style-type: none"> • In Touch with Distress and raising awareness conferences in Feb and March 2019. Director of Public Health Annual Report 2018 focused on ACEs, this report was presented to the CPP and IJB • Use of social media to promote events and information on ACEs (Argyll ACEs hub) • NES Opening Doors video resource available • Guided Self-Help Study in Secondary School. First school completing June 2019. Two further schools' pilots planned • Stress and Resilience sessions delivered HSCP staff <p>Trauma Training Pilot – funding secured (£40000) to develop, deliver and evaluate appropriate training to staff groups utilising the NES Framework. Funding secured as a result of work already undertaken in A+B. Trauma training event held Dec 19 in Dunoon with around 90 staff – evaluation undertaken. Senior Managers priority area. (Peter Cartwright Lead)</p>	<p>quarterly</p> <ul style="list-style-type: none"> <input type="checkbox"/> Licenses for ACEs film 'Resilience' purchased; the number of partners accessing the licence to show the film to staff teams <input type="checkbox"/> Number of people accessing events and resources <input type="checkbox"/> Feedback from Pilots <input type="checkbox"/> Feedback and number of staff accessing the sessions <p>Evaluation undertaken – report in draft (now on hold due to COVID)</p> <p>10-20 staff and members of the community attended</p>	<p>HSCP</p>
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				<p>SHIAN training delivered and evaluated Jan 2020 (Peter Cartwright contact) Building Resilient Communities Conference 18th Feb. Partners from Third and Independent Sector, NHS and Council. NES Opening Doors Resource used for training. Community ACES event delivered in Islay. Funding provided by ADP, supported by Public Health. Social Media Communications to promote NES Opening Doors and Sowing Seeds resources. Guided Self-Help Study – One new school started study – study incomplete due to COVID-19. Some data collected from initial school and teaching packs developed.</p> <p>Discussion with SLT HSCP over Resilience and Trauma Informed and Responsive approaches in times of COVID https://nhshighland.nhs.uk/wp-content/uploads/2020/03/A-Public-Health-Approach-to-Understanding-Resilience-COVID19.pdf</p>		
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What we aim to improve
Strategic Priority - Mental Health and Wellbeing
WBIs –Safe, Healthy, Active, Nurtured, Respected, Responsible and Included
<ol style="list-style-type: none"> 1. Pregnant and new parents are supported to recognise the importance of early attachment 2. Parents and carers are supported to deal with behaviour issues 3. Children and young people’s mental health and wellbeing outcomes improve 4. Our children and young people’s wellbeing and resilience is supported through physical activity and sport 5. Young carers needs are recognised and appropriately met 6. Children, young people and their families are supported to overcome inequalities and poverty

How we plan to do it						
Outcome	Action	Evaluation	Action Lead and Person Reporting	Where are we now in terms of progressing each action?	What evidence do we have of this progress?	Delivered across Multi-agency or Single agency
Pregnant and new parents are supported to recognise the importance of early attachment	Encourage attachment through breastfeeding and skin to skin contact	Breastfeeding data	CYPIC P Renfrew	All women have a conversation with their Midwife about the benefits of skin to skin contact	<ul style="list-style-type: none"> • Percentage of women currently breastfeeding at birth (68%) • Antenatal Conversation sheets provide evidence of the breastfeeding discussion the Midwife has with women • UNICEF internal quarterly audit reported to NHS Highland Maternal Infant Newborn Framework group 	Single agency Health
	Midwives, health visitors and early years staff support parents at all contacts and parenting support groups to understand the importance of attachment	Qualitative Feedback from staff	CYPIC P Renfrew K Johnston	Conversation tools are fully embedded in practice. All staff are encouraging attachment and bonding whether the baby is breast or bottle fed. Staff are also encouraging	<ul style="list-style-type: none"> • Staff questionnaire • Feedback from parents 	Multi-agency

				women and partners to use the slings given to them in their baby box.		
Parents and carers are supported to deal with behaviour issues	Parents are offered 1:1 parenting support and encouraged to attend local parenting programmes	Parenting data	CYPIC PR/KJ/A McKenzie	Parents are routinely offered 1:1 parenting support in the home, this is followed up by an opportunity to attend Psychology of Parenting Programmes (PoPP) either Incredible Years or Triple P parenting sessions delivered in localities	PoPP data on parenting groups Verbal feedback from Health Visitors, Nursery Nurses and Social Workers on 1:1 parenting interventions	Multi-agency
Children and young people's mental health and wellbeing outcomes improve	School nurses and Primary Mental Health Workers (PMHW) receive referrals for early mental health support	CAMHS waiting time targets	NHS Highland Argyll and Bute HSCP Brian Reid/Patricia Renfrew	School nurses and PMHWs are receiving referrals for early mental health support. School nurses have received mental and emotional well-being training as part of the transforming school nursing role programme Scottish Government funding for an additional 4.0 WTE School Nurses. The nurses are currently undertaking the specialist school nursing qualification	School Nurse referrals CAMHS waiting time data Number of school nurses attending training Training evaluations	Single agency Health
	Children and young people with elevated mental health concerns are seen timeously by CAMHS	CAMHS waiting time targets	NHS Highland Argyll and Bute HSCP Brian Reid	Argyll and Bute CAMHS have expanded to include an Argyll and Bute HSCP service covering Bute and Cowal. Additional Band 7 and	Reports	Single agency Health

				<p>Band 6 CAMHs posts now recruited to</p> <p>CAMHS staff are working within Mental Health Access Improvement collaborative with SG to address barriers to access.</p>		
<p>Our children and young people's wellbeing and resilience is supported through physical activity and sport</p>	<p>Design and deliver specific target group developments to create inclusive programmes. Including: child healthy weight, disability, teenage girls, non participants of physical education, health inequalities</p>	<p>Sport and Leisure Service Plans</p>	<p>Active Schools</p>	<ul style="list-style-type: none"> Disability Inclusion - Forum continues to ensure a region wide partnership approach. - Zone Club continues in Dunoon, supporting those with Additional Support Needs to engage in programmes. Females: Programmes focusing on Dance Leadership and netball participation were planned for roll out pre COVID - 19. Non- Participants Localised planning with each of the schools to ensure we're able to target those who are inactive. Each School has a unique plan which has programmes 	<p>2018/2019 Total Number of Participants: 5438</p> <p>Additional Support Needs & Disability Total number of young people who report to have a disability or Additional Support Need that took part in Active Schools Programmes: 1957</p> <p>Gender Number of males and females involved in Active Schools programmes Male - 2946 Female - 2493</p> <p>Scottish Index of Multiple Deprivation Total Number of young people from SIMD 1 & 2 who took part in Active Schools Programmes. SIMD 1 - 126 SIMD 2 - 331</p> <p>Free School Meals Total number of young people who access free school meals,</p>	<p>Multi-agency</p>

				<p>tailored for their needs.</p> <ul style="list-style-type: none"> • Health Inequalities Pilot breakfast and activity programme rolled out in South Kintyre, for young people. • Broader Range of Activities Offered By working with leisure colleagues and wider partners, we are creating targeted programmes to increase the range of activities on offer. 	<p>who took part in Active Schools Programmes: 557</p>	
	<p>Deliver outdoor learning programmes for children and young people across A and B</p>	<p>Education data</p>	<p>EMT W Brownlie</p>	<p>65 staff have been trained in bespoke wild things training which has significantly increased the level and quality of outdoor play. We have developed our own outdoor learning qualification which we will deliver with SQA approval from session 20/21</p> <p>The Early Years Team has also worked with Stramash to deliver training on Outdoor Learning through the Seasons in Argyll & Bute. This training involved 4 days of</p>	<p>SEEMIS data Feedback from children and staff</p>	

				training, in different seasons throughout the year, in each of the 4 local areas, with the aim of creating a resource at the end which can be shared across all ELC settings. 50 staff have been trained		
	Increase the number and diversity of participants in Active Schools	Education data	Active Schools	<p>Localised planning with each of the schools to ensure we're able to target those who are inactive. Each School has a unique plan which has programmes tailored for their needs.</p> <p>Young ambassador programme allows us to gather the views of the young people, and ensure programmes are in place which are suitable and desired</p> <p>Use of SEEMIS data to target groups of young people within schools.</p>	<p>2018/2019 Total number of Participants - 5,499 (52% of school roll).</p> <p>Total number of visits - 126,093 to Active Schools Clubs.</p>	Multi- agency
	Improve the connections between schools and clubs	Sport and Leisure Service Plans	Active Schools	New "club pro-forma" used to record all the relevant information on clubs which engage with Active Schools, ensuring we are signposting to safe environments. New Club accreditation to be rolled out in Summer of 2020. Number of clubs we link with decreased to 89, thought to be	Active Schools linked to schools - 89, as recorded by ASMO	Multi- agency

				down to the new process for improving links with good community clubs. Community Sports Hubs growing in Oban, Dunoon, and Islay. Tiree and Bute also continue to develop.		
	Engage looked after and accommodated children (LAAC) in activity	Corp Par Data	Corporate Parenting Board P Hoey	Corporate Parents routinely promote activities and with C&YP and LAAC reviews take cognisance of how active YP are at the LAC review	Update and feedback to the Corporate Parenting Board	Multi-agency
Young carers needs are recognised and appropriately met	Young carers are identified as being under 18 years old and still pupils at school	Children and Young People Survey	AB Children Strategic Group Brian Reid	This action is being reviewed as not many young carers meet the criteria for opening a Child's Plan		Single agency Social work
<i>(The Young Carers Act will be implemented from 1st April 2018. The Act places a duty on local authorities and relevant health boards to jointly prepare a local carers strategy which must contain information relating to the particular needs and circumstances of young carers)</i>	Implement the Carers (Scotland) Act 2016.	Qualitative Feedback	H of S C and F Brian Reid	Carers' Centres and appointed 3 rd sector groups are using Young Carers Statement to support proving support	Young Carers Statements Report to Carers Implementation group	
	Young carers should have a Child's Plan to ensure all appropriate help and support is in place for them. After 31 st March 2018 Young Carers should be assessed and have a statement stating their identified personal outcomes, their personal needs, the support needed to be provided by the local authority to meet those needs.	Child's Plan audit	GIRFEC Implementation Group Brian Reid P Renfrew	Young Carers are assessed and have a statement stating their identified personal outcomes and needs, this statement identifies the support required for the young carer	Young Carers Statements	
Children, young people and their families are	Further develop the partnership approach to maximizing income through Citizens Advice Bureau	Citizen's Advice Bureau Data	Citizen's Advice Bureau	Nurseries, midwives and health visitors routinely contacted as a reminder	Emails and referral forms	

supported to overcome inequalities and poverty	Money Advice projects		Gillian McInnes	of CAB does and how to refer clients to us.		
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What we aim to improve
Strategic Priority – Children and Young People’s Voices
WBIs – Respected, Responsible and Included
<ol style="list-style-type: none"> 1. Children and young people understand their rights as laid out in the United Nations Convention on the Rights of the Child (UNCRC) 2. Young people and their families are supported to express their views and are supported to participate in individual and service planning 3. The views of all children and young people are listened to and responded to when taking decisions 4. Children and young people with additional support needs feel included and are supported in the community

How we plan to do it						
Outcome	Action	Evaluation	Action Lead and Person Reporting	Where are we now in terms of progressing each action?	What evidence do we have of this progress?	Delivered across Multi-agency or Single agency
Children and young people understand their rights as laid out in the United Nations Convention on the Rights of the Child (UNCRC)	Develop use of Rights Respecting Schools (RRS) programme	CYP Feedback	Argyll and Bute Children’s Strategic Group GG	<p>The Education Service has continued with its Service Level Agreement with UNICEF as part of collaborative work through the Northern Alliance. This entitles schools all of our schools to support and accreditation visits at no cost; the only cost for schools is initial registration.</p> <p>The Authority Strategic Lead has continued undertake training and development activities with the UNICEF lead</p>	<p>Increased engagement of schools in the programme total of 33 schools (up from 17 last year)</p> <p>Increased evidence of the language of Children’s Rights in school improvement plans and other planning documents</p>	

				<p>and been a joint assessor for 3 Silver visits as well as a lead assessor for Bronze accreditation.</p> <p>The Authority Strategic Lead has delivered Bronze to Silver workshops at both school and cluster level and, most recently, online as a response to COVID-19 lockdown.</p> <p>The Authority Strategic Lead has worked in collaboration with the Early Years Team to deliver training to EY practitioners around rights-based approaches.</p> <p>The Authority Lead sits on the steering group for statutory Children’s Rights Reporting</p> <p>We now have 13 schools at Bronze and 6 at Silver, with an additional Gold accreditation visit booked for the autumn of 2020 (postponed from June 2020 due to COVID-19).</p>	<p>Education activity is reported within the draft statutory Argyll and Bute report on Children’s Rights Activity</p> <p>Training delivered on 2.10.19, 14.2.20, 10.3.20 and 3.4.20.</p> <p>The RRSA journey involves stakeholder engagement questionnaires as part of the inbuilt impact assessment so progress in terms of awareness and engagement is measured as part of the process</p>	
	Promote understanding of the wellbeing indicators with children, young people and families	CYP Feedback	Argyll and Bute Children’s Strategic Group PR	Infomercial developed for use in schools to promote understanding of the Named Person role and the Well-being Indicators	<p>Infomercial now in use across the authority</p> <p>Argyll and Bute were successful in winning the Quality Improvement Top Team Award for this work</p>	

CYPSP 2017 – 20 Year 3 updates (2019/20) Master

<p>Young people and their families are supported to express their views and are supported to participate in individual and service planning</p>	<p>Provide communication tools for children and young people at Child's Plan meetings e.g. Measuring outcomes and an introduction to well-being tools</p>	<p>Child's Plan Audit</p>	<p>GIRFEC Implementation Group PR</p>	<p>Named Persons and Lead Professionals have measuring outcomes packs and an introduction to well-being tools They also have access to the well-being bingo game GIRFEC Advisors also provide support to Named Persons and Lead Professionals</p>	<p>Availability of resources, tools and training</p>	<p>Multi-agency</p>
	<p>Develop mechanisms to enable children and young people to fully participate in school planning e.g. through School Pupil Councils</p>	<p>CYP Feedback</p>	<p>Youth Services MT</p>	<ul style="list-style-type: none"> • Education management team have three improvement visits each year, and education officers work with head teachers to analyse the impact of the participation from pupil councils • Young people are also included in the improvement planning process in schools and participate in school reviews and inspections. Several schools are actively involving young people in planning process however still progress to be made • Young people in each of the Council areas attend Area Community Planning Groups to discuss how they can be better represented at meetings 	<p>Feedback during establishment reviews shows</p> <p>Pupil voice is part of school's improvement agenda.</p>	
	<p>Develop a consistent approach for the involvement and engagement of children and young people in decision making across all services</p>	<p>CYP Feedback</p>	<p>Youth Services MT</p>	<p>Young people are being supported to attend and participate on decision making forums.</p> <p>Training and CPD offered in</p>	<p>- All local forums attended and presented at least once to Area Planning Groups.</p>	

				<p>involvement and engagement of young people.</p> <p>Review of youth forums and youth voice structure completed and recommendations produced.</p> <p>Community Learning service in advance stages of implementing a co-production model for service delivery.</p> <p>A partnership project using the Model for Improvement and Quality Improvement Methodology to progress Children and Young People’s Strategic Engagement is underway. The aim of the project is to develop a model that can be used by partner agencies to improve involvement of young people in the planning and co-design of services.</p>	<ul style="list-style-type: none"> - Helensburgh and Lomond Youth Forum (HLYF) are now full members of the Helensburgh and Lomond Area Planning Group and young people from the forum attend meetings. - Argyll and Bute MSYPs are now full members of the Argyll and Bute CPP. Community Learning provide ongoing support to the young people involved. - Young people are supported to attend partnership groups such the Argyll and Bute Alcohol and Drugs Partnership and the Champion’s Board for Care Experienced young people. - Workshop on Child Rights and Wellbeing Impact Assessment (CRWIA) for 	
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					senior officers from all sectors held	
	Promote the use of 'Having Your say' forms or appropriate alternative forms of communication for children attending hearings	Audit	Argyll and Bute Children's Strategic Group Kenneth Ritchie	C&YP do not routinely complete and return the notification about hearings 'All about me forms'	No data available	
The views of all children and young people are listened to and responded to when taking decisions	Promote use of Viewpoint tool	Audit	Child Protection Committee Lead Officer CP	Care experienced Children and YP are encouraged and supported to complete the Viewpoint tool to express their views	People Viewpoint Data, % of Children and Young People reporting they feel: Safe 89% Healthy 65% Achieving 70% Nurtured 93% Active 67% Responsible 79% Respected 73% Included 72%	
	Through the Model for Improvement methodology develop PDSA tests to increase the number of recorded views in Children and young people's plans	Audit	GIRFEC Implementation Group PR	Tools and resources have been developed and tested to raise awareness of GIRFEC processes with children and young people. As a result of this work Argyll and Bute won the top team award for Quality Improvement (QI) at the national QI Awards in November 2019 Further work is underway in this area to ensure this is embedded in practice	PDSA run charts Verbal feedback Quality Improvement Application and Award	
	Through the Model for Improvement methodology develop PDSA tests to increase	Audit	GIRFEC Implementation Group	The 'What matters to me' form developed and tested in Cowal Health Visiting team. The form	PDSA run charts Verbal feedback	

	the number of recorded views of Parents in Child’s Plans		PR	<p>has been rolled to out to other areas.</p> <p>As a result of this work Argyll and Bute won the top team award for Quality Improvement (QI) at the national QI Awards in November 2019</p> <p>Further work is underway in this area to ensure this is embedded in practice</p>	Quality Improvement Application and Award	
	Children’s Panel members prioritise children and young people expressing their views of children at children’s hearings and record this in the Record of Proceedings from Hearings	Audit	SCRA Kenneth Ritchie	<p><u>In the Children's Hearings (Scotland) Act 2011, Section 27</u></p> <p>It is a fundamental requirement that the views of the child are considered. This section applies where a children's hearing is coming to a decision about a matter relating to a child.</p> <p>The children's hearing must, so far as practicable and taking account of the age and maturity of the child give the child an opportunity to indicate he wishes to express views and if so, give the child an opportunity to express them.</p> <p>The panel members are required to have regard to any views expressed by the child.</p> <p>Although generally a child who is aged 12 or over is presumed to be of sufficient age and maturity to form a view for this purpose panel members will regularly extend the opportunity for private discussion to</p>	<p>This is not information which has, to date, been subject to internal audit by SCRA as it falls principally in the purview of CHS and is essential and fundamental to the conduct of children’s hearings</p> <p>In respect of the options available for children to express a view, these are subject to continuous revision and innovation</p>	

				<p>younger children who indicate they would like to do so.</p> <p>Panel members are required to take account of a child’s views however expressed. In terms of rule 8. of <u>The Children’s Hearings (Scotland) Act 2011 (Rules of Procedure in Children’s Hearings) Rules 2013</u> “Where any document is to be given to members of the children’s hearing or pre-hearing panel under, or by virtue of, the Act, or these Rules, the document must contain any views expressed by the child which have been given to the person who has prepared that document.”</p> <p>In terms of Rule 6, The chairing member of the children’s hearing must take reasonable steps to ensure that any child is able to understand the proceedings; and participate in those proceedings and where, during the proceedings, the child wishes to express a view, make reasonable arrangements to enable the child to express those views in the manner preferred by the child.</p> <p>All panel members undertake chairmanship training even if</p>		
Children and young people with additional support needs (ASN) feel included and are supported in the	Implement <i>Self Directed Support Action Plan</i>	Review take up of direct payments	Head of Service Children and Families	A review of services for children and young people with disability to consider future models of provision including looking at closer integration		

community			B Fanshawe	with adult disability services and to increase uptake of the full range of SDS options in planned by 2021		
	Evaluate community activities for children and young people with ASN	Service User feedback	TSOs Youth Services Katrina	A programme of engagement through members of the Third Sector Partnership has been developed to establish a shared definition of ASN and which incorporates the UNCRC and encourages input and involvement of TSO's to a degree which suits their capacity and need.	Logic Model	

What we aim to improve
Strategic Priority – Child Protection
WBIs – Safe, Healthy, Nurtured and Respected
<ol style="list-style-type: none"> 1. Pre-birth women who are vulnerable to risk are supported during pregnancy and post-natally 2. Children and Young people are protected from harm at home, at school and in the community 3. Young people are safe and can access appropriate accommodation on leaving care 4. Children's plans (Child Protection and GIRFEC) are SMART and outcome focused

How we plan to do it						
Outcome	Action	Evaluation	Action Lead and Person Reporting	Where are we now in terms of progressing each action?	What evidence do we have of this progress?	Delivered across Multi-agency or Single agency
Pre-birth - Women who are vulnerable to risk are supported during pregnancy and post-natally	Promote early antenatal booking to ensure women across the SIMD quintiles can access maternity care and support as early as possible for both maternal and infant outcomes	Audit	Consultant Lead Midwife J Lambert	Midwife as first point of contact now widely advertised. Pre booking appointments now around 8 weeks with booking apt before 12 weeks. Healthy Start Vitamins given at first point of contact	Monthly Data returns	
	Work to reduce maternal stress and resulting harm to unborn	Audit	Consultant Lead Midwife	Best Start and GIRFEC principles are embedded	Best Start resources assist	

	<p>child through:</p> <ul style="list-style-type: none"> ▪ Early intervention and targeted support for parents ▪ Working with fathers to improve secure attachment ▪ Signposting to money advice project ▪ Routine enquiry for risks of domestic abuse in pregnancy and postnatal period 		<p>J Lambert P Renfrew</p> <p>G Davies</p>	<p>in practice. The Named Midwife co-ordinates the care plan throughout pregnancy with families and involvement of wider team if necessary. Antenatal planning meetings arranged to suit families at appropriate stage</p>	<p>with the development of Maternity " hubs" in each CMU to offer a more streamlined "one stop shop" approach</p>	
	<p>Plan to improve maternal nutrition by:</p> <ul style="list-style-type: none"> ▪ Promotion of breast feeding ▪ Promotion of Healthy Start 	<p>Audit</p>	<p>Consultant Lead Midwife J Lambert P Renfrew</p>	<p>Families are given information on Best Start and are supported to complete the application (if necessary) this happens from 24 weeks gestation</p> <p>Best Start food vouchers replacing Healthy Start scheme from Summer 2019</p>	<p>Four Infant Feeding Support Workers (IFSW) cover the four main localities of Argyll and Bute and provide additional input antenatally/postnat ally. Keyworkers in all areas provide support to peer supporters, staff, and families.</p>	
<p>Children and Young people are protected from harm at home, at school and in the community</p>	<p>Implement Child Protection Improvement Plan</p>	<p>CPC self evaluation</p>	<p>Child Protection Committee LS</p>	<p>The EEI process has been reviewed and a Domestic Abuse Referral pathway to Named Person has been developed</p> <p>Social Work Practice Lead development programme implemented</p> <p>Young Person Support and Protection Protocol implemented and being used as appropriate- currently being reviewed by the CPC High Risk</p>	<p>Implementation is monitored by the CPC evidence in CPC minutes and reports</p>	

				<p>working group</p> <p>CPC website has been updated and suite of Guidance, Procedures and Protocols has been reorganised with brief outline of each document.</p> <p>CPC has moved to Pyramid based live performance</p> <p>Guidance for chairing child protection core groups has been implemented and review is partially completed</p> <p>It is also anticipated this guidance, can be applied to how child protection case conferences are managed.</p>	<p>Initial findings indicate they are being used and have had a positive effect on family contribution by using the chronology and plan as the agenda and focus on the existing strengths within the family and current risks and how they can be reduced.</p>	
	Develop and implement Road Safety Action Plan to ensure road safety continues to improve over next 3-5 years	Audit Report	Police Scotland Graham Cor?	No update available		
	Implement Local Fire and Rescue Plan for Argyll and Bute	Audit Report	Scottish Fire and Rescue Service S McLean	The plan was implemented and progressed against over the year	The service responds to their performance to the Community Services Committee on a quarterly basis, against the plan	
Young people are safe and can access	Increased availability of specialist housing provision for young	Audit Report	Through care Aftercare	100% of care leavers offered accommodation,	Reports to CPB, Draft Protocol	

appropriate accommodation on leaving care	people who are looked after		Forum P Kyle B Moore D Whyte	Draft Housing protocol presented to CPB		
Children’s plans (Child Protection and GIRFEC) are SMART and outcome focused	Embed the work of the Quality Improvement Group so all child plans make a practical difference by being specific, measurable, achievable, realistic and time-based	Audit	Quality Improvement Group P Renfrew Mark Lines LO CP	Key priorities have been identified for the GIRFEC Advisors/Quality Improvement group and the A&B Children and Young People’s Collaborative.	Action Plans	
	Use the improvement methodology of PDSA testing to ensure all children have a multi-agency chronology	Data	Quality Improvement Group P Renfrew Mark Lines LO CP	Initial findings in the test area have been positive, there is also evidence that this is happening in other area. The next PDSA test involves scaling up to ensure all partners are involved	PDSA tests	

What we aim to improve

Strategic Priority – Corporate Parenting
WBIs – Achieving, Nurtured and Respected
<ol style="list-style-type: none"> 1. Improve the educational attainment of Looked After Children (LAC) and Young people 2. Children and young people who are looked after have better long-term outcomes 3. Care leavers accommodation needs are appropriately met 4. The emotional wellbeing of Looked After Children is improved 5. LAC and care experienced children are considered for diversion from prosecution/custody 6. LAC children will have a plan for permanence in place within 6 months of admission to care

How we plan to do it

Outcome	Action	Evaluation	Action Lead and Person Reporting	Where are we now in terms of progressing each action?	What evidence do we have of this progress?	Delivered across Multi-agency or Single agency
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				<p>to include all pupils from P1 to S3 using individual Progress and Achievement tracking and national Achievement of a Level (ACEL) data</p> <ul style="list-style-type: none"> • EDU106_04i Complete the second cycle of individual tracking and monitoring of all Senior Phase pupils to ensure that progress and attainment are in line with the individual expectations for each child • EDU106_03i Improve the quality of our flexible learning planning by working with local employers to provide a range of nurturing work placements for our looked after and care experienced children • EDU106_02i Monitor and evaluate the impact of the multi-agency planning, review, and risk management processes for our looked after and care experienced children 	<p>central team</p> <p>All FLPs for looked after children submitted to and approved by Education Lead for Looked After Children Looked After Health and Wellbeing Family Liaison Officer post created and staff recruited.</p> <p>Education staff involved in Child Journey Audit. Training provided around risk assessment and management for education staff. Findings from Serious Care Reviews shared.</p>	<p>Multi Agency</p>
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	Work with partners to enhance schools vocational programmes	Education data	Education Management Team M Turnbull	<p>633 Foundation Apprenticeship places were offered by 5 providers in 12 different work streams. The most popular being Social Services Children and Young People (155), Business Skills (124), Social Services and Healthcare (95) and Creative and Digital Media (94).</p> <p>558 pupils took part on a wide range of Skills for Work courses delivered in partnership with Argyll College</p> <p>All schools have developed school/employer partnerships with local businesses.</p> <p>Dunoon Grammar School was crowned the UK's European Entrepreneurial School of the Year at a prestigious ceremony in Helsinki. The European Entrepreneurial School Awards recognise outstanding schools that are championing entrepreneurship</p>	<p>All secondary establishments have a minimum of 3 Developing Young Workforce partnership (DYW) arrangements for school employer collaboration in supporting knowledge and understanding of world-of-work and applicable skill – this target has been achieved and will be ongoing</p> <p>Appointment of new staff who are working with Employers and the Education Service to progress the DYW Agenda</p> <p>DYW development plan in situ</p>	
Children and young people who are looked after have better long-term outcomes	Deliver family interventions that work to strengthen families so that children can safely stay with them	LAAC Plans Audit	Social Work	A successful recruitment drive by the Fostering Team in the autumn (2018) resulted in additional Preparation Days for Foster Carers being required. We have recently approved two new foster families in the	Family Placement Team Meeting Minutes	

				Oban area with 5 more assessments in progress		
	Work with education partners such as Argyll College to ensure Looked After Children have equitable advice and guidance re progression to post-school Further Education and Higher Education opportunities	Positive destinations data	Education Management Team M Turnbull	<ul style="list-style-type: none"> Argyll College were asked to join the Corporate Parenting Board to ensure that our Looked After Children are given the best opportunity and support to enter further education The Corporate Parenting Board have requested Argyll College guarantees that Looked After Young People are interviewed if they apply Links are being established with the Care Experienced Participation Groups 	<p>Meetings with Argyll College</p> <p>Two members of the Education Management Team have attended Champions Board Meetings</p> <p>Over the last 3 years positive destinations for Looked After Leavers has averaged at 80% across Argyll and Bute, 75% National, 74% Northern Alliance and 89% Virtual Comparator</p>	
	Increased availability and range of LAAC provision for Children and Young People within the Local Authority	LAAC Plans Audit	Corporate Parenting Board Pamela Hoey	The Core and Cluster (C&C) Project has made significant progress throughout 2018/19 with the Helensburgh C&C property now is ready for first young person from East King Street Children's House to move in. A second new build Core and Cluster property has now been allocated in Oban. Discussion with ACHA is in progress to deliver the same resource in the	Children and Families Program Board Minutes	

				Dunoon area and to convert a council building in the MAKI area. These developments will increase the capacity to deliver our commitment to continuing care for our young people while increasing capacity within the Children's Houses.		
Care leavers accommodation needs are appropriately met	Young people are supported to leave care with appropriate housing	Housing Data Corporate	Corporate Parenting Board Registered Social Landlords D white	<p>100% of young people leaving care are offered appropriate housing.</p> <p>Young people who are currently being looked after by the local authority and are ready to move to their own accommodation are given the maximum 200 points, recognising their vulnerability as a group, and in line with our obligation as corporate parents. The 200 points gives them the highest priority on the housing list.</p> <p>Young people should be offered appropriate housing options advice for them to choose the most appropriate housing path to meet their needs</p> <p>The first step of a temporary tenancy allows the housing to engage with the young person and encourage them to take up appropriate support to help</p>	The Through Care Team monthly data.	<p>Monthly data is recorded on the housing circumstances of the young people we support. This information is reported to housing through local and authority wide Through Care Central forums.</p>

				<p>them sustain their accommodation</p> <p>As Through and After Care providers this has been useful in helping us provide appropriate supports during this difficult transition.</p>		
LAC and care experienced children are considered for diversion from prosecution/custody	LAC and care experienced children who are under 18 years and commit offences are considered for diversion from prosecution	Youth Justice Data	Police Scotland Youth Justice Gordon Rae Paul Kyle	<p>There is now an agreed process and procedure with the Crown Office, Sheriffs and PFs for all LAAC to be considered for diversion from prosecution.</p> <p>To date this has not been required and will be utilised when the situation occurs.</p>	Crown Office data	
LAC children will have a plan for permanence in place within 6 months of admission to care	Permanence planning is prioritised by services working with LAC Children during the first six months after their admission to care	LAAC Plans Audit	Corporate Parenting Board Social Work Pamela Hoey	Through the CELCIS PACE programme has improve the timescales to secure permanence for LAC children there has been increased evidence of permanency planning over the last year. In 2019/20 the focus of permanency work has been progressing cases with significant drift.	Permanence data reporting through corporate parenting board	

What we aim to improve
Strategic Priority – Substance Misuse
WBIs – Safe, Healthy and Responsible

How we plan to do it						
Outcome	Action	Evaluation	Action Lead and Person Reporting	Where are we now in terms of progressing each action?	What evidence do we have of this progress?	Delivered across Multi-agency or Single agency
Children and Young People and parents are effectively supported to make informed choices about drugs and alcohol	Deliver appropriate preventative and education programmes on alcohol and substance misuse within schools	ADP reports	Alcohol and Drugs Partnership C McNally	The ADP funds the delivery of support services for young people in all ten High Schools in Argyll & Bute. Education inputs are also delivered within some schools by external service providers to complement the schools existing drug and alcohol education programme.	Monthly reports are provided to the education department and ADP indicating the number of young people seen, the number of sessions, the reporting issue and any education workshops delivered as part of this programme.	
Children and Young People living with substance misusing parents are supported	Work with adult services to identify and support substance misusing families	ADP reports	Alcohol and Drugs Partnership C McNally	The 2020 ADP strategy includes the priority “Getting it Right for Everyone” which takes account of Children and Families. The Key Action is People affected by alcohol and drugs us will be safe, healthy, included and supported. The ADP coordinator is a member of both the Child Protection Committee and the Adult Protection Committee. In addition, the Child and Adult Protection Leads are members of the ADP. This partnership approach has created opportunities	Actions against the ADP strategy. Attendance at meetings.	

				for service delivery partners to communicate more effectively. Links between ABAT, We Are With You and young person's support services exist within several areas of Argyll & Bute.		
Reduce adolescent smoking prevalence	Deliver smoking prevention programmes in schools	Audit Reports and School Improvement Plans	NHS Highland EMT L Stephenson	In 2019, the annual S3 Health Drama Programme was delivered for the third year running to all S3 pupils (755 pupils). The programme addresses several health topics relevant to young people. It includes 3 lesson plans, a resilience workbook, workshops, a touring drama production and a question and answer session with service providers. Pupils asked 183 questions during the question and answer session and 3% of these were on smoking.	579 pupils completed the pupil evaluation. 60% said they found the question and answer session useful. 90% said they found the drama informative and 86% said they are now more aware of young people's services.	
	Work with partners to reduce the incidence of young people smoking	Audit	A and B Health Improvement Team L Stephenson	The Smoke Free Programme runs annually and includes five lesson plans that are delivered to P6/7 pupils by teachers in advance of the drama tour. Updated lesson plans were sent to primary school teachers at the start of the 2019 academic year The drama tour was	The Smoke Free Programme lesson plans were delivered by teachers and the drama tour reached to 979 P6/P7 pupils In 2019 the evaluation took the form of teacher interviews and pupil focus groups. The feedback was very positive, and both	

				<p>delivered throughout Argyll and Bute and was accompanied by Education or Health Improvement where possible</p> <p>The Health Improvement Team also support ad-hoc requests by supporting the delivery of workshops and information within education, the third sector and health colleagues Argyll and Bute IJB continues to be part of Scotland's Charter for A Tobacco Free Generation by: Recognising the harmful effect smoking has on the health of our population, being personal advocates for a smoke-free generation and recognising the importance of front line service delivery shifting toward preventing problems from arising and the contribution stopping smoking has on improving health and wellbeing</p>	<p>expressed a desire for it to continue. Teachers said the programme was very comprehensive and were aware of long-lasting effects on some pupils.</p> <p>The 2019 SALSUS survey reported significantly higher numbers of young people smoking regularly and occasionally in A&B compared to Scotland as a whole. Compared to the 2013 SALSUS survey there have been mixed results.</p> <p>In A&B the number of 13 and 15 year olds describing themselves as occasional smokers increased by 2%. The number of 13 year olds describing themselves as regular smokers also increased by 2% but this figure decreased by 3% for 15 year olds. However, it is worth noting in 2019 the sample size used for the survey rose considerably to 80% compared to a 30% sample size in 2013, therefore it is more likely that the 2019 results are</p>	
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					more representative of tobacco use in these age groups.	
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What we aim to improve						
Strategic Priority – Leadership and Communication						
WBIs – Respected, Responsible and Included						
<ol style="list-style-type: none"> 1. Professionals working in children’s services understand the mechanisms and structures that allow them to influence strategic planning 2. Children and young people are able to express their views regarding the services they use 3. Children and young people are informed of how their actions have been taken forward based on their views 4. Strengthen strategic leadership and communication 						

How we plan to do it						
Outcome	Action	Evaluation	Action Lead and Person Reporting	Where are we now in terms of progressing each action?	What evidence do we have of this progress?	Delivered across Multi-agency or Single agency
Professionals working in children’s services understand the mechanisms and structures that allow them to influence strategic planning	Review Strategic Children’s Service Group Structure Promote and lead on the re-establishment of effective locality-based Children’s Service Groups Inform staff of revisions to Argyll and Bute’s Children Strategic Group structures	Report by executive group chair to Argyll and Bute’s Children Strategic Group	Argyll and Bute’s Children Strategic Group	Argyll and Bute’s Children Strategic group and GIRFEC leadership programme self-evaluation provided clarity on the Children’s Services groups and plans. This information has shaped the structure of the 2020-23 CYPSP	Self-evaluation statement GIRFEC leadership programme staff survey and feedback	Multi-agency
Children and young people are able to express their views regarding the services they use	Develop and implement Argyll and Bute’s children and young people’s health and wellbeing survey	Survey Report	Argyll and Bute’s Children Strategic Group	The 2019/20 SALSUS and well-being survey has been completed and the results were received in February 2020. This information will be used to inform the 2020-23 CYPSP	SALSUS and well-being survey report	Multi-agency
Children and young people are informed of how their actions have been taken forward based on their views	Produce children service plan summary for children and young people	Summary Report	Argyll and Bute’s Children Strategic Group	Findings of the survey will inform the new the 2020-23 CYPSP Involvement of CYP in	SALSUS and well-being survey report	Multi-agency

CYPSP 2017 – 20 Year 3 updates (2019/20) Master

				focus Groups as part of the GIRFEC Collective Leadership Programme		
Strengthen strategic leadership and communication	Undertake a programme of self-evaluation using nationally agreed quality indicators " <i>How well are we improving the lives of children, young people and families</i> "? to assess the effectiveness of service and strategic planning	Self-evaluation methodologies using nationally agreed quality indicators	Argyll and Bute's Children Strategic Group	Self-evaluation of Argyll and Bute's Children Strategic Group has been carried out as part of the GIRFEC Collective Leadership Programme	Self-Evaluation report Focus Group Report Staff Survey Child Plan Audit	Multi-agency



Integration Joint Board

Date of Meeting: 16 September 2020

Title of Report: Scottish Social Services Council (SSSC) Registration Policy

Presented by: Jane Fowler, Head of Customer Support Services

The IJB is asked to:

- Endorse the Policy.

1. EXECUTIVE SUMMARY

- 1.1 The following paper introduces a HSCP policy to support the process for ensuring staff who require to be SSSC registered to undertake their role maintain that registration, how this is supported and any implications of the lapse of registration.

2. INTRODUCTION

This report presents a policy to consider and approve on statutory registration for social care staff.

3. DETAIL OF REPORT

- 3.1 Registration with the SSSC (Scottish Social Services Council) is a statutory requirement for employees engaged in the delivery of social care. Employees in the sector must maintain their registration in order to continue to practice. This safeguards service delivery bodies, service users and employees and keep practice and services safe.
- 3.2 An assessment of the current arrangements for monitoring registration status amongst employees within the HSCP have identified a number of areas for improvement. Following discussion and agreement at the Social Work Training Board, now chaired by the Chief Social Work Officer, Head of Adult Services Julie Lusk, a draft policy has been prepared and is presented for consideration and approval.
- 3.3 In order to deliver social care services safely, we must have assurance that appropriate statutory registration is in place for staff. This will bring the practice in monitoring social care registrations in line with that of nursing colleagues.

4. RELEVANT DATA AND INDICATORS

Monitoring SSSC registration

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Supports the delivery of strategic priorities

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

None

6.2 Staff Governance

All employees are treated equally

6.3 Clinical Governance

Maintain the ability of staff to undertake their role and statutory responsibility

7. PROFESSIONAL ADVISORY

If an employee does not meet the standards or fails to maintain registration, the Council must inform SSSC and the Care Inspectorate as part of their legal responsibilities as an employer.

8. EQUALITY & DIVERSITY IMPLICATIONS

An EQSEIA has been completed and there are no negative impacts

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Compliant

10. RISK ASSESSMENT

Approval of the policy reduces the risk to the organisation and to service users of employees practicing in the social care professions without the appropriate registration in place.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None

12. CONCLUSIONS

This policy is an important addition to the suite of policy and procedural support to ensure safe practice in social care.

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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Argyll and Bute
Health and Social Care Partnership

SSSC Registration Policy

For Social Care Staff working in Residential, Care at Home, Housing and Day Services

The Scottish Social Services Council (SSSC) was formed in 2001 following the Regulation of Care (Scotland) Act 2001. The SSSC has the duty of registering all Social Services Workers and developing the Codes of Practice, which set down the standards and responsibilities that employees and employers within Social Services should adhere to. The intent behind the development of the Codes of Practice and the registration process was to further improve and maintain professional standard within Social Services. [Here](#) is a link to the Codes of Practice.

Registration with Scottish Social Services Council (SSSC) is based on the role and responsibility of the post being undertaken. To maintain registration for the post, the relevant formal qualification must be achieved within the timeframe set down by the SSSC (Appendix 1). It is a legal requirement and therefore it is compulsory to comply with this process. Without the relevant registration employees will not be in a position to continue practicing in their current roles.

The Council has the responsibility of ensuring their workforce is suitably registered and attaining the standards set down in the Codes of Practice. They have a duty to support and guide employees through the processes involved. Each employee has a responsibility to comply with what is required of them and ensure they achieve the relevant registration.

Policy Aim and Scope

1 Policy Statement and Aim

1.1 It is an essential component of professional governance arrangements to ensure that registered social work and social care staff maintain up to date registration with the SSSC. Social work and social care staff must be registered if the role requires it in order to practice. The following policy and procedure has been developed to ensure a standardised process of registration monitoring is in place.

1.2 The following principles apply to the monitoring and maintaining of up to date registration for SSSC:

- It is the professional responsibility of all registered Social work and social care staff to meet the requirements of their regulatory body, to maintain their registration and up to date contact details with their regulatory body and pay all registration fees in a timely manner. If a registration lapses for any reason, it is the responsibility of the member of staff to inform their manager as soon as is practical.
- The council is responsible for ensuring robust registration monitoring procedures ensuring the implementation of this procedure. The council will take all reasonable steps to support registered staff to renew their registration in a timely manner to prevent any lapses in registration.
- In the event of a lapse in registration, the staff member should be advised they cannot work or be paid in a role that requires registration until registration is renewed. In such circumstances, Locality Manager/Local

Area Manager in consultation with the Head of Service, should follow the guidance contained in this document to ensure a consistent approach to staff.

The aim of this policy is to provide enabling guidance on:

- What is required to comply with legislation requirements?
- The processes for enabling employees to achieve registration.
- The process to be followed if registration is not achieved.

This policy applies to employees who are required to register with the SSSC and who work in a Care Home, Care at Home or Day Care Services (see Appendix 1).

3. Related Policies and Legislation

This policy should be used in conjunction with other relevant policies and legislation, including:

- Regulation of Care (Fitness of Employee in Relation to Care Services) (Scotland) (No.2) Amendment Regulations 2010;
- The Registration of Social Workers and Social Service Workers in Care Services (Scotland) Regulations 2013;
- Scottish Social Services Council Codes of Practice 2003;
- Redeployment Policy
- Supervision Policy

4. Applying for Registration

The council recommends that employees working within Adult Social Care registered roles register immediately; all new employees must register within 6 months of appointment to role. It is essential that all employees submit their applications to the SSSC **prior to the deadline** set by the SSSC.

It is not a prerequisite for employees applying to the register to have achieved the educational qualification required. However there is a requirement to have attained the relevant qualification within the timeframe outlined by the SSSC (Appendix 1). Argyll and Bute Council Training Centre deliver a number of SVQs, see (Appendix 2)

New Employees

All new employees where registration requirements were in place on or prior to appointment must complete their registration within 6 months of appointment to their role. The council requires new employees to make

application to register with the SSSC within the first two weeks of taking up employment. EXTENDED DUE TO COVID

It is the role of the appointing manager to reinforce the requirement for staff to register with SSSC as part of the recruitment and induction process.

At point of application for registration a fee will be payable by the employee.

It is not a prerequisite for employees applying to the register to have achieved the educational qualification required. However there is a requirement to have attained the relevant qualification within the timeframe outlined by the SSSC (Appendix 1).

5. Meeting the Conditions for Registration

It is anticipated that the process will be achievable for most staff. The support available will include:

- Clarity in relation to registration requirements and timescales
- The opportunity to achieve the required qualification
- Access to on-going learning and support
- Ongoing review of progress
- Informed support when registration requirements are not met.

6. Maintaining Registration

It is the responsibility of the employee to advise SSSC of any changes to their circumstances. For example, the employee must let SSSC know when they have commenced a new role as they may need to apply for a different part of the register, have changed address or have an updated email contact.

Each employee will be responsible for paying an annual fee to keep their name on the register. (On the anniversary of registration) Additionally, the registration period lasts for a fixed period from the date of registration. Prior to the registration period expiring, SSSC will notify the employee to renew their registration.

If the employee does not pay their annual or renewal fees and does not return their renewal form (On line) registration will be deemed to have lapsed. Consequently the employee will have to re-apply for registration and this will impact their ability to work in any role requiring registration.

The HR and OD team will notify Heads of Service twice yearly of employees who are registered, not registered and are in the process of registering with the SSSC.

When renewing their registration, employees may be asked to submit evidence of their post registration training and learning.

All employees registered with the SSSC have to meet Post Registration Training and Learning (PRTL) requirements. If the employee does not submit a record of their PRTL when requested by SSSC suitability for registration may be challenged.

How much PRTL the employee needs to do and in what timescale depends on the part of the register the employee is registered for. The council is committed to the provision of suitable training and learning activities. Learning opportunities are available to the registrant that employees and managers can arrange as part of the registration requirements and wider professional development.

Employees should familiarise themselves with the SSSC related publications and guidance for social service workers. <http://www.sssc.uk.com/registration>

7. Existing Employees who are not meeting the Standards Required for Registration

In circumstances where employees register with SSSC but have not gained the necessary qualification within expected timeframes they will be offered help and support to achieve the standards required.

Whilst management will offer appropriate support, it is the employees responsibility to ensure they are fully engaged with the process and are working towards achieving full registration. In circumstances where employees are not meeting either the time scale or standards for registration the Improving Employee Performance procedure will be utilised to ensure the council complies with legal requirements and to identify supportive action going forward.

Once any areas for development have been identified the employee and manager should meet (in line with the Improving Employee Performance procedure) to:

- Establish the position in relation to the employee's progress and identify areas where support is required
- Ensure the employee is aware of the standards/qualifications that they are required to meet and the timescales
- Are aware of the requirement to submit work every four weeks
- Establish the reasons for non-progression;
- Identify what supporting actions need to be taken.

In Adult Social Care, the council undertakes to support workers to achieve vocational qualifications and/or management qualifications which are required to secure registration with the Scottish Social Services Council.

The council expects all candidates to complete the award within a year.

The council recognises that ill-health together with unexpected events can delay an individual's progress. It is therefore the case that, with prior agreement with the worker's Line Manager, Assessor and Social Work Training Board an extension may be given.

In situations where the employee is not making the expected progress with the SVQ the following steps will be taken:

1. The SVQ Assessor will alert the candidate and their manager that progress is causing concerns. Detail of the concerns will be clearly communicated by the Assessor. The manager will have an informal conversation with the employee about the situation. It is expected that the employee and manager will act upon the communication immediately and respond with a plan of action within 14 working days. In the event of sickness absence the candidate or the manager should inform the Assessor.
2. Should there continue to be serious concerns about the employee's progress, the Assessor will ask the Training Centre Coordinator to send a lack of progress letter to the employee copying in their line manager. This will also be fed into the Social Work Training Board.
3. In the event that the employee makes no progress, the Social Work Training Board will discuss further action which could result in the employee being removed from the course.

8. Existing Employees Choosing not to Register

Employees must be made aware that non-compliance with registration requirements will result in them being unable to continue with current duties. In these circumstances employees could be offered redeployment, annual leave or unpaid leave. The conduct policy will be used in situations where there is a persistent failure to register or maintain registration or if an employee has deliberately failed to notify the organisation of a lapse in registration.

9. Managing Lapses in Registration

Following the date where registration becomes compulsory for Social Care Staff, if an employee fails to maintain their registration this would preclude them from continuing to work in their current role. In cases like this the employee will be removed from their current duties.

Every effort will be made to support redeployment on a short term basis, however this may not always be possible and other options may need to be considered, - this action is taken within the terms of Regulation of Care (Fitness of Employee in Relation to Care Services) (Scotland) (No.2) Amendment Regulations 2010. This states that the Partnership cannot employ someone as a social service worker in the provision of a care service,

unless that person is fit to be so employed and that a person is unfit unless registered with the SSSC.

10. The Partnership's Legal Responsibility

If an employee does not meet the standards or fails to maintain registration, the Council must inform SSSC and the Care Inspectorate as part of their legal responsibilities as an employer.

SSSC REGISTRATION REQUIREMENTS
Appendix 1

Managers of an Adult Day Care Service

Practice	Management
SVQ Social Services and Healthcare SCQF Level 9	<ul style="list-style-type: none"> • Any award in management that is certificated at or above SCQF Level 9* (min 60 credits) and mapped against the National Occupational Standards: • SVQ Leadership and Management for Care Services SCQF Level 10

To find a list of other qualifications accepted by SSSC click [here](#)

Managers of a Care at Home Service

Practice	Management
SVQ Social Services and Healthcare SCQF Level 9	<ul style="list-style-type: none"> • Any award in management that is certificated at or above SCQF Level 9* (min 60 credits) and mapped against the National Occupational Standards: • SVQ Leadership and Management for Care Services SCQF Level 10

To find a list of other qualifications accepted by SSSC click [here](#)

Supervisor of a Care at Home Service

Practice	Supervisory
<ul style="list-style-type: none"> • SVQ Social Services and Healthcare SCQF Level 7 • Any practice qualification in the Manager category • HNC Social Services 	<ul style="list-style-type: none"> • PDA Health and Social Care Supervision • A qualification that contains at least 15 credits at SCQF Level 7 of supervision or management theory and practice specifically for a supervisor of a care service

Or one qualification that meets full criteria SVQ Social Services and Healthcare at SCQF Level 9

To find a list of other qualifications accepted by SSSC click [here](#)

Worker in a Care at Home Service

Practice
<ul style="list-style-type: none"> • SVQ Social Services and Healthcare SCQF Level 6 • Any practice qualification in the Manager category • HNC Social Services

Managers of a Care Home Service for Adults

Practice	Supervisory
SVQ Social Services and Healthcare SCQF Level 9	<ul style="list-style-type: none"> • Any award in management that is certificated at or above SCQF Level 9* (min 60 credits) and mapped against the National Occupational Standards: • SVQ Leadership and Management for Care Services SCQF Level 10

To find a list of other qualifications accepted by SSSC click [here](#)

Supervisor of a Care Home Service for Adults

Practice	Supervisory
SVQ Social Services and Healthcare SCQF Level 9	<ul style="list-style-type: none"> Any award in management that is certificated at or above SCQF Level 9* (min 60 credits) and mapped against the National Occupational Standards: SVQ Leadership and Management for Care Services SCQF Level 10

To find a list of other qualifications accepted by SSSC click [here](#)

Practitioner of a Care Home Service for Adults

Practice	Supervisory
<ul style="list-style-type: none"> SVQ Social Services and Healthcare SCQF Level 7 Any practice qualification in the Manager category HNC Social Services 	<ul style="list-style-type: none"> A qualification that contains at least 15 credits at SCQF Level 7 of supervision or management theory and practice specifically for a supervisor of a care service PDA Health and Social Care Supervision

Or one qualification that meets full criteria SVQ Social Services and Healthcare at SCQF Level 9

To find a list of other qualifications accepted by SSSC click [here](#)

Support Worker in a Care Home Service for Adults

Practice
<ul style="list-style-type: none"> SVQ Social Services and Healthcare SCQF Level 6 Any practice qualification in the Practitioner category HNC Social Services

Argyll and Bute Council Training Centre
Appendix 2

Argyll and Bute Council Training Centre deliver the following qualifications in relation to registration with the SSSC.

- SVQ Social Services and Healthcare SCQF Level 6
- SVQ Social Services and Healthcare SCQF Level 7

The Scottish Credit and Qualification Framework

THE SCOTTISH CREDIT AND QUALIFICATIONS FRAMEWORK

This Framework diagram has been produced to show the mainstream Scottish qualifications already credited by SQA and HEIs. However, there are a diverse number of learning programmes on the Framework, which, due to the limitations of this format, cannot be represented here. For more information, please visit the SCQF website at www.scqf.org.uk to view the interactive version of the Framework or search the Database.



SCQF Levels	SQA Qualifications		Qualifications of Higher Education Institutions	SVQs/MAs
12			Doctoral Degree	Professional Apprenticeship
11			Masters Degree, Integrated Masters Degree, Post Graduate Diploma, Post Graduate Certificate	Professional Apprenticeship SVQ 5
10			Honours Degree, Graduate Diploma, Graduate Certificate	Professional Apprenticeship
9			Professional Development Award	Technical Apprenticeship SVQ 4
8		Higher National Diploma	Diploma Of Higher Education	Technical Apprenticeship SVQ 4
7	Advanced Higher, Awards, Scottish Baccalaureate	Higher National Certificate	Certificate Of Higher Education	Modern Apprenticeship SVQ 3
6	Higher, Awards, Skills for Work Higher			Modern Apprenticeship Foundation Apprenticeship SVQ 3
5	National 5, Awards, Skills for Work National 5			Modern Apprenticeship SVQ 2
4	National 4, Awards, Skills for Work National 4	National Certificate	National Progression Award	SVQ 1
3	National 3, Awards, Skills for Work National 3			
2	National 2, Awards			
1	National 1, Awards			

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Integration Joint Board

Agenda item:

Date of Meeting: 16 September 2020

Title of Report: Budget Monitoring as at 31 July 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 £2.964m as at 31 July 2020 and that there is a year to date overspend of £2.117m 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.
- **Approve** the proposed settlement of the dispute with NHS Greater Glasgow & Clyde on the basis set out at 3.4.2

1. EXECUTIVE SUMMARY

- 1.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 31 July 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 £2.117m as at 31 July 2020 which is 2.3% of the year to date budget. This consists of an overspend of £555k within Social Work delivered services and a year to date overspend of £1.562m 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 July. 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 July. Overall the year to date position is still fluid.

- 1.3 The forecast outturn position for 2020-21 is a forecast overspend of £2.964m. This consists of an overspend of £2.064m within Social Work delivered services (relatively unchanged since last month) and an overspend of £900k within Health (improved by £900k since last month due to some increasing areas of underspend).
- 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 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 four tranches of funding have been announced – all for social work costs – totalling £1.569m. £1.092m is reflected in the year to date position and forecast outturn where we have assumed that all funding is matched by expenditure in full. We have also assumed that Health Covid costs are covered in full, 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. The proposal is to charge for 2020/21 based on a straight uplift pending a fuller review of the methodology for future years. In order to settle the dispute and avoid the need to go to mediation with Scottish Government, they are prepared to agree a recurring reduction of £650,000 in the base SLA value. The IJB is asked to approve settlement on this basis.

2. INTRODUCTION

- 2.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 31 July 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 31 July 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 non-residential care payments to speed up the processing of these which supplements the previous interface for residential care invoices.
- 3.1.2 There is a year to date overspend of £555k (2.8%) as at 31 July 2020 which is reduced by £50k in the month. Further information is provided within Appendix 1.

- 3.1.3 The largest overspend is on Learning Disability - £515k. The bulk of this relates to Supported Living placements. This is due to both additional demand above budgeted levels and undelivered savings. The next biggest overspend is £344k 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 £262k mainly driven by demand driven overspends.
- 3.1.4 The main area of underspend is under Chief Officer (£357k) where we are capturing vacancy savings which are well above budget. This cost centre is also used for Covid costs and related income. To the end of July the bulk of these costs were for Personal Protective Equipment (PPE) £157k, additional responder services £61k, and for supplier relief £127k 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 2.3m items of PPE free of charge to providers over the 15 weeks to 16 August.
- 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.
- 3.1.6 We are a little behind in processing supplier relief claims. We have recruited a temporary staff member to concentrate on these claims. We have received 38 to date, 19 have had contract variations issued, and all processing of all of the remaining claims is under way.
- 3.1.7 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 31 July 2020 – Health

- 3.2.1 Within Health, there is a year to date overspend reported of £1.562m which is an increase of £185k in the month. This is primarily caused by Covid-19 related expenditure of c £3.051m (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 £600k. 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.

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

3.2.4 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.

3.2.5 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 31 July 2020 – Social Work

3.3.1 The forecast outturn position for Social Work for 2020-21 is a forecast overspend of £2.064m (2.8%) very similar to last month's forecast. 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 £455k
- Physical Disability supported living £631k
- Learning Disability supported living £349k
- Learning Disability Joint Residential £376k
- External residential placements for children £341k

3.3.2 The above figures show the impact of higher demand and do not include the impact of non-delivery of savings. The main changes since last month are in Homecare due to reflected updated internal homecare unit costs, and in learning disability due to some new or increased care packages. 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 with the increase partially compensated for by lower spending against the care home placement budget at the moment.

- 3.3.3 Further information is provided within Appendix 2.
- 3.3.4 Children and Families overall has a forecast outturn overspend of £133k, 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 £1,506k reflecting some central provisions and unallocated sums held centrally, as well as forecast over-recovery of vacancy savings of £753k based on the first 4 months. The budget for this cost centre has been increased by £978k being the funding from Scottish Government (including an element of the Scottish Living Wage funding). 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 £3.441m. The biggest single area of Social Work overspend continues to be on Learning Disability (£1.627m) 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 £1.082m, mostly on home care £854k (savings and additional demand) and Older People Other £804k (undelivered savings). The next area of concern continues to be Physical Disability supported living £655k (mainly additional demand) due to expensive care packages.

3.4 Forecast Outturn Position as at 31 July 2020 – Health

- 3.4.1 Within Health delivered services the forecast overspend is £900k overspend reduced from last month's forecast of £1.8m, due to increasing levels of underspends in some areas. The assumption is that Covid costs (but not undelivered savings) will be fully reimbursed by Scottish Government in line with the in principle approvals which we have received. This is largely driven by undelivered savings of £1.775m, some emerging cost pressures in Community & Hospital Services, loss of income of £477k due to 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. The proposal is to charge for 2020/21 based on a straight uplift pending a fuller review of the methodology for future years. This is because there is a difficulty in updating the complexity factors for this year. In order to settle the dispute and avoid the need to go to mediation with Scottish Government, they are prepared to agree a recurring reduction of £650,000 in the base SLA value which is half of the disputed amount. Officers are of the opinion that this is the best offer that can be obtained from NHS GG&C and as it is within the available budget, it should be accepted. The agreement is for a recurring adjustment going forward, but it is not retrospective. NHS GG&C is unwilling to consider any retrospective adjustment. The 2018/19 and 2019/20 disputed amounts were covered by Scottish Government brokerage to NHS Highland. The former is not

repayable, but the latter is (£1.280m) but no repayment plan has been agreed and is unlikely to be negotiated for another year. The IJB is asked to approve settlement on the basis outlined above.

3.5 Savings Delivery

- 3.5.1 As at end of July, £3.089m of the target £10.386m savings have been delivered, 30% of the total and this includes £247k delivered on a non-recurring basis. We are now forecasting to deliver £5.819m 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 recently recruited 3 Service Improvement Officers to work on these savings and they started in July. This has increased 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. We are expecting to declare a further £227k of the savings as achieved shortly.
- 3.5.3 The forecast outturn shortfall for Health is £1.775m 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 £4.567m predicted) is the key driver in the forecast outturn overspend of £2.964m. 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 overleaf:

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 50,902 9,000	A2D 200 users Rec'd Sep 2019 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 Integration Joint Board has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and to ensure the financial decisions are in line with priorities and promote quality service delivery. 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 £2.964m as at 31 July 2020. This may be improved by Scottish Government funding towards undelivered savings but this is not yet certain (current value of claim is £4.593m). 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 but a settlement is proposed for approval to bring this risk to a conclusion.

10.2 The other significant risk is the effort now being prioritised on the Covid-19 response and re-mobilisation 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 £4.567m 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	

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APPENDICES:

Appendix 1 – Year to Date Position as at 31 July 2020

Appendix 2 – Forecast Outturn for 2020-21 as at 31 July 2020

Appendix 3a – Savings achieved and forecast as at 31 July 2020

Appendix 3b – Unachieved savings only as at 31 July 2020

Appendix 3c – Savings action tracker as at 31 July 2020

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP
REVENUE BUDGET MONITORING SUMMARY - YEAR TO DATE POSITION AS AT 31 JULY 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	758	1,115	357	32.0%	The YTD variance is due to the over-recovery of agreed vacancy savings (£466k) partially offset by slippage on the delivery of agreed efficiency savings (£92k) and overspends on software licences.
Service Development	106	108	2	1.9%	Outwith reporting criteria.
Looked After Children	2,229	2,202	(27)	(1.2%)	Outwith reporting criteria.
Child Protection	641	920	279	30.3%	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 an outstanding accruals from 2019-20 which has not yet been invoiced which is further skewing the YTD position.
Children with a Disability	211	225	14	6.2%	Outwith reporting criteria.
Criminal Justice	19	81	62	76.5%	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	671	598	(73)	(12.2%)	The YTD overspend reflects slippage on the delivery of agreed efficiency savings (£81k) partially offset
Older People	9,538	9,194	(344)	(3.7%)	The YTD overspend is mainly due to slippage on the delivery of agreed savings (£539k) and higher than budgeted demand for Homecare. This is offset by underspends in Telecare, YTD over recovery of income in the HSCP care homes and a YTD underspend across the CHP budgets due to the reduced admission volume as a result of covid-19.
Physical Disability	978	716	(262)	(36.6%)	The YTD overspend is mainly due to demand driven overspends on third party payments in supported living and residential placements, slippage on agreed savings (£9k) and lower than expected income from fees and charges.
Learning Disability	4,382	3,867	(515)	(13.3%)	The YTD overspend is due to service demand in supported living and residential care as well as slippage on agreed savings (£348k) partially offset by YTD underspends on respite.
Mental Health	719	768	49	6.4%	Outwith reporting criteria.
Adult Services Central Management Costs	123	26	(97)	(373.1%)	The YTD overspend is due to the YTD slippage on agreed savings (£118k). Offset partially by various minor YTD underspends, specifically relating to the timing of third party payments in adult protection and adult services .
COUNCIL SERVICES TOTAL	20,375	19,820	(555)	(2.8%)	
HEALTH SERVICES:					
Community & Hospital Services	19,426	18,154	(1,272)	(7.0%)	COVID related expenditure and shortfalls against savings targets
Mental Health and Learning Disability	4,613	4,734	121	2.6%	Vacancies and reduced non-pay spend due to suspension of services
Children & Families Services	2,554	2,560	6	0.2%	Outwith reporting criteria.

Service	Actual £000	Budget £000	Variance £000	% Variance	Explanation
Commissioned Services - NHS GG&C - main SLA	21,742	21,919	177	0.8%	Reduction in cost per case activity
Commissioned Services - Other Cmnty & Hosp Srvcs	1,276	1,269	(7)	(0.6%)	Outwith reporting criteria.
General Medical Services	6,266	5,926	(340)	(5.7%)	COVID related expenditure
Community and Salaried Dental Services	1,082	1,267	185	14.6%	Vacancies and reduced non-pay spend due to suspension of services
Other Primary Care Services	3,813	3,813	0	0.0%	Outwith reporting criteria.
Prescribing	6,286	6,487	201	3.1%	Prudent accrual assuming non achievement of saving target
Public Health	514	565	51	8.9%	Vacancies
Lead Nurse	719	516	(203)	(39.4%)	COVID related expenditure
Management Service	857	887	30	3.3%	Outwith reporting criteria.
Planning & Performance	710	609	(101)	(16.5%)	Savings targets not being achieved
Budget Reserves	0	(216)	(216)		Savings targets not being achieved
Income	(418)	(574)	(155)	(27.1%)	Reduced cost per case activity chargeable to other Health Boards due to Covid
Estates	2,616	2,579	(37)	(1.4%)	Outwith reporting criteria.
HEALTH SERVICES TOTAL	72,057	70,495	(1,562)	(2.2%)	
GRAND TOTAL	92,432	90,315	(2,117)	(2.3%)	

REVENUE BUDGET MONITORING FORECAST OUTTURN - AS AT 31 JULY 2020

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

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	2,956	1,450	1,506	50.9%	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 (£753k) partially offset by provision for bad debts (£80k) and estimated slippage on the delivery of agreed savings (£218k).
Service Development	409	406	3	0.7%	Outwith reporting criteria.
Looked After Children	7,161	7,521	(360)	(5.0%)	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 and adoption as a result of additional income for external
Child Protection	3,428	3,305	123	3.6%	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	834	818	16	1.9%	Outwith reporting criteria.
Criminal Justice	154	61	93	60.4%	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	2,463	2,468	(5)	(0.2%)	Outwith reporting criteria.
Older People	35,516	36,598	(1,082)	(3.0%)	The forecast overspend reflects higher than budgeted demand for homecare (£454k) and slippage on agreed savings (£1.3m). The forecast for homecare has worsened by approx £200k this month due to the review of the internal homecare unit cost. 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 within Telecare.
Physical Disability	2,411	3,043	(632)	(26.2%)	The forecast overspend reflects higher than budgeted demand for supported living (£630k) and slippage on agreed savings (£24k) in supported living. This is offset slightly by a forecast underspend (14k) in the residential care budget and other minor underspends across the service.

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
Learning Disability	15,095	16,721	(1,626)	(10.8%)	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 increased compared to the previous month forecast due to new residential services and revisions to existing residential services.
Mental Health	2,815	2,838	(23)	(0.8%)	Outwith reporting criteria.
Adult Services Central Management Costs	225	302	(77)	(34.2%)	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	73,467	75,531	(2,064)	(2.8%)	
HEALTH SERVICES:					Explanation
Community & Hospital Services	54,099	54,447	(1,023)	(1.9%)	Savings targets not being achieved and probability of emerging cost pressures
Mental Health and Learning Disability	14,189	14,395	(164)	(1.1%)	Long term referrals to NHS units in Fife & Inverness
Children & Families Services	7,682	7,682	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	3,805	52	1.4%	Outwith reporting criteria.
General Medical Services	18,447	18,358	25	0.1%	Impact of Covid on enhanced services claims and vacancies
Community and Salaried Dental Services	3,801	3,329	476	14.3%	Vacancies and reduced non-pay spend due to suspension of services
Other Primary Care Services	10,406	10,406	0	0.0%	Outwith reporting criteria.
Prescribing	19,563	19,415	135	0.7%	Vacancies
Public Health	1,787	1,742	(24)	(1.3%)	Outwith reporting criteria.
Lead Nurse	1,525	1,494	(14)	(0.9%)	Outwith reporting criteria.
Management Service	2,662	2,789	(190)	(6.7%)	Risk of savings targets not being achieved
Planning & Performance	1,982	2,349	(368)	(15.7%)	Risk of savings targets not being achieved
Budget Reserves	1,768	1,768	(0)	0.0%	Outwith reporting criteria.
Income	(1,722)	(1,330)	(477)	38.3%	Reduced cost per case in-patient charges to other Health Boards
Estates	7,955	8,079	(110)	(1.4%)	Displaced staff costs
HEALTH SERVICES TOTAL	213,705	214,605	(900)	(0.4%)	
GRAND TOTAL	287,172	290,136	(2,964)	(1.0%)	

Annex 3 (a)

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2020/21

Ref.	Savings Description	Manager	Target £' 000	Year to 31 July 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% expect to declare M5
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 31 July 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 31 July 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%
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 (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%
1920-4	Review of Service Contracts	Judy Orr	86	0	86	0%	36	50	42%
1920-8	GP Prescribing	Fiona Thomson	500	35	466	7%	400	100	80% £10k declared M4
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%
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	100	0	100%	100	0	100% £100k declared M4

Ref.	Savings Description	Manager	Target £' 000	Year to 31 July 2020			Full Year Forecast			
				Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved	
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%	
2021-14	Removal of health & wellbeing small grant fund	Nicola Schinaia	50	50	0	100%	50	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 (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 Anywhere)	John Dregghorn/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%	
2021-23	Catering & domestic - spending below budgets	Caroline Cherry	80	25	55	31%	55	25	69%	£25k declared M4, forecast increased by £25k
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 Dregghorn/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%	
2021-29	Dunoon Gum clinic - underspend	Caroline Cherry	20	0	20	0%	0	20	0%	Declared Non-recurring instead
2021-53	Reduction of health improvement team budget by one third	Nicola Schinaia	6	6	0	100%	6	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 (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%	
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	1,230	3,703	25%	2,898	2,035	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	
1819-16	Children & Families services staffing	Alex Taylor	0	0	0		13	(13)	£13k forecast non-recurring M4	
2021-29	Dunoon Gum Clinic	Caroline Cherry / Jane Williams	0	20	(20)		20	(20)	£20k declared M4	
Totals			0	247	(247)		260	(260)		
ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2020/21			10,386	3,089	7,297	30%	5,819	4,567	56%	

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Appendix 3 (b)

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2020/21

Ref.	Savings Description	Manager	Year to 31 July 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 July 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 31 July 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	35	466	7%	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%
2021-9	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%
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%

Ref.	Savings Description	Manager	Year to 31 July 2020				Full Year Forecast		
			Target £' 000	Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved
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	25	55	31%	55	25	69%
2021-25	Near Me Mental Health project - savings on travel	John Dreghorn/Kristin Gillies	10	0	10	0%	10	0	100%
2021-29	Dunoon Gum clinic - underspend	Caroline Cherry	20	0	20	0%	0	20	0%
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			3,886	183	3,703	5%	1,851	2,035	48%
ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2020/21			7,727	183	7,544	2%	2,899	4,828	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 July 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 McCready	412	0	0	Paused due to Covid. SIO appointed. To restart review. Neighbourhood model does not suit Argyll and Bute and will be approached differently.	C Cherry, Liz Higgins and G McCready to review the whole target proposal and widen out to provide much more detail. Meeting scheduled 20 August	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 McCready / Caroline Cherry	300	0	150	Paused due to Covid. SIO appointed. 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.	Meeting scheduled with Allied on 12 August to look at Cowal blocks. Reviewing planned v actuals with Finance (suspensions not in CareFirst). Planning to meet with all providers over next 8 weeks.	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. To draft plan for use of these properties and Fyne View. Programme Board being set up and terms of reference drafted.	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. SIO appointed. Data from CareFirst shared with OTs.	C Cherry and G McCready to scope proposal and widen out to provide much more detail. To contact Sophie Coles, Stirling Council who have done similar work	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. To declare M5	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	This project is being aligned with the 2021-7 project. Looking at the redesign of day services across LD, MH and Adult Services. The Service Improvement Officers are working together to identify budgets and way forward.	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	Tricia Renfrew	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 July 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. Noted than some clients moved to shared accommodation in light of Covid and preferred this to single tenancies. Some clients may not want services restarted.	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 started 20 July	Scottish Autism to take on Campbell St facility working with Enable	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	Tricia Renfrew	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. Progressing return of client placed in Wales to Dunoon and will produce saving	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, and now staff sickness	LB to assist C Cherry to start to develop a plan taking a whole campus approach	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	Tricia Renfrew/ 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. PID submitted	Matching in to be completed first week August 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 for efficiencies within HSCP care homes	Caroline Cherry	99	0	15	The original plan was not progressed. Now focussing on an efficiency review. Currently c £250k under spend on these budgets.	Expect to declare savings in full next month	expected to deliver savings in full	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	Tricia Renfrew/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. To review Islay where overtime slightly up. Expect to declare some savings next month	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 July 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	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.	The next stage in the process is to review the catering management structure and agree options. GM meeting with David McKay to discuss who will lead. Potential need to recruit to HSCP catering lead officer post Considering where this sits best	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	Tricia Renfrew	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. To re-advertise for trainee procurement officer - to go to WFM on this basis	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.	Aileen Macaulay actively working on this.	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 started 20 July. 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.	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	Tricia Renfrew	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 July 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	34.5	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 majority. Fewer alternative medicines being approved so less opportunities this year.	Continue to work closely with North Highland workstream. Complete PIDs for remaining schemes.	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 relaxed due to Covid mobilisation and speed of response required. JMD has issued statement to LMs & LAMs regarding PECOS scrutiny/authorisation.	Continue with ongoing grip and control	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 July 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 but failed to recruit again. £3k declared re Adult H&L services. Unlikely to achieve in full	Kirstin Robertson to provide report on SLAs to next meeting. To try and recruit trainee procurement officer. Meeting to be arranged re Mental health SLAs	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: <ul style="list-style-type: none"> 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
2021-2/19/23; 1819-32	Redesign of hotel services to reflect reduction in inpatient numbers; Catering & domestic - spending below budgets; Standardise procurement of food across all sites and expansion in conjunction with Council for early years	Caroline Cherry	268	25	115	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. Spending reduced due to Covid	The next stage in the process is to review the catering management structure and agree options. GM meeting with David McKay to discuss who will lead. Potential need to recruit to HSCP catering lead officer post Considering where this sits best	Updated forecast	Expected to deliver at least in part	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. PID submitted	Matching in to be completed first week August 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 IUB 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, but not achievable based on first quarter.	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 Nursing establishments reviewed. All budget lines reviewed	Saving from virtual appointments to be assessed. To produce short report and declare certain savings. JD to follow up progress on the overall plan with CH and SC before the next meeting	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.

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Forecast £'000	Actions completed to 31 July 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
1920-35	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. Currently only able to have 3 beds in 4 bedded side wards for social distancing - may impact plans for permanent closure of ward - to re-assess.	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 reported that she had met with JD and MM and this was progressing well and she was confident of achieving the target mainly from non pays. A review of the workforce would be completed later in the year.	likely that the saving would be declared in M06/7. LC confirmed that work was starting on radiography and orthotics reviews in the autumn so may contribute to 21/22 savings plans.	Updated forecast	Covid-19	Not yet identified
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 Encourage positive collaborative learning culture and better governance within team	Clinically more stable 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
2021-9	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. JD to draft PID	Updated forecast	Covid-19	N/A
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 taken 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.
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. Formal feedback received from supplier concerned about adverse impacts	Still To give formal 12 weeks notice of saving. JL not confident that saving can be achieved without adverse effect on service. Meeting scheduled with provider. Possibility of non-recurrent savings due to Covid.	Update forecast	Covid-19	N/A
1920-3	Health Promotion Discretionary Budgets	Alison McGrory	54	0	0	SLA ending September. 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	Tricia Renfrew	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

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Forecast £'000	Actions completed to 31 July 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
2021-18	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 shou	DR to provide update for next meeting	expect to deliver in full	Covid-19	N/A
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 in 2019-20	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	58	0	29	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 and follow up with Estates	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
2021-29	Dunoon Gum clinic - underspend	Caroline Cherry	20	0	0	Declared on non-recurring basis	To assess future for this clinic	To assess future for this clinic	N/A	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
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
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 - increased home working 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 Dreghorn/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			3,886	183	1,851					
			7,727	183	2,900					

ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2020/21



Integration Joint Board

Agenda item:

Date of Meeting: 16 September 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 5 August has been updated.
- 1.2 The main change has been to update the health cost and demand pressures to reflect a new long term patient placed in a low secure service in NHS Fife, an allowance for a new patient pathway to New Craigs mental health rehabilitation unit following the closure of Succoth, and for new cystic fibrosis medicines (Kaftrio Triple Therapy) recently announced. These have additional pressures of £590k in the mid-range scenario.
- 1.3 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 £15.611m with a gap of £6.268m in 2021-22.
- 1.4 In contrast, the budget gap in the best case scenario over the three years is £3.764m and in the worst case scenario, the budget gap over the three years is £34.072m. A summary of all three scenarios is included within Appendix 1.
- 1.5 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	2,446	476	842	3,764
Mid-Range	6,268	4,411	4,932	15,611
Worst Case	12,455	10,528	11,088	34,072

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 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 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. These estimates are unchanged from the previous budget outlook.
- 3.1.2 The table below outlines the estimated funding from NHS Highland over the next three years within the mid-range scenario.

	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

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 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. There are no 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 all assumptions have 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
<u>Health:</u>			
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
<u>Social Work:</u>			
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. The following assumptions have been updated:

- Cystic fibrosis drugs – an additional £250k has been added across all scenarios following the announcement of a new therapy to be introduced shortly (Kaftrio Triple Therapy)
- New provisions have been added for the cost of a new long term patients in a low secure services at NHS Fife, and an allowance made for a new patient pathway to New Craigs Mental Health rehabilitation unit following the closure of Succoth.
- 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
<u>Health:</u>			
LIH* Laboratory	50	100	150
New high cost care packages	120	120	120
Low secure service NHS Fife	190	190	190
New Craigs Mental health unit	150	150	150
Other NSD* developments	50	100	150
Oncology medicines demand	450	900	1,350
Microsoft Licence fees	300	300	300
Cystic fibrosis drugs	250	250	250

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	3,592	6,060	8,594

*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	3,592	6,060	8,594
Management/Operational Savings agreed March 2019	(520)	(520)	(520)
Management/Operational Savings agreed March 2020	(50)	(50)	(50)
Total Estimated Expenditure	298,058	308,354	319,277
Estimated Funding	291,790	297,675	303,666
Estimated Budget Surplus / (Gap) Cumulative	(6,268)	(10,679)	(15,611)
Estimated Budget Surplus / (Gap) In Year	(6,268)	(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 £15.611m with a gap of £6.268m in 2020-21.

3.7.3 In contrast, the budget gap in the best case scenario over the three years is £3.764m and in the worst case scenario, the budget gap over the three years is £34.072m. 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 5 August 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)	(5,678)	(10,089)	(15,021)
Increase in cost & demand pressures	590	590	590
Revised Budget Gap (mid-range)	(6,268)	(10,679)	(15,611)

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	2,446	476	842	3,764
Mid-Range	6,268	4,411	4,932	15,611
Worst Case	12,455	10,528	11,088	34,072

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 updated following a review of cost and demand pressures. In the mid-range scenario, the Health and Social Care Partnership budget gap estimated over the three year period is £15.611m with a gap of £6.268m in 2021-22. This has worsened from the outlook previously presented by £590k mainly due to changes in assumptions for these new cost pressures.

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
Low Secure Service NHS Fife	190	190	190	190	190	190	190	190	190
New Craigs Mental Health Rehab Unit	100	100	100	150	150	150	150	150	150

	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
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
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	250	250	250	250	250	250	356	462	568
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	2,147	3,214	4,341	3,592	6,060	8,594	5,243	9,278	13,397
<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	294,773	302,655	311,066	298,058	308,354	319,277	300,037	313,133	326,856
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	(2,446)	(2,922)	(3,764)	(6,268)	(10,679)	(15,611)	(12,455)	(22,983)	(34,072)
Budget Surplus / (Gap) In Year	(2,446)	(476)	(842)	(6,268)	(4,411)	(4,932)	(12,455)	(10,528)	(11,088)
<i>Partner Bodies Split:</i>									
Health	(518)	(445)	(352)	(2,364)	(4,213)	(6,170)	(5,035)	(9,455)	(13,983)
Social Work	(1,928)	(2,477)	(3,412)	(3,904)	(6,466)	(9,441)	(7,421)	(13,528)	(20,089)
Budget Surplus / (Gap) Cumulative	(2,446)	(2,922)	(3,764)	(6,268)	(10,679)	(15,611)	(12,455)	(22,983)	(34,072)
Budget Surplus / (Gap) In Year	(2,446)	(476)	(842)	(6,268)	(4,411)	(4,932)	(12,455)	(10,528)	(11,088)



Integration Joint Board

Agenda item:

Date of Meeting: 16 September 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. One new risk has been added.
- 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 31 risks have been identified in total, with 12 classified as possible, 13 classified as likely and 3 as almost certain. The remainder have been classed as remote or unlikely. Two risks have been quantified as being over £500,000. One relates to the service level agreement dispute with NHS Greater Glasgow & Clyde and the other relates to the uncertainty of certain funding streams from Scottish Government which might be diverted to funding Covid costs. Overall these risks have been quantified as potentially amounting to £2.875m. This is little changed from the £3.000m reported to IJB in August.
- 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	1	1	5	4	1	12
£100k - £300k	0	1	3	6	2	12
£300k - £500k	0	0	4	1	0	5
£500k - £1.5m	0	0	0	2	0	2
>£1.5m	0	0	0	0	0	0
Total	1	2	12	13	3	31

- 3.6 There are 31 risks identified in total with 1 classed as remote, 2 classed as unlikely, 12 classified as possible, 13 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 £2.875m, very similar to the £3.000m 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 was due to be provided by end of July but is still awaited. Their preference is to continue utilising complexity factors, but there are added complications this year and the fall back proposal is a 3% increase to last year's disputed value. We have requested a reduction to this which is still being negotiated. 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 risk is the potential increase in cystic fibrosis drug costs following a new drug being made available probably from 1 September. The likelihood for physical disability demand has decreased again back to previous assessment.
- 3.10 Following a review of the financial risks, one new risk has been identified, relating to potential claim for a new job evaluation for social work assistants which would have to work through the usual HR processes. No risks have been removed but one has been downgraded to remote.
- 3.11 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 31 risks identified in total with a potential adverse impact of £2.875m which is not included in the financial forecast. Two risks potentially exceed £0.5m. The next largest risk is classed as potentially in the range of £300-500k and is 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)

AUTHOR NAME: Judy Orr, Head of Finance and Transformation

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

HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	2020-21		Quantified Risk £000s	Comments on change since last update
				LIKELIHOOD	FINANCIAL IMPACT £000		
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. GG&C indicated draft SLA value by end of Sept - issues in updating the model have prevented a draft being issued.	4	500-1,500	500	
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	
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.	4	300-500	200	Triple therapy drug being made available by SG, likely start date of 1 Sept. Contract price & patient numbers for triple therapy as yet unknown.
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 and funding GP practices, dentists and opticians.	review of when PPE is required	5	100-300	150	
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.	3	300-500	100	Costs currently contained within budget. Recruitment of Clinical Fellows and Clinical Development Fellows has assisted. Also, fewer doctors going abroad due to Covid.
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 - 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	
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	
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. Review of spend by agency staff for adults undertaken by the CSWO. Review of the effectiveness of the SW Training Board. Attendance management processes in place.	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
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 consider reducing cost of services in line with loss of income	4	100-300	100	

HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	LIKELIHOOD	FINANCIAL IMPACT £000	Quantified Risk £000s	Comments on change since last update
Council	Older People	Potential increase in the number of older people requiring support.	Scrutiny by local and senior management of care packages and funding requests. Short life working group on older adult services being established to mobilise services and monitor risks.	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	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.	3	300-500	100	likelihood increased. New MND patient notified today not in forecast 24/7 support anticipated. Unsure of health requirement
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	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	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.	3	100-300	50	some delays in screening delaying new numbers of patients, reducing our risks slightly
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. Mix of licences will determine final value for o365 licensing costs. Increases from more laptops and mobile phones in use.	5	<100	38	
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.	4	<100	25	
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	25	budget for 6, already done 4 in YTD, did 9 last year. Value reduced in line with costs to date
Health	General Medical Services	Potential for high cost of reimbursements to GP practices for maternity and sickness absence cover. Covid has increased risk.	This will be monitored but it is an area where there is limited control.	4	<100	25	
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	Adult Services	Continued use of agency nursing staff in Lorn & Islands Hospital	Continuation of attempts to minimise the use of agency staff.	2	100-300	20	Minimal use this year to date. Strong focus on minimising usage.

HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	LIKELIHOOD	FINANCIAL IMPACT £000	Quantified Risk £000s	Comments on change since last update
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	Adult Services	Continuation of excess community nurse staffing on Mull	As part of grip and control, regular review of workforce. Nursing workforce tools being applied.	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	
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	
Council	Social Work - adult services	Job Evaluation of Social Work Assistants	Evaluation has to be worked through in line with Job Evaluation principles.	2	<100	5	New risk: Approach expected from staff.
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. Additional staff for dialysis unit has reduced risk as they can be used on main ward. Dialysis unit not likely to open till December / January	1	<100	0	got 2 extra staff for dialysis unit - used on main ward; and staff returned from long term sick
Grand Total						2,875	
TOTAL						2,875	
Split	Health					0	
	Council					0	

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

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Integration Joint Board

Agenda item:

Date of Meeting: 16 September 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 regular 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. The Scottish Government 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. A further £50m was announced by the Cabinet Secretary on 3 August and £25m of this has been distributed on the same basis as the first £50m and we will receive £452k. 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. In addition there is £25k for Chief Social Work Officer responsibilities for oversight of care homes. 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 return as at 14 August with details of actuals for first 4 months (confusingly called Quarter 1 returns). 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 19 August 2020 shows that we have had a total of 168 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 no care homes closed to new admissions due to confirmed or suspected cases although two were under surveillance. It should be noted that this can change daily. In total we have c 293 in our care homes, and over 1,100 receiving home care.

3.1.2 Our 8 Covid Assessment Centres assessed 26 people in the previous week with 0 patients transferred to hospital and a further 8 health & social care staff tested. A&E attendances continue to rise with 683 in that week, of which 17 had suspected Covid.

3.1.3 Re-mobilisation plans are progressing reflecting the social distancing requirements with the targets of reaching 100% of normal activity levels 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. Testing is now also being offered to teachers in schools. 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.

- 3.1.6 There are some 320 people in care homes in Argyll and Bute - numbers 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 totalling just over £222k. 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 July, we have received total financial support claims to date of £490k. Only around half (by number) of all expected claims have been received. We have employed an additional temporary member of staff to concentrate on processing these claims.
- 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 15 weeks since then, over 2.3m 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 chargeable basis since mid-May. There have been some direct deliveries to GP practices, dental practices and optometrists which are scheduled on a 4 weekly basis till end August / early September, and are expected to continue longer perhaps with central distribution. These are not 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 most recent return was submitted by NHS Highland on 17 August and 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 and a predetermined phasing for costs associated with additional beds. The most recent return reflects actual costs for the first 4 months and revised assumptions to end of the year. A number of new lines have been added.

- 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 July.
- 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 to end of July. Details of support for August and September are still to be finalised. Additional support for extended sick pay for social care providers has been agreed nationally to end of September, few claims have been received for this so far. Claims for other additional costs are still being processed. 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 £75m for social care costs to assist with cash flow – our share is £1,355k 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 were 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 returns 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 14 August 2020 total £14.492m prior to receipt of any funding. This has increased by £476k from the £14.0m previously reported as of 24 July. The current submission covers the following key areas:

Cost area	£000s	comment
Additional hospital beds	124	Bed purchases
Reduction in delayed discharges (17)	268	Now tracked actual costs, 10 for care at home packages, 7 care home placements
PPE	935	Increased reflecting long term need for this and purchases of contingency stocks in June
Deep cleans	40	Social care only – none in first 4 months
Estates & facilities	507	Includes hospital deep cleans. Additional costs of remobilisation anticipated
Additional staff overtime	480	first 4 month actuals and extrapolated in line with July figures
Additional temporary staff	1,871	Increased for flu season
Scottish Living Wage national implementation	0	Funded separately – now removed
Additional costs for externally provided services	1,132	£82k YTD, bulk estimated for additional Social care remobilisation / winter costs
Care homes income support for vacancies	1,159	Added based on national guidance including staff support fund, 38 claims to date
Mental Health services	155	Counselling services
GP practices	774	Previously based on May costs, none in June & July
Opticians	589	Updated for actuals

Additional prescribing (1%)	281	Updated for 1 st qtr actuals
Community hubs (CACs) and screening / testing	354	Activity levels lower than anticipated and costs dropped in June
Staff accomm, travel, IT & telephony costs	291	Supporting home working
Revenue equipment	223	Now excludes beds
Loss of income	761	Reduced charges to patients of other boards and social work client contributions reflecting lack of activity
CSWO, infection control, winter planning	354	New lines added
Underachievement of savings	4,593	Reduced in line with latest forecasts
Offsetting savings - Health	(400)	Now recognised – travel etc only for first 4 months in line with practice elsewhere
Total	14,492	

3.2.12 The key changes are to reduce offsetting savings by £800k to £400k to reflect first 4 months only rather than full year estimate in line with other boards, to add in additional loss of income from social care client contributions of £323k, increase in additional temporary staff provisions (mainly for health for flu season) of £521k, and reduction in provision for external services of £1.288m. The last item is an estimate in connection with remobilisation.

3.2.13 It should be noted that at a Health Board level, new lines have been added for managing the backlog of planned care and for waiting list initiatives and these are pan Highland wide estimates. These are subject to specific discussion with Scottish Government.

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 4 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 well underway.
- 12.3 The appendix provides a snapshot of the costing for the Covid-19 mobilisation as per the return of 14 August 2020. 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 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:	Judy Orr
Date of last update	12-Aug-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	Jan-21	Feb-21	Mar-21
	4.30%	4.37%	4.24%									

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												Revenue	Body incurring cost (NHS or)	Supporting Narrative	
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2020/21			
Additional Hospital Bed Capacity/Costs - Maintaining Surge Capacity	90,984	31,023	318	1,743	-	-	-	-	-	-	-	-	124,068	NHS	Bed Equipment Purchases	
Delayed Discharge Reduction- Additional Care Home Beds	18,083	12,329	8,561	10,033	11,789	10,736	10,736	13,420	10,736	13,420	10,736	10,736	141,316	LA	Updated 11/08/2020 - weeks allocated to month on which the Sunday falls	
Delayed Discharge Reduction- Additional Care at Home Packages	5,176	12,700	10,034	10,282	12,695	10,156	10,156	12,695	10,156	12,695	10,156	10,156	127,058	LA	Updated 11/08/2020 - 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	75,282	20,157	57,842	20,485	17,000	72,000	72,000	120,000	120,000	120,000	120,000	120,000	934,766	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	5,000	5,000	40,000		Cost in Estates & facilities as can't separate from domestic costs, pays in additional staff costs	
Covid-19 screening and testing for virus	5,590	2,656	2,030	519	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	50,795	NHS	Testing being undertaken in Oban lab, transport costs to GGC labs now being identified	
Estates & Facilities cost including impact of physical distancing measures	73,190	89,524	44,359	49,371	50,000	50,000	40,000	30,000	20,000	20,000	20,000	20,000	506,444	NHS	Includes deep clean costs as not identified from other cleaning costs	
Additional staff Overtime and Enhancements	70,555	87,509	109,172	29,755	22,909	22,909	22,909	22,909	22,909	22,909	22,909	22,909	480,263	NHS/LA	Updated 11/08/2020 - Social Work - Q1 journal total in June with related average monthly spend based on Q1 in for the remainder of the year, NHS April to July payroll actuals	
Additional temporary staff spend - Student Nurses & AHP	3,579	3,469	3,469	8,186	10,000	10,000	5,000	-	-	-	-	-	43,703	NHS		
Additional temporary staff spend - Health and Support Care Workers	100,141	243,162	278,048	199,038	102,400	103,800	53,700	52,800	150,000	150,000	100,000	50,000	1,583,089	NHS/LA	Assumes reduction in Covid cover from August, increase for flu season Dec/Jan	
Additional temporary staff spend - All Other	824	16,893	912	40,655	30,000	25,000	20,000	20,000	30,000	30,000	20,000	10,000	244,284	NHS/LA	Assumes reduction in Covid cover from August, increase for flu season Dec/Jan	
Additional costs for externally provided services	7,286	9,814	63,923	1,209	100,000	100,000	100,000	150,000	150,000	150,000	150,000	150,000	1,132,232	NHS/LA	Updated for June actual and reviewed profile	
Cost to 3rd Parties to Protect Services (where services are currently stopped)	-	50,519	41,769	34,489	482,467	100,000	100,000	100,000	100,000	50,000	50,000	50,000	1,159,244	LA	Updated for July 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. August includes for YTD of £332k	
Additional costs to support carers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Mental Health Services	3,390	4,801	8,961	8,130	10,000	10,000	10,000	20,000	20,000	20,000	20,000	20,000	155,283	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	82,658	60,000	50,000	40,000	40,000	40,000	20,000	20,000	20,000	589,227	NHS		
Additional FHS Payments- GP Practices	-	373,900	-	-	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	773,900	NHS		
Additional FHS Prescribing	40,900	64,100	31,700	16,000	16,000	16,000	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	55,589	58,011	15,458	14,583	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	303,641	NHS	Assumes reduction in hubs as lockdown is eased	
Other Community Care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

H&SCP Costs	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2020/21	Body incurring cost (NHS or)	Supporting Narrative
Loss of income	75,012	95,365	127,560	84,376	116,000	74,000	44,500	34,250	27,500	27,500	27,500	27,500	761,063	NHS	Patient Treatment Income, Catering Income, Dental Treatment Income
Staff Accommodation Costs	7,107	11,174	4,449	4,784	3,000	3,000	2,000	2,000	5,000	5,000	2,000	2,000	51,514	NHS	
Additional Travel Costs	9	627	1,780	1,301	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	19,717	NHS	
IT & Telephony Costs	4,767	26,866	4,905	39,416	70,000	30,000	10,000	5,000	5,000	5,000	5,000	5,000	210,954	NHS/LA	Equipment orders
Communications	40	4,756	674	1,246	-	-	-	2,000	-	-	-	-	8,716	NHS	Recategorisation of May costs
Equipment & Sundries	41,902	40,534	51,255	8,994	20,000	20,000	10,000	10,000	5,000	5,000	5,000	5,000	222,685	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	LA	FlexiblesG allocation for Care Homes oversight
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	2,500	2,500	2,500	24,766	NHS	Professional Nurse supporting care homes
Public Health Capacity	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Staffing support (Non-Pay), including staff wellbeing	1,925	2,002	-	525	-	-	-	-	-	-	-	-	4,452	-	-
New ways of working/ Systems transformation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Winter Planning	-	-	-	-	-	-	-	60,000	60,000	60,000	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)	-	-	-	-	-	-	-	-	(400,000)	NHS	Mainly staff travel and transport costs
Total	628,785	1,248,092	852,360	574,444	1,222,926	796,268	655,668	799,741	880,968	812,024	743,801	683,801	9,898,880		
													Subtotal		
Expected underachievement of savings (HSCP)	382,736	382,736	382,736	382,736	382,736	382,736	382,736	382,736	382,736	382,736	382,736	382,736	382,734	NHS/LA	
Total	1,011,521	1,630,828	1,235,096	957,180	1,605,662	1,179,004	1,038,404	1,182,477	1,263,704	1,194,760	1,126,537	1,066,535	14,491,710		
													Total		

Cash Flow Forecast	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Local Authority- Actual Spend	118,058	124,997	271,547	133,919								
Local Authority- Accrual	-	-	-	332,467								

2,729,237
698,208
2,031,029



Integration Joint Board **Agenda item:**

Date of Meeting: **16 September 2020**

Title of Report: **Financial Recovery Plan**

Presented by: **Judy Orr, Head of Finance and Transformation**

The Integration Joint Board is asked to:

- Approve the proposed financial recovery plan set out at 3.3.1.

1. EXECUTIVE SUMMARY

- 1.1 The forecast outturn position for 2020-21 as at 31 July 2020 is a forecast overspend of £2.964m. This consists of an overspend of £2.064m within Social Work delivered services and an overspend of £0.900m within Health. In accordance with the Integration Scheme paragraph 8.2.18, as soon as an overspend is predicted, the Chief Officer and Chief Financial Officer are required to identify the cause of the forecast overspend and prepare a recovery plan to return to a break even position. The recovery plan should be approved by the Integration Joint Board. The paper therefore proposes a financial recovery plan for approval in line with this requirement of the Integration Scheme. The plan was reviewed by the Finance and Policy Committee on 28 August 2020.

2. INTRODUCTION

- 2.1 This report provides a commentary on the causes of the forecast overspend and proposes a financial recovery plan in order to return the forecast to a break even position.

3. DETAIL OF REPORT

3.1 Causes of forecast overspend and recovery action proposed - Health

- 3.1.1 Within Health delivered services the forecast overspend is £0.900m. The overspend is mainly linked to savings not being achieved of £1.775m, loss of income due to reduced levels of patients from other health boards (£477k), offsets by some underspend. There are also some cost pressures in Community and Hospital Services – 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.

- 3.1.2 The biggest of the outstanding savings relate to the review of the SLAs with Greater Glasgow & Clyde (£284k), additional income from other health boards of £200k which is at risk due to Covid; Lorn & Isles staffing (£176k) which is being met from non-recurring vacancy savings at present; the management restructure (£150k) which is now progressing but with lower savings than originally anticipated; and Dunoon medical services locum costs (£120k) where recruitment has stalled. The grip and control saving is not yet fully forecast, but is expected.
- 3.1.3 The forecast overspend has been offset to an extent by vacancy savings and also slippage on budget reserves which includes one-off in year allocations. It is expected that this overspend should be containable through the actions described above to continue to deliver on the outstanding savings, along with on-going grip and control of expenditure during the remainder of the financial year, particularly on agency / locum staff so no new savings are proposed in the recovery plan for Health. In addition, there is a possibility that some of the undelivered savings and loss of income may be recovered through the Covid mobilisation plan claim which includes £1.8m for the former and £410k for the latter.

3.2 Causes of forecast overspend and recovery action proposed – Social Work

- 3.2.1 Within Social Work the forecast overspend is £2.064m. This is driven mainly by the shortfall in delivery of forecast savings - shortfall of £2.792m forecast. In addition there are areas of demand pressures – Learning disability (£725k); Physical disability supported living (£631k); homecare (£455k) and external residential placement for children (£341k). There are some offsetting underspends on care home placements; vacancy savings above budget and certain monies held centrally.
- 3.2.2 The overspend is caused in part currently forecasting that only 15% of some the remaining savings will be delivered.
- 3.2.3 The largest single area is in relation to Learning Disability (£850k) which has lost focus since the departures of the Service Improvement officer working on this area. The restructuring of the Adult Services roles will ensure that there is a single clear lead for this area of responsibility, and the new Service Improvement Officer who started on 20 July is now starting to review sleepovers, ensure core and cluster model of care is driven forward with the new properties now coming onstream for this and suitable clients brought back from expensive out of area placements so that this not only reduces costs but provides a better service. The re-mobilisation of day services should be planned in such a way as to accommodate the planned savings. Some large improvements are still possible this financial year.
- 3.2.4 The restructuring of the neighbourhood teams in Adult Care West had stalled due to staffing changes along with the additional saving on adopting a single team community approach to undertaking assessment and care management. The full saving of £412k is to be re-assessed. The review of

block contracts is being re-started. Capacity pressures (partly as result of reduced demand for care home placements) may make this slightly easier.

3.2.5 The plan is therefore to increase efforts to deliver these already agreed savings so that more are delivered than currently forecast. The shortfall of £2.8m is also being claimed through the Covid mobilisation plan claim.

3.2.6 In addition, efforts will continue to keep strict control of spend on agency staff (targeting of reducing agency social workers to zero by end of September), and to maintain the above budgeted level of vacancy savings to reduce the overspend.

3.3 Summary

3.3.1 In summary, recovery of the projected overspend of £2.964m is proposed as follows:

	Description	Potential value
Health	Increased confidence in delivering already agreed savings	£500k
Health	Additional non-recurring savings	£400k
Social Work	Increased confidence in delivering already agreed savings	£500k
Social Work	Additional non-recurring savings	£250k
Sub-total	Reduction in overspend by end of year	£1,650k
Both	Covid Claim loss of income	£761k
Both	Covid Claim undelivered savings	£4,593k
Sub-total	Covid Claim	£5,354k
	Likelihood of payment factored at 25%	£1,338k
Total		£2,988k

3.3.2 Likelihood of payment for the Covid claim has been factored in to represent payment for the first quarter (3 months) only. It is expected that Scottish Government may well expect savings to be worked on for remaining 9 months of year.

4. RELEVANT DATA AND INDICATORS

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

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 The Integration Joint Board has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and to ensure the financial decisions are in line with priorities and promote quality service delivery.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – The forecast outturn position for 2020-21 is a forecast overspend of £2.964m as at 31 July 2019. A financial recovery plan is

therefore required setting put how the forecast overspend will be addressed and returned to a breakeven position.

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

6.3 Clinical Governance - None

7. PROFESSIONAL ADVISORY

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

8. EQUALITY AND DIVERSITY IMPLICATIONS

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

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

9.1 No issues arising directly from this report.

10. RISK ASSESSMENT

10.1 The forecast outturn position takes into consideration financial risks. A separate report is provided on the financial risks. Operational and clinical risks will be taken into account as part of the implementation of the financial recovery plan. Risk of additional overspend on the main SLA with NHS GG&C lies outwith the forecast.

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 The forecast outturn position for 2020-21 is a forecast overspend of £2.964m. A financial recovery plan to return the H&SCP to a breakeven position is presented for approval to achieve this.

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	

AUTHOR NAME: Judy Orr, Head of Finance and Transformation
 EMAIL: judy.orr@argyll-bute.gov.uk



Integration Joint Board

Agenda item:

Date of Meeting: 16 September 2020

Title of Report: Audited Annual Accounts 2019-20

Presented by: Judy Orr, Head of Finance and Transformation

The Integration Joint Board is asked to:

- **Note** that Audit Scotland have completed their audit of the annual accounts for 2019-20 and have issued an unqualified independent auditor's report.
- **Consider** the 2019/20 Annual Audit Report prepared by Audit Scotland and **Note** the Key Messages and the action plan 2019/20 therein.
- **Consider** the verbal recommendation from the Audit & Risk Committee following their consideration of the Audited Accounts at their meeting on 15 September 2020.
- **Approve** the Audited Annual Accounts for 2019-20 to be signed for issue.

1. EXECUTIVE SUMMARY

- 1.1 The Integration Joint Board was required to produce a set of annual accounts for 2019-20. These accounts were produced within the statutory timescale and have been subject to independent audit by the Integration Joint Board's external auditors, Audit Scotland. The audit process has been completed and Audit Scotland have issued an unqualified independent auditors report. There are a number of key messages contained in the annual audit report from Audit Scotland which the Board is invited to note.

2. INTRODUCTION

- 2.1 The Integration Joint Board was required to produce a set of annual accounts for 2019-20. The unaudited accounts for 2019-20 were produced in line with the agreed timetable and statutory timescales. The unaudited accounts were approved by the Audit & Risk Committee on 23 June 2020 for submission to external audit. The audit process is now complete and the audited accounts require to be approved by the Integration Joint Board prior to 30 September 2020.

3. DETAIL OF REPORT

- 3.1 The Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a section 106 body as defined in the Local Government (Scotland) Act 1973. The financial statements

are therefore prepared in compliance with the Code of Practice on Local Authorities Accounting in the United Kingdom 2019-20 supported by International Financial Reporting Standards (IFRS) unless legislation or statutory guidance requires different treatment.

- 3.2 The annual accounts have been subject to independent audit by Audit Scotland and there were some minor changes required to the accounts as a result of this. The changes were mainly presentational. There have been no changes to the financial figures. The Audited Annual Accounts for 2019-20 are included as Appendix 2.
- 3.3 The independent auditors report is attached at Appendix 1. Audit Scotland are able to conclude that that Integration Joint Board's accounts present a true and fair view of the IJB. There are a number of key messages (see summary on page 3) contained in their report and the IJB is asked to note these. In addition there is an action plan at Appendix 1 (starting on page 19) with two new recommendations on financial sustainability and savings delivery, along with follow up of seven recommendations from the previous year. Of these, two are marked as complete, one is superceded and the remainder in progress.
- 3.4 The Audit & Risk Committee are due to review the Audited Annual Accounts at their meeting on 15 September, and a verbal report will be made on their recommendation to the Integration Joint Board. The Integration Joint Board is required to formally approve the Audited Annual Accounts prior to 30th September.

4. RELEVANT DATA AND INDICATORS

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

5 CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 The annual accounts are a key statutory reporting requirement. They communicate both financial and key service delivery performance information in an accessible public document.

6. GOVERNANCE IMPLICATIONS

- 6.1 Financial Impact - The Integration Joint Board is required to consider and approve the Audited Annual Accounts for 2019-20 by 30th September 2020.
- 6.2 Staff Governance – None
- 6.3 Clinical Governance - None

7. EQUALITY & DIVERSITY IMPLICATIONS

- 7.1 None

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

- 8.1 None directly from this report.

9. RISK ASSESSMENT

9.1 No implications for changes to risks.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

10.1 The unaudited annual accounts were advertised and made publicly available for inspection online from 29 June to 17 July 2020 (only online this year due to Covid-19 pandemic and council offices being closed). There were no objections noted from the public inspection. The audited accounts require to be published by 30 September 2020.

11. CONCLUSIONS

11.1 The Audited Annual Accounts for 2019-20 require to be approved by the IJB by 30 September 2020. These were submitted to Audit Scotland, the IJB external auditors, and an unqualified independent auditors report has been received. There were a small number of changes required to the accounts as part of the audit process and these were presentational in nature.

12. 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	

AUTHOR NAME: Judy Orr, Head of Finance and Transformation

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APPENDICES:

Appendix 1: Independent Auditors Report 2019-20

Appendix 2: Audited Annual Accounts 2019-20

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Argyll and Bute Integration Joint Board

2019/20 Annual Audit Report



 AUDIT SCOTLAND

Prepared for Argyll and Bute Integration Joint Board and the Controller of Audit
September 2020

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Key messages

2019/20 annual report and accounts

- 1 Our audit opinions on the annual accounts of Argyll and Bute Integration Joint Board (IJB) are unmodified
- 2 The annual audit process ran smoothly despite the challenge of working remotely during the Covid-19 pandemic. The annual accounts will be signed by 30 September which is in line with the original timetable agreed with management in our 2019/20 Annual Audit Plan
- 3 The Management Commentary displays many of the good practice characteristics set out in Audit Scotland guidance although there is scope for making greater use of infographics to present information

Financial management and sustainability

- 4 Financial management and reporting arrangements are effective and allow members and officers to scrutinise the budget effectively.
- 5 The IJB overspent its 2019/20 budget by £2.4 million and the position, whilst still challenging, is a notable improvement on the £6.7million overspend in 2018/19. Of the 2019/20 overspend, £1.280m related to health services and the balance of £1.120m related to social care services. The health overspend, whilst covered by brokerage from Scottish Government, is due to be repaid in the medium term.
- 6 Cumulative overspends on social care dating back to 2017/18 amount to £5.48m (including the £1.120m from 2019/20) and are due to be repaid to Argyll and Bute Council on a phased basis up to 2024/25.
- 7 The overspend in 2019/20 is primarily due to a shortfall in savings delivery (£3.212 million) and the need to provide for an ongoing dispute with NHS Greater Glasgow and Clyde (£1.324 million)
- 8 The IJB's record in delivering savings has been historically poor and while savings were achieved in 2019/20, they fell short of the £10.9 million target by some 29 per cent (£3.2 million). The IJB has set an ambitious savings target of £10.4 million and is already forecasting that some £4.6m (46%) of the required savings will not be achieved by the end of the financial year.
- 9 The financial impact of Covid-19 is likely to be significant, with uncertainty over the full extent of its impact and funding from the Scottish Government

Governance, transparency and best value

- 10 The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the board
- 11 Governance arrangements were adapted promptly and appropriately to manage with the Covid-19 pandemic. This included holding meetings remotely and delegating extra powers to the Chief Officer to instruct executive action

Introduction

1. This report is a summary of our findings arising from the 2019/20 audit of Argyll and Bute Integration Joint Board (the IJB).
2. The scope of our audit was set out in our Annual Audit Plan presented to the Audit and Risk Committee meeting on 18 February 2020. This report comprises the findings from our main elements of work in 2019/20 including:
 - an audit of the IJB's 2019/20 annual accounts including the issue of an independent auditor's report setting out my opinions
 - consideration of the four audit dimensions that frame the wider scope of public audit set out in the [Code of Audit Practice 2016](#) as illustrated in [Exhibit 1](#)

Exhibit 1 Audit dimensions



Source: Code of Audit Practice 2016

3. After the publication of the Annual Audit Plan, in common with all public bodies, the IJB and partner bodies have had to respond to the global coronavirus pandemic. This impacted on the final month of the year and will continue to have a significant impact into financial year 2020/21. This has had significant implications for the provision and costs of services and the suspension of planned projects and activities. Our planned audit work has had to adapt to new emerging risks as they relate to the audit of the financial statements and the wider dimensions of audit.

Adding value through the audit

4. We add value to the IJB, through the audit, by:
 - regular attendance at Audit and Scrutiny Committee to present audit findings and participate in discussions

- identifying and providing insight on significant risks, and making clear and relevant recommendations
- sharing intelligence and good practice through our national reports ([Appendix 4](#)) and good practice guides
- providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, performance management arrangements and financial sustainability

5. In so doing, we aim to help the IJB promote improved standards of governance, better management and decision-making and more effective use of resources.

Responsibilities and reporting

6. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices. The IJB is also responsible for compliance with legislation, and putting arrangements in place for governance, propriety and regularity that enable it to successfully deliver its objectives.

7. Our responsibilities, as independent auditor appointed by the Accounts Commission, are established by the Local Government (Scotland) Act 1973, the Code of Audit Practice (2016), supplementary guidance, and International Standards on Auditing in the UK.

8. As public sector auditors we give independent opinions on the annual accounts. Additionally, we conclude on:

- the appropriateness and effectiveness of the performance management arrangements
- the suitability and effectiveness of corporate governance arrangements
- the financial position and arrangements for securing financial sustainability
- Best Value arrangements

9. Further details of the respective responsibilities of management and the auditor can be found in the [Code of Audit Practice 2016](#) and supplementary guidance.

10. This report raises matters from our audit. Weaknesses or risks identified are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management from its responsibility to address the issues we raise and to maintain adequate systems of control.

11. Our annual audit report contains an agreed action plan at [Appendix 1](#). It sets out specific recommendations, responsible officers and dates for implementation. It also includes outstanding actions from last year and progress against these.

Auditor Independence

12. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements, auditors must comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies.

13. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services and therefore the 2019/20 audit fee of £26,560, as set out in our Annual

Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

14. This report is addressed to both the board and the Controller of Audit and will be published on Audit Scotland's website (www.audit-scotland.gov.uk) in due course.

15. We would like to thank all management and staff who have been involved in our work for their co-operation and assistance during the audit.

Part 1

Audit of 2019/20 annual accounts



Main judgements

Our audit opinions on the annual accounts of Argyll and Bute Integration Joint Board are unmodified

The annual audit process ran smoothly despite the challenge of working remotely during the Covid-19 pandemic. The annual accounts will be signed off by 30 September which is in line with the original timetable agreed with management in our 2019/20 Annual Audit Plan

The Management Commentary displays many of the good practice characteristics set out in Audit Scotland guidance although there is scope for making greater use of infographics to present information

The annual report and accounts are the principal means of accounting for the stewardship of the resources and performance

Our audit opinions on the annual accounts of Argyll and Bute Integration Joint Board are unmodified

16. The annual accounts for the year ended 31 March 2020 are due to be approved by the board on 16 September 2020. We reported within the independent auditor's report that:

- the financial statements give a true and fair view of the state of affairs of the IJB as at 31 March 2020 and of its income and expenditure for the year then ended, and were properly prepared in accordance with the financial reporting framework
- the audited part of the remuneration report, management commentary, and annual governance statement were consistent with the financial statements and properly prepared in accordance with proper accounting practices.

17. The completeness and accuracy of accounting records and the extent of information and explanations that we required for our audit were unaffected by the Covid-19 outbreak. Also, as indicated in the management commentary not all performance information was available for quarter four due to the impact of Covid-19. Instead, quarter three information was used as this was the most up to date at the time of compiling the annual accounts.

18. However, we did not consider these to be material to our audit opinion covering the management commentary and have not modified our opinion. Scottish Government guidance issued to local authorities advised that, due to the impact of the pandemic, they could streamline their management commentaries and focus on key areas namely, headline financial risks for the year, the financial position and risks going forward. The IJB provided a comprehensive management commentary that has exceeded these minimum requirements.

19. The audit was undertaken remotely, using Microsoft Teams, Skype and e-mail to communicate with officers, as required. The working papers were provided timeously and were of a good standard. Despite the challenging circumstances the

finance staff of the IJB and partner organisations provided good support to ensure the audit process ran smoothly.

The annual accounts will be signed off by 30 September 2020 which is in line with the original timetable set out in the Annual Audit Plan

20. The Scottish Government has advised that it considers the provisions made in Schedule 6 of the Coronavirus (Scotland) Act 2020 to be sufficient to allow each local authority to determine its own revised timetable for the Annual Accounts. The IJB has not used the flexibilities conferred by these powers.

21. The unaudited accounts were submitted to us for audit on 23 June 2020 and we will be signing them off by 30 September 2020. This is in line with the original timescales set out in our 2019/20 Annual Audit Plan.

Overall materiality is £5.4 million

22. The assessment of what is material is a matter of professional judgement. It involves considering both the amount and nature of the misstatement in the annual report and accounts.

23. On receipt of the unaudited annual accounts we reviewed our materiality assessments and concluded that they remained appropriate. Our initial evaluation of materiality for the annual accounts was carried out during the planning phase of the audit and is summarised in [Exhibit 2](#). Specifically, regarding the annual accounts, we assess the materiality of uncorrected misstatements, both individually and collectively.

Exhibit 2

Materiality values

Materiality level	Amount
Overall materiality	£5.4 million
Performance materiality	£3.8 million
Reporting threshold	£55 thousand

Source: Audit Scotland, 2019/20 Annual Audit Plan

Appendix 2 identifies the main risks of material misstatement and our audit work to address these

24. [Appendix 2](#) provides our assessment of risks of material misstatement in the annual accounts and any wider audit dimension risks. These risks influence our overall audit strategy, the allocation of staff resources to the audit and indicate how the efforts of the audit team are directed. Appendix 2 also identifies the work we undertook to address these risks and our conclusions from this work.

25. We have no issues to report from our work on the risks of material misstatement.

We have no significant findings to report on the annual accounts

26. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance, including our view about the qualitative aspects of the body's accounting practices covering accounting policies, accounting estimates and financial statements disclosures.

27. The accounts provided for audit were of a good standard. We have no significant findings to report and there were no material adjustments to the unaudited annual accounts. We identified some presentational issues, and these were accepted by management and adjusted in the audited accounts.

28. There were no misstatements above our reporting thresholds identified from our audit.

The Management Commentary displays many of the good practice characteristics set out in Audit Scotland guidance although there is scope for making greater use of infographics to present information

29. Audit Scotland published a [Good Practice Note: Management Commentaries Enhancing the quality of local government annual accounts](#) which is intended to aid audit bodies in enhancing the quality of their management commentaries. This was shared with officers at the IJB and the Management Commentary displays many of the enhancing characteristics exemplified in the guidance.

30. The Management Commentary explains the financial position and is consistent with other information in the financial statements. It is clear and provides a balanced picture of overall performance. Also, significant variances in performance from the prior year are clearly explained as well as the principal risks facing the IJB in the future.

31. Significant variances in financial and performance reporting from the prior year are adequately explained in the Management Commentary and the principal risks to the IJB are effectively communicated. Also, the Management Commentary includes enhanced disclosures on Best Value.

32. The Management Commentary is written with clarity and avoids jargon when describing complex accounting and reporting concepts. However, presentation could be enhanced with greater use of infographics.

Progress has been made in implementing prior-year audit recommendations although Covid-19 has delayed implementation of some actions

33. The IJB has made progress in implementing our prior-year audit recommendations. For actions not yet implemented, revised responses and timescales have been agreed with management, and are set out in [Appendix 1](#).

34. Particularly good progress has been made in strengthening governance arrangements and in progressing actions to deliver Best Value.

35. Progress made against some recommendations have been disrupted by Covid-19 and these will be carried forward to our audit for 2020/21. Further details can be found at [Appendix 1](#) which accompanies this report.

Part 2

Financial management and sustainability



Main judgements

Financial management and reporting arrangements are effective and allow members and officers to scrutinise the budget effectively.



The IJB overspent its 2019/20 budget by £2.4 million and the position, whilst still challenging, is a notable improvement on the £6.7million overspend in 2018/19. Of the 2019/20 overspend, £1.280m related to health services and the balance of £1.120m related to social care services. The health overspend, whilst covered by brokerage from Scottish Government, is due to be repaid in the medium term.

Cumulative overspends on social care dating back to 2017/18 amount to £5.48m (including the £1.120m from 2019/20) and are due to be repaid to Argyll and Bute Council on a phased basis up to 2024/25

The overspend in 2019/20 is primarily due to a shortfall in savings delivery (£3.212 million) and the need to provide for an ongoing dispute with NHS Greater Glasgow and Clyde (£1.324 million)

The IJB's record in delivering savings has been historically poor and while savings were achieved in 2019/20, they fell short of the £10.9 million target by some 29 per cent (£3.2 million). The IJB has set an ambitious savings target of £10.4 million and is already forecasting that some £4.6m (46%) of the required savings will not be achieved by the end of the financial year.

The financial impact of Covid-19 is likely to be significant, with uncertainty over the full extent of its impact and funding from the Scottish Government

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

Financial management and reporting arrangements are effective and allow members and officers to scrutinise the budget effectively

36. Officers and members receive comprehensive budget monitoring reports. These contain information on the year-to-date financial position, forecast outturn for the year, variance analysis with explanations, progress in delivering savings and significant financial risks. The reports contain enough detailed information to enable members to carry out effective scrutiny and challenge of the IJB's finances.

37. Members of the Board, and, Finance and Policy Committee, have commented positively on the clarity of the reports and how the detailed financial information helps them understand and scrutinise financial performance effectively. Additionally, members receive separate reports on the costs of dealing with the Covid-19 pandemic.

The IJB overspent its budget by £2.4 million due mainly to a shortfall in savings delivery (£3.212 million) and the need to provide for an ongoing dispute with NHS Greater Glasgow and Clyde (£1.324 million)

38. The IJB approved its 2019/20 budget in March 2019. The budget was set at £281.2 million with a funding gap of £6.8 million. New savings were planned to meet that funding shortfall, in addition to the £3m of previously agreed savings which had still to be delivered. Further in year savings were agreed, as part of revised financial recovery plans, to bring the 2019/20 savings target up to £10.9m.

39. The IJB overspent against its budget by £2.446 of which £1.280 was attributable to health services and £1.166 million attribute to social services as illustrated in [Exhibit 3](#). The position, whilst still challenging, is a notable improvement on the £6.7million overspend in 2018/19.

40. The main reason for the overspend was a shortfall in savings delivery of £3.212 million. Also, the IJB had to make a late provision of £1.324 million due to an outstanding dispute with NHS Greater Glasgow and Clyde.

41. The Management Commentary within the annual accounts provides a good summary of the financial position while the year-end [budget monitoring](#) report presented to the Board in May 2020 provides detailed analysis and explanations for variances against budget. The report is available to the public on the websites of Argyll and Bute Council and NHS Highland.

Exhibit 3 Performance against budget

IJB budget summary	Budget £m	Actual £m	Overspend £m
NHS Highland	210.606	211.886	1.280
Argyll and Bute Council	70.589	71.755	1.166
Total Net Expenditure	281.195	283.641	2.446

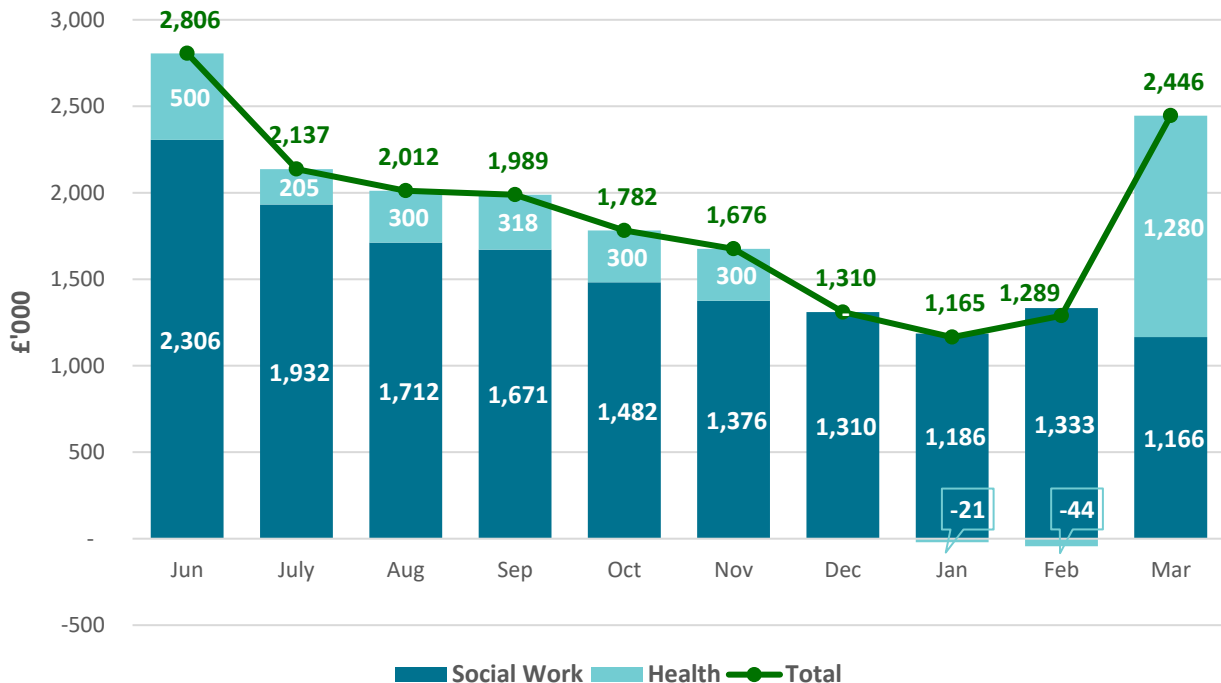
Source: Argyll and Bute IJB 2019/20 Unaudited Accounts

42. During the year the IJB had been making good progress in managing down the overspend against budget overspend through financial ‘grip and control’ measures designed to reduce expenditure. As illustrated in [Exhibit 4](#) overleaf, the IJB at one stage it had managed to reduce overspending against budget from £2.808 million in June 2019 to £1,165 million by January 2020; a reduction of £1.643 million (59%).

43. The IJB financial position deteriorated significantly in the last month of the financial year due primarily to a dispute with NHS Greater Glasgow and Clyde (NHSGGC) over charges for services provided in 2019/20 totalling £1.324 million. The dispute with NHSGGC was not resolved at the year-end and had it been settled the overall overspend for 2019-20 would have reduced to £1.122 million (£2.446m less £1.324m).

44. The disagreement with NHSGGC has been escalated to the chairs of the respective health boards and a meeting with the relevant chief executives, supported by their directors of finance, has been agreed to resolve the matter. However, this meeting has been delayed because of the Covid-19 pandemic.

Exhibit 4 Forecast Overspend and Outturn for 2019/20



Source: Argyll and Bute IJB Budget Monitoring Reports

45. Also, from mid-March 2020 the situation has been made more difficult due to Covid-19 and the need to prioritise responses to the pandemic. While acknowledging the challenges posed by the pandemic, it is important that financial discipline be maintained to help ensure expenditure is kept within budget. Otherwise there is a real risk that progress made to date will be undermined and levels of overspending could rise once more.



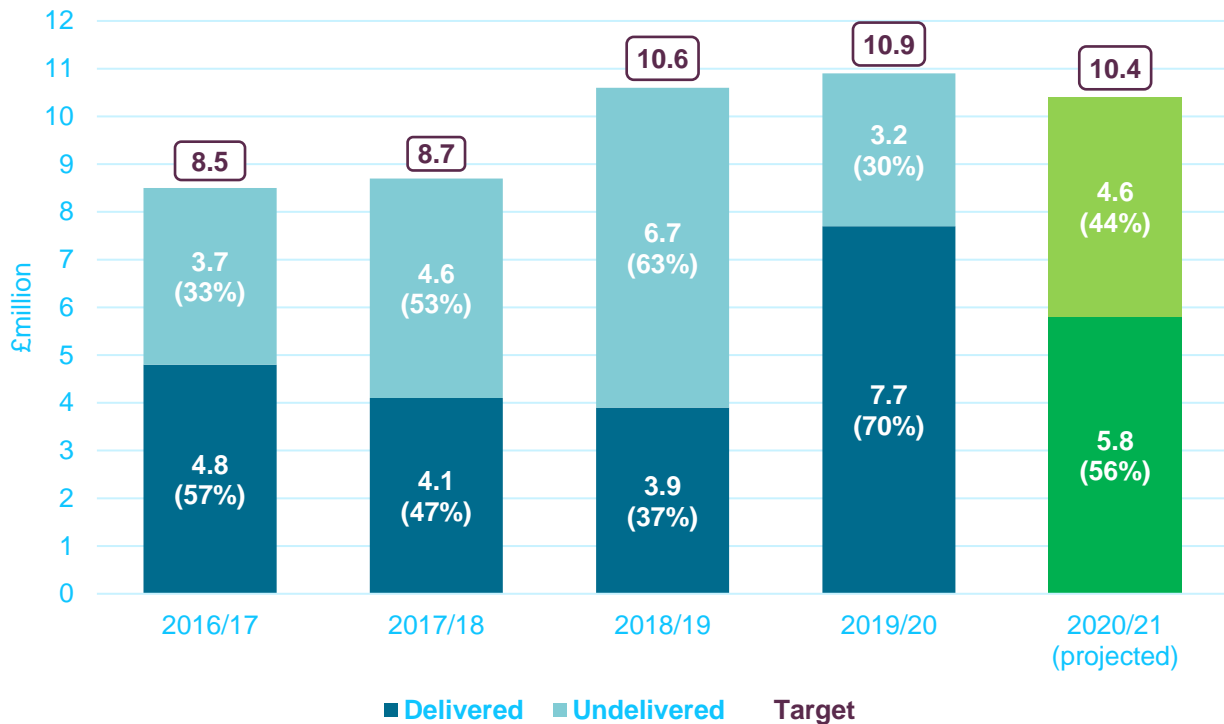
Recommendation 1

Reinforce and reiterate the need to maintain financial discipline across all service areas to support measures aimed at managing expenditure and bringing financial performance into recurring balance.

The IJB's record in delivering savings has been historically poor and while significant savings were achieved in 2019/20, they fell short of target by £3.2 million.

46. Savings are vital in ensuring that any budget gaps are bridged, and financial balance is maintained. The IJB's record in delivering savings has historically been poor with savings targets not being achieved in the previous four years as illustrated in Exhibit 5.

Exhibit 5 Delivery of Savings 2016/17 to 2020/21 (forecast)



Source: Audit Scotland Annual Audit Reports 2017/18 and 2018/19 and IJB financial monitoring papers.

47. In 2019/20 the IJB had made progress in delivering savings with £7.7 million savings out of target of £10.9 million (70%) delivered. The shortfall in savings (£3.2 million) was the main reason for the IJB overspending its budget

48. Management recognise the need to step up the pace in delivering previously agreed savings. Although weekly meetings to review savings were suspended in March 2020 and only restarted on 28 May 2020, several actions have been taken to improve savings delivery in 2020/21:

- A Service Improvement Officer (SIO) has been appointed in 2020/21 with the remit of tracking and progressing savings in Social Work. This appointment is in addition to two other SIOs in Learning Disability and Care Homes / Home Care for Older People.
- Health savings are being tracked through the Project Management Office approach co-ordinated by NHS Highland. This approach is being rolled out to social work savings through the Finance team.

49. The IJB has set an ambitious savings target of £10.4m for 2020/21 and it is too early to assess the effectiveness of these measures in delivering recurring savings. However, the latest budget monitoring report presented to the Finance and Policy Committee in August 2020 is forecasting that, as at 31 July 2020, 46% of target savings (i.e. £4.6 million) will not be delivered in 2020/21. The report also highlights that the failure to deliver savings is the main factor contributing to a projected overspend of £2.964 million in 2020/21. The IJB has assumed that the Scottish Government will fund additional costs associated with Covid-19 but not undelivered savings.

50. Also, the situation is further complicated by the demands on staff due to the ongoing Covid-19 pandemic. There is a real risk, therefore, that the IJB will

overspend its budget in 2020/21 and will require further funding from partner bodies to maintain financial balance.



Recommendation 2

Inject more pace and vigour into actions designed to deliver savings in line with financial plans and to support efforts aimed at achieving financial balance.

The IJB has well developed medium term financial plans that include scenario planning over a three-year period

51. Medium-and longer-term planning is an important element of good financial management. The IJB has developed a medium-term outlook report covering a three-year period (2020/21 to 2022/23). It includes assumptions about future inflation levels, funding and cost and demand pressures. Also, it sets out the financial position under three different scenarios i.e. best case, mid-range and worst case. The IJB receive regular updates advising them of any revisions to the budget outlook.

52. The IJB has not developed any longer-term plans. The IJB is funded on an annual basis. Management believe that this combined with considerable uncertainties about future funding would render longer-term forecasts unreliable and would not be a sound basis for making decisions. Therefore, medium term financial planning is considered appropriate for the IJB at present and longer-term financial planning is an aspiration...

Cumulative overspends on social work totalling £5.48 million due to be repaid to Argyll and Bute Council on a phased basis. Also, the health overspend of £1.280 million in 2019/20 while covered by brokerage is due to be repaid to the Scottish Government.

53. The repayment of budget overspends to partner bodies constitutes a significant element of the IJB's medium financial planning. In line with the Scheme of Integration, the partner bodies allocated additional funding to the IJB at the end of 2019/20 to cover the IJB's overspend against budget (£2.446 million).

54. In previous years the health overspend was covered by brokerage from Scottish Government which did not need to be repaid and therefore was effectively written off. The health overspend of £1.280 million in 2019/20 while covered by brokerage will require to be repaid unless the ongoing dispute with NHS Greater Glasgow is settled (refer paragraph 43 above). Discussions between NHS Highland and the Scottish Government on repayment expected to be held in 2020/21 with the earliest repayment possibly commencing in 2022/23.

55. Repayment of the social work overspend in 2019/20 amounting to £1.2 million and needs to be repaid to Argyll and Bute Council. This is in addition to prior year overspends. An indicative timetable for repayments was presented to the IJB's August 2020 meeting and is reproduced at [Exhibit 6](#). The money due to the council will be reduced from future funding thereby adding to the IJB's financial pressures.

Exhibit 6

Phased repayment of Social Work overspends

Financial Year	Repayment 2017/18 Overspend £'000	Repayment 2018/19 Overspend £'000	Repayment 2019/20 Overspend £'000	Total Repayment £'000
2020/21	400	0	0	400
2021/22	655	545	0	1,200
2022/23	0	1,255	0	1,255
2023/24	0	1,327	0	1,327
2024/25	0	0	1,166	1,166
Total	1,155	3,127	1,166	5,348

Source: Argyll and Bute IJB Annual Accounts 209/20

The IJB is forecasting an overspend against budget in 2020/21 and significant budget gaps in 2021/22 to 2023/24

56. In March 2020, the IJB agreed a balanced budget for 2020/21. The latest budget monitoring report presented to the Finance and Policy Committee on 28 August 2020 shows a year-to-date overspend of £2.117 million and a forecast overspend of £2.964 million for 2020/21.

57. As soon as an overspend is predicted the Chief Officer and Chief Financial Officer are required to identify the cause of the forecast overspend and prepare a financial plan. A proposed recovery plan was considered at the Finance and Policy Committee on 28 August 2020. This will be presented to the September meeting of the IJB for formal approval.

58. Looking further ahead the IJB is facing significant budget challenges assuming a mid-range (most likely) scenario as illustrated in [Exhibit 7](#). It is important therefore that, in future years, the IJB does not overspend its budgets and delivers required savings.

Exhibit 7

Budget outlook 2021-22 to 2023-24

Budget Gap	2021-22 £'000	2022-23 £'000	2023-24 £'000	Total £'000
Best case	2,446	476	842	3,764
Mid-range	6,268	4,411	4,932	15,611
Worst case	12,455	10,528	11,088	34,071

Source: IJB Budget Outlook Report submitted to Finance and Policy committee on 28 August 2020

The financial impact of the Covid-19 pandemic is likely to be significant on future financial plans

59. The financial impact of the pandemic is considerable. The IJB contributes to a local mobilisation plan cost tracker which is submitted to the Scottish Government via NHS Highland. Estimated costs relating to the pandemic from the start of April 2020 is £14 million (after offsetting savings of £1.2 million) as at 17 July 2020. There are considerable uncertainties surrounding both these estimated costs and the funding that will be made available from the Scottish Government.

60. The IJB made progress in delivering savings in 2019/20. However, the need to prioritise responses to the ongoing Covid-19 pandemic present an additional challenge to the delivery of further savings.

Financial systems of internal control operated effectively

61. The IJB does not operate its own financial systems. It relies on those of the partner bodies i.e. NHS Highland and Argyll and Bute Council. All transactions for the IJB are processed through these partner organisations and they are responsible for maintaining internal controls.

62. As part of our audit approach we sought assurances from the external auditors of NHS Highland and Argyll and Bute Council (in accordance with ISA 402) and they confirmed that systems of internal control were designed appropriately. Also, we took assurance from the work carried out by the internal auditors of the partner bodies. In their opinions' there were no significant control weaknesses.

Internal audit generally complies with Public Sector Internal Audit Standards (PSIAS)

63. Internal audit provides the IJB Board with independent assurance on risk management, internal control and corporate governance processes.

64. Internal Audit is provided by Scott-Moncrieff. The adequacy of internal audit was assessed as part of a centralised review by Audit Scotland. The review concluded that Scott-Moncrieff were generally compliant with PSIAS.

65. The [Code of Audit Practice \(2016\)](#) encourages external auditors to use the work of internal auditors to avoid duplication of effort wherever possible. We have not relied on any internal audit work in 2020/21 but we consider their findings where relevant. For example, we take account of internal audit's annual opinion on the effectiveness of risk management, governance arrangements and systems of control when carrying out our review of the Annual Governance Statement.

Standards of conduct and arrangements for the prevention and detection of fraud and error are appropriate

66. The IJB does not maintain its own policies relating to the prevention and detection of fraud and error but instead depends on those in place at its partnership bodies. We reviewed the arrangements in place at Argyll and Bute Council and NHS Highland and found them to be adequate. The IJB has a Code of Conduct in place to which members subscribe and the Members' Registers of Interest is publicly available on the Board's website.

67. Appropriate arrangements are in place for the prevention and detection of fraud and error. We are not aware of any specific issues we require to bring to your attention.

Part 3

Governance, transparency and best value



Main judgements

The IJB has appropriate governance arrangements in place which support decision making, accountability and scrutiny.



Governance arrangements were adapted promptly and appropriately to manage with the Covid-19 pandemic. This included holding meetings remotely and delegating extra powers to the Chief Officer to instruct executive action.

Appropriate arrangements are in place to secure Best Value.

Governance and transparency are concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information.

The IJB has appropriate governance arrangements in place which support decision making, accountability and scrutiny

68. As part of our wider dimensions audit work we consider governance and transparency arrangements including:

- board and committee structure and conduct;
- overall arrangements and standards of conduct including those for the prevention and detection of fraud, error, bribery and corruption;
- openness of board and committees; and
- reporting of performance and whether this is fair, balanced and understandable.

69. The IJB has a committee structure in place which is supported by clear roles for officers and members. Papers provided by officers to support the Board and other governance committees are of a good standard, cover issues in appropriate detail and are provided sufficiently in advance for members to review. The reporting of performance and especially financial performance is fair, balanced and understandable. Additionally, appropriate time is made available at these meetings to discuss items on the agenda and members are well prepared for the meetings and ask pertinent questions.

70. The IJB has appropriately addressed the matters we identified in our 2018/19 Annual Audit Report where governance arrangements required strengthening. These included agreeing formal terms of reference for the Audit and Scrutiny Committee, proper scheduling of meetings and accurate and clear minutes of meetings.

71. The IJB promotes a culture of transparency with members of the public able to attend Board meetings. Additionally, all Board minutes and supporting papers are readily available on the websites of Argyll and Bute Council and NHS Highland. These provide the public with information on key decisions made by the Board.

Governance arrangements were adapted promptly and appropriately to manage with the Covid-19 pandemic. This included holding meetings remotely and delegating extra powers to the Chief Officer to instruct executive action.

72. The impact of Covid-19 from March 2020 has been set out in the Governance Statement in the IJB's annual accounts. We note that the following steps were taken to amend governance arrangements:

- Since March 2020 all IJB meetings have been held remotely via Skype conferencing due to the requirement for social distancing. Members of the press and public have been enabled to attend and a record of meetings is made available via the [Argyll and Bute Council website](#)
- The final meeting of the IJB in 2019/20 saw a delegation of powers to the Chief Officer to instruct executive action for the duration of the pandemic in consultation with the Chair and Vice Chair of the Board.

73. The revised governance arrangements put in place by the IJB due to the Covid-19 pandemic are appropriate. Minutes and papers continue to be made available to the public, encouraging openness and transparency.

Best Value is concerned with using resources effectively and continually improving services.

Arrangements are in place to secure Best Value

74. The IJB has set out its approach to Best Value through a clear and concise statement within the Annual Governance Statement included in the 2019/20 annual accounts. This is an improvement from last year. Also, the statement indicates how the IJB fulfils its obligations against each of the eight best value themes.

National performance audit reports




75. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2019/20 we published some reports which may be of direct interest to the board as outlined in [Appendix 4](#).

Good practice

76. The Covid-19 pandemic has also driven innovation at the IJB. For example, increasing the use of *Near Me* video consultation for the delivery of health and social care services. Also, and the successful participation in trialling the use of drones to deliver medical supplies and personal protective equipment between medical facilities within Argyll and Bute.

Appendix 1

Action plan 2019/20

No.	 Issue/risk	 Recommendation	 Agreed management action/timing
1	<p>Financial sustainability</p> <p>The IJB budget in 2019/20 was overspent for the third consecutive year in a row primarily due to slippage in delivering savings.</p> <p>Risk</p> <p>The IJB continues to overspend and is unlikely to achieve financial balance in the medium term.</p>	<p>Reinforce and reiterate the need to maintain financial discipline across all service areas to support measures aimed at managing expenditure and bringing financial performance into recurring balance.</p> <p>Paragraphs 38 to 45.</p>	<p>An HSCP communication will be issued again reinforcing the need for these disciplines in order to bring back spend into balance for 2020/21</p> <p>Responsible officer: Head of Finance & Transformation</p> <p>Agreed date: December 2020</p>
2	<p>Savings delivery</p> <p>Savings are not being delivered at enough pace to achieve recurring financial balance. The position was exacerbated by the need to prioritise the response to Covid-19 resulting in less focus on savings delivery.</p> <p>Risk</p> <p>Savings deliver continue to fall behind target.</p>	<p>Inject more pace and vigour into actions designed to deliver savings in line with financial plans and to support efforts aimed at achieving financial balance.</p> <p>Paragraph 46 to 50</p>	<p>Current forecast reflects actions currently underway, and this is expected to improve in line with the Financial Recovery Plan going to the IJB on 16 September. The weekly savings meetings are aimed at injecting more pace. The recruitment of the 3 Service improvement officers in July is improving pace already, and they will be supported by the Senior Leadership Team. Actions will continue to end of the financial year.</p> <p>Responsible officer: Head of Finance & Transformation</p> <p>Agreed date: 31 March 2021</p>
<p>Follow up of prior year recommendations</p>			
5	<p>Forecast overspend in 2019/20</p> <p>The latest budget monitoring report is forecasting an overspend of £2.8 million.</p> <p>Risk</p> <p>Failure to resolve the dispute with NHS Greater Glasgow and Clyde lead to an increase</p>	<p>The IJB needs to bring the 2019/20 in-year financial position into balance or, at the very least, set a challenging, but achievable, target overspend that can be addressed through future savings plans.</p>	<p>In progress</p> <p>Final outturn for 2019/20 was an overspend of £2.4 million, including a disputed amount of £1.3 million with NHS Greater Glasgow and Clyde. Progress on resolving the dispute has been delayed due to Covid-19. The budget for 2020/21 includes £1.1 million above</p>

	<p>in costs of £2 million being incurred in 2019/20 which could undermine plans to achieve financial balance in 2019/20.</p>		<p>inflation to assist in resolving the dispute.</p> <p>A balanced budget has been set for 2020/21 with additional investment to achieve financial stability.</p> <p>Chief Officer; Head of Finance and Transformation.</p> <p>March 2021.</p>
6	<p>Savings plans</p> <p>Savings are not being delivered at sufficient pace to achieve financial balance.</p> <p>Risk</p> <p>Failure to achieve financial balance.</p>	<p>In order to reach a position of recurring financial balance the Board should increase the pace of actions designed to achieve financial savings.</p>	<p>In progress</p> <p>The Finance and Policy Committee is meeting monthly and monitoring progress on savings delivery. Savings have been split into four workstreams which are being progressed at an operational level by Service Improvement Officers.</p> <p>Chief Officer; Head of Finance and Transformation.</p> <p>Ongoing.</p>
7	<p>Medium- to long-term financial planning</p> <p>Medium-term financial planning has been progressed through the development of three-year budget outlook reports. A longer-term financial strategy over a five to 10-year period has not been developed. This has been reported in previous years.</p> <p>Risk</p> <p>The IJB may not be able to respond to, or manage, significant financial risks in the long term.</p>	<p>The IJB should build on work already undertaken in preparing a three-year budget outlook to develop a long-term financial strategy in line with the recommendations set out in Audit Scotland's report on Scotland's Public Finances (2014).</p>	<p>Superseded</p> <p>The IJB continues to operate three-year budget outlooks which are updated regularly and presented to the IJB along with a review of financial risks. The IJB is funded on an annual basis and there are several major national reviews either ongoing or just commencing, for example the National Review of Adult Care which mean that any longer-term financial forecasting is not considered reliable by management at the current time. Management will reassess the opportunity for longer-term financial planning at an appropriate time when the operating environment has stabilised.</p>
8	<p>Efficiency savings</p> <p>The finance report submitted to the IJB at its March 2019 meeting forecast that the budget gaps for 2020/21 and 2021/22 were £7 million and £14.3 million respectively. Savings plans have yet to be fully developed to address these gaps.</p>	<p>As a priority, the IJB should develop and agree savings plans to bridge funding gaps in the medium term.</p>	<p>In progress</p> <p>Savings plans are in development for 2020/21 and a number of <i>Transforming Together</i> workstreams are in progress which will result in medium-term savings to help bridge the gap.</p> <p>Transformation has been put on hold due to Covid-19 response. Recruitment of a</p>

	<p>Risk</p> <p>The IJB may not be able to identify and deliver savings plans that will cover funding gaps in the medium term.</p>		<p>Transformation Programme Manage has been agreed by the IJB.</p> <p>Chief Officer; Head of Finance and Transformation.</p> <p>March 2021.</p>
9	<p>Governance arrangements</p> <p>A review of governance arrangements is underway. However, there are aspects of the Audit Committee's governance arrangements that need to be addressed as a priority.</p> <p>Risk</p> <p>The Audit Committee may not be carrying out its governance responsibilities in an efficient and effective way.</p>	<p>The review of the Audit Committee's governance arrangements, including terms of reference, should be concluded and approved promptly.</p>	<p>Complete</p> <p>Audit and Risk Committees terms of reference have been updated and approved by the IJB. Also, improvements have been made in the scheduling of meetings and the recording of discussions at committee meetings.</p>
10	<p>Workforce planning</p> <p>In previous years we have reported that the IJB needs to develop an overarching workforce plan. A workforce plan has yet to be finalised and approved. Also, such a plan cannot be developed in isolation but needs to be integrated with financial and service plans.</p> <p>Risk</p> <p>In the absence of integrated planning, the IJB will be unable to manage its staff resources effectively.</p>	<p>Workforce planning should be progressed and integrated with service and financial planning.</p>	<p>Ongoing</p> <p>Workforce planning has been delayed pending Scottish Government guidance and a revised timescale for implementation.</p> <p>Scottish Government have set a new date for IJB's to have completed and submitted their integrated workforce plans i.e. 31 March 2022.</p> <p>The work is being led by the Council's Head of Customer Support Services.</p> <p>In the meantime, a working group have been established to progress this work.</p>
11	<p>Best Value</p> <p>The Best Value section of the Annual Performance Report lacks detail on how Best Value is being delivered.</p> <p>Risk</p> <p>The IJB is unable to demonstrate that Best Value is being delivered in all key areas.</p>	<p>The Best Value section of the Annual Performance Report should set out succinctly the evidence that shows how Best Value is being delivered against the eight Best Value themes.</p>	<p>Complete</p> <p>The IJB's 2019/20 IJB annual accounts included a more explicit statement of how best value is being delivered against the eight best value themes. This addresses the audit point raised last year.</p>

Appendix 2

Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual report and accounts and those relating our wider responsibility under the [Code of Audit Practice 2016](#).

Add in any additional audit risks arising from Covid-19

Audit risk	Assurance procedure	Results and conclusions
Risks of material misstatement in the financial statements		
<p>1 Management override of controls</p> <p>Auditing Standards require that audits are planned to consider the risk of material misstatement caused by fraud, which is assumed to be a significant risk in any audit. This includes the risk of management override of controls that results in fraudulent financial statements.</p>	<p>Owing to the nature of this risk, assurances from management are not applicable in this instance.</p> <p>Reviewed the appropriateness of journal entries and other adjustments recorded in the general ledger and financial statements.</p> <p>Reviewed accounting estimates for biases.</p> <p>Evaluated significant transactions that are outside the normal course of business.</p> <p>Focussed testing of the regularity and cut-off assertions during the financial statements audit.</p>	<p>We found no evidence of management override of controls as part of the work carried out.</p>
Risks identified from the auditor's wider responsibility under the Code of Audit Practice		
<p>2 Financial Sustainability</p> <p>Financial position</p> <p>Financial sustainability is a continued risk for the IJB. The forecast outturn position (as at September 2019) for 2019/20 is a forecast overspend of £2 million. This consists of a Social Work overspend of £1.7 million and a Health overspend of £318,000. It is therefore unlikely that the IJB will achieve financial balance for the financial year.</p> <p>In the mid-range scenario, the projected budget gap for the three-year period from 2020/21</p>	<p>Review and assess progress in delivering Financial Recovery Plan.</p> <p>Assess the impact of grip and control measures in improving the financial position.</p> <p>Monitor savings plans to assess progress in delivering savings.</p> <p>Review progress made in discussions between the IJB and NHSGGC and assess the impact on the IJB's financial position.</p>	<p>From our review of budget monitoring reports and the financial statements, financial position continues to be a risk for the IJB.</p> <p>The year-end overspend against budget for 2019/20 was £2.4 million. This consisted of an overspend of £1.2 million in Social Work and £1.3 million in Health.</p> <p>Exhibit 4 shows the month-by-month outturn position. Good progress has been made to implement savings plans throughout the year to reduce the outturn overspend and the year-end position was exacerbated by</p>

Audit risk	Assurance procedure	Results and conclusions
<p>to 2022/23 is £21.1 million with a gap of £8.8 million occurring in 2020/21.</p>		<p>the inclusion of the provision of £1.3 million relating to the disputed Service Level Agreement with NHS Greater Glasgow and Clyde.</p>
<p>3 Financial sustainability</p> <p>Long-term financial position</p> <p>The IJB has in place a short- and medium-term financial outlook outlining the challenges faced over the next three years – these are aligned to the Strategic Plan 2019/20 to 2021/22. However, there is still a lack of long-term financial planning.</p>	<p>Monitor progress made in forming medium- and longer-term financial plans that are aligned to the Strategic Plan and the IJB's objectives.</p>	<p>The IJB continues to operate on a three-year budget plan. As per responses from management, this is due financial uncertainties meaning that a longer-term financial plan being unreliable.</p> <p>Considering the above, and the fact that the IJB is funded on an annual basis, the medium-term financial planning in place is appropriate.</p> <p>Longer-term financial planning should remain as an ambition for the IJB's financial sustainability.</p>
<p>Additional Audit Risks arising from Covid-19</p>		
<p>4 Funding for Covid-19 costs</p> <p>There is uncertainty over the level of funding that will be received from the Scottish Government for costs relating to Covid-19.</p> <p>The IJB have a cost tracker in place to monitor such costs, which are reported to the Scottish Government via NHS Highland health board.</p>	<p>Audit work on financial sustainability is to include monitoring of national engagement with the Scottish Government, through COSLA, on funding of Covid-19 response.</p>	<p>Costs related to Covid-19 continue to be tracked and reported to members via financial monitoring reports.</p> <p>The IJB have also been able to identify savings through such monitoring – for example, reduced travel costs for staff.</p> <p>Monitoring of local and national engagement over additional cost pressures and funding sources related to Covid-19 to continue into 2020/21.</p>

Appendix 3

Summary of national performance reports 2019/20



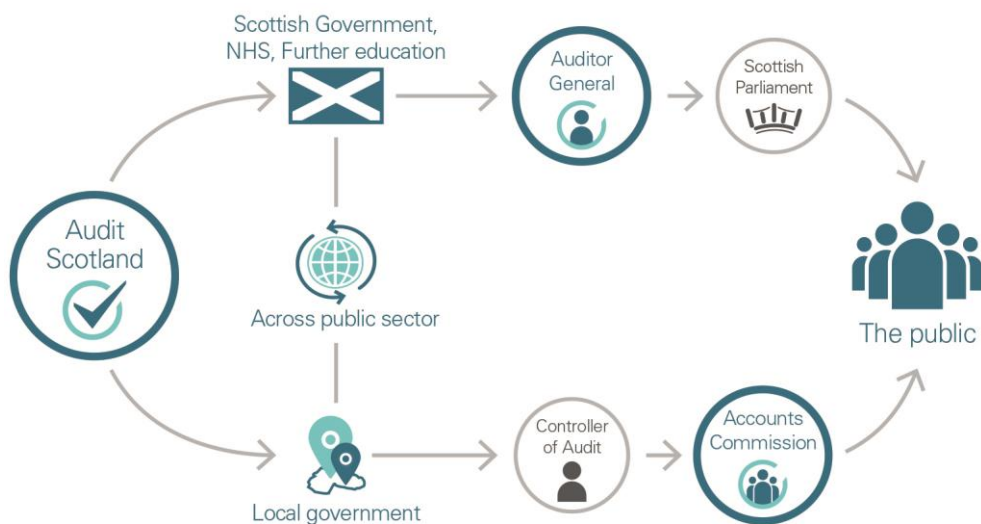
**2019/20
Reports**

		Apr	
Social security: Implementing the devolved powers		May	
Scotland's colleges 2019		Jun	 Enabling digital government
		Jul	
NHS workforce planning - part 2		Aug	
Finances of Scottish universities		Sept	
NHS in Scotland 2019		Oct	
		Nov	
Local government in Scotland: Financial overview 2018/19		Dec	
Scotland's City Region and Growth Deals		Jan	 Privately financed infrastructure investment: The Non-Profit Distributing (NPD) and hub models
		Feb	
		Mar	 Early learning and childcare: follow-up

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Argyll and Bute Integration Joint Board

2019/20 Annual Audit Report

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Argyll and Bute Health Integration Joint Board Audit and Risk Committee

Argyll and Bute Integration Joint Board Audit of 2019/20 annual accounts

Independent auditor's report

1. Our audit work on the 2019/20 annual accounts is now substantially complete. Subject to the satisfactory conclusion of the outstanding matter referred to later in this letter. On receipt of a revised set of annual accounts for final review, we anticipate being able to issue unqualified audit opinions in the independent auditor's report by 30 September 2020 (the proposed report is attached at [Appendix A](#)).

Annual audit report

2. Under International Standards on Auditing in the UK, we report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We present for the Argyll and Bute Integration Joint Board Audit and Risk Committee's consideration our draft annual report on the 2019/20 audit. The section headed "Significant findings from the audit in accordance with ISA 260" sets out the issues identified in respect of the annual accounts.
3. The report also sets out conclusions from our consideration of the four audit dimensions that frame the wider scope of public audit as set out in the Code of Audit Practice.
4. This report will be issued in final form after the annual accounts have been certified.

Unadjusted misstatements

5. We also report to those charged with governance all unadjusted misstatements which we have identified during our audit, other than those of a trivial nature and request that these misstatements be corrected.
6. We have no unadjusted misstatements to be corrected/or provide information on any unadjusted misstatements.

Representations from Section 95 Officer

7. As part of the completion of our audit, we are seeking written representations from Head of Finance and Transformation on aspects of the annual accounts, including the judgements and estimates made.
8. A draft letter of representation is attached at [Appendix B](#). This should be signed and returned to us by the Section 95 Officer with the signed annual accounts prior to the independent auditor's report being certified.

Other matters

9. There is a discrepancy of £391,000 between Argyll and Bute IJB expenditure in NHS Highland's audited accounts and the figure for funding contributions from NHS Highland in the IJB's unaudited accounts. Our understanding is that the discrepancy arises in NHS Highland accounts and officers are working jointly to identify how best to progress the issue. No adjustment is required to the IJB accounts, and we are reporting the matter for completeness as the discrepancy is above our reporting threshold which stands at £55,000. The matter has no impact on our 2019/20 Independent Auditor's Report for Argyll and Bute IJB

APPENDIX A: Proposed Independent Auditor's Report

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

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Argyll and Bute Integration Joint Board for the year ended 31 March 2020 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statements, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of the Argyll and Bute Integration Joint Board as at 31 March 2020 and of the income and expenditure of the Integration Joint Board for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted My audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 7 January 2019. The period of total uninterrupted appointment is two years. I am independent of the Argyll and Bute Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Argyll and Bute Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

- the Head of Finance and Transformation has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the council's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement I report in a separate Annual Audit Report, available from the Audit Scotland website, the most significant assessed risks of material misstatement that I identified and my conclusions thereon.

Responsibilities of the Head of Finance and Transformation and the Audit and Risk Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Head of Finance and Transformation is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Head of Finance and Transformation determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Head of Finance and Transformation is responsible for assessing the council's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate. The Audit and Risk Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skillfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. I therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Head of Finance and Transformation is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial

statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in My opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of My report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

John Cornett
Audit Director
Audit Scotland
4th Floor
Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

September 2020

John Cornett
Audit Scotland
4th Floor, South Suite
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

Date: 15 September 2020
Your Ref:
Our Ref:
Enquiries to: Judy Orr
Direct Line: 01586-555280
Email: judy.orr@argyll&bute.gov.uk

Dear John

**Argyll and Bute Integration Joint Board
Annual Accounts 2019/20**

1. This representation letter is provided in connection with your audit of the annual accounts of Argyll and Bute Integration Joint Board for the year ended 31 March 2020 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.
2. I confirm to the best of my knowledge and belief and having made appropriate enquiries of the Argyll and Bute Integration Joint Board's Audit and Risk Committee the following representations given to you in connection with your audit of Argyll and Bute Integration Joint Board's annual accounts for the year ended 31 March 2020.

General

3. Argyll and Bute Integration Joint Board and I have fulfilled our statutory responsibilities for the preparation of the 2019/20 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by Argyll and Bute Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.
4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (2019/20 accounting code), mandatory guidance from LASAAC, and the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.
6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of the Argyll and Bute Integration Joint Board at 31 March 2020 and the transactions for 2019/20.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2019/20 accounting code, where applicable. Where the code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to Argyll and Bute Integration Joint Board's circumstances and have been consistently applied.
8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

9. I have assessed Argyll and Bute Integration Joint Board's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on Argyll and Bute Integration Joint Board's ability to continue as a going concern.

Liabilities

10. All liabilities at 31 March 2020 of which I am aware have been recognised in the annual accounts.
11. Provisions have been recognised in the financial statements for all liabilities of uncertain timing or amount at 31 March 2020 of which I am aware where the conditions specified in the 2019/20 accounting code have been met. The amount recognised as a provision is the best estimate of the expenditure likely to be required to settle the obligation at 31 March 2020. Where the effect of the time value of money is material, the amount of the provision has been discounted to the present value of the expected payments.
12. Provisions recognised in previous years have been reviewed and adjusted, where appropriate, to reflect the best estimate at 31 March 2020 or to reflect material changes in the assumptions underlying the calculations of the cash flows.

13. There are no plans or intentions that are likely to affect the carrying value or classification of the liabilities recognised in the financial statements.

Fraud

14. I have provided you with all information in relation to
- my assessment of the risk that the financial statements may be materially misstated as a result of fraud
 - any allegations of fraud or suspected fraud affecting the financial statements
 - fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

15. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

16. All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2019/20 accounting code. I have made available to you the identity of all the Argyll and Bute Integration Joint Board's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

17. The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014, and all required information of which I am aware has been provided to you.

Management commentary

18. I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

Corporate Governance

19. I confirm that the Argyll and Bute Integration Joint Board has undertaken a review of the system of internal control during 2019/20 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.
20. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2020, which require to be reflected.

Balance Sheet

21. All events subsequent to 31 March 2020 for which the 2019/20 accounting code requires adjustment or disclosure have been adjusted or disclosed.

This letter was presented to and agreed by the Audit and Risk Committee on 15 September 2020.

Yours sincerely

Judy Orr
Head of Finance and Transformation
Argyll and Bute Integration Joint Board

DRAFT

ARGYLL AND BUTE INTEGRATION JOINT BOARD

Commonly known as Argyll and Bute Health & Social Care Partnership



AUDITED ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020



**ARGYLL AND BUTE INTEGRATION JOINT BOARD
ANNUAL ACCOUNTS CONTENTS**

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ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

1. INTRODUCTION

The Annual Accounts contain the Financial Statements of Argyll and Bute Integration Joint Board (IJB) for the year ended 31 March 2020 and report on the performance of the IJB. Its main purpose is to demonstrate the stewardship of public funds which have been entrusted to us for the delivery of the IJB's vision and Strategic Plan. The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2019-20 Accounts have been prepared in accordance with this Code.

The Management Commentary provides an overview of the key messages in relation to the IJB's financial planning and performance for the 2019-20 financial year and how this has supported delivery of the IJB's strategic priorities. The commentary also looks forward and provides an indication of the challenges and risks which may impact upon the finances of the IJB in the future as we strive to meet the health and social care needs of the people of Argyll and Bute.

2. THE INTEGRATION JOINT BOARD (IJB)

Argyll and Bute Health and Social Care Partnership (HSCP) is responsible for the planning and delivery of all community and acute health and social care services for adults and children in Argyll and Bute. This includes services which are purchased from external providers including NHS Greater Glasgow and Clyde. The Partnership has been established as a separate legal entity from both the Council and the Health Board, with a board of governance, the IJB which has responsibility for the planning, resourcing and overseeing the operational delivery of integrated services as identified in its Strategic Plan. This includes the services, staff and resources. The IJB was delegated resources and responsibility for service delivery from 1 April 2016.

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

Argyll and Bute is home to 88,166 people (2011 Census), covers an area of 690,946 hectares and is the second largest local authority by area in Scotland. Argyll and Bute has 23 inhabited islands, with 17% of Argyll and Bute's population living on the islands. Argyll and Bute provides a number of opportunities for those who live and work here, however we also face a number of significant challenges. The geography of scattered communities in remote and rural areas and islands presents a challenge in delivering services from the finite resources available. 73% live in "remote" or "very remote" areas. 47% live in areas in the 20% "most deprived for geographic access to services". Argyll and Bute has a higher proportion of older people than Scotland as a whole, with 11.6% aged 75+ compared to 8.5% in Scotland.

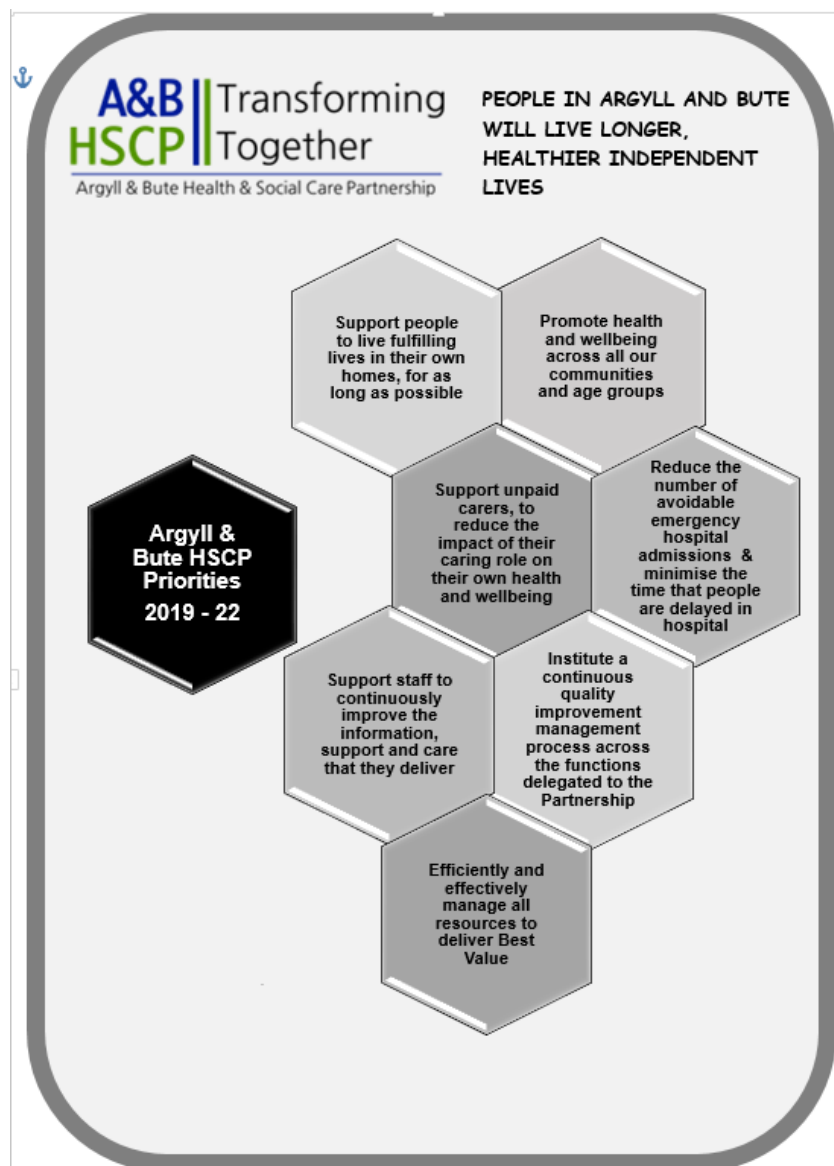
ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

3. HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC PLAN

The HSCP vision and priorities for health and social care in Argyll and Bute were developed for the first Strategic Plan 2016-2019 and the vision and priorities still remain current and relevant for our communities, staff partners and stakeholders. The vision in the revised plan 2019-20 to 2021-22 is noted below.

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

Argyll and Bute HSCP seven areas of focus/priorities for the next three years are:



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4. PERFORMANCE MANAGEMENT AND REPORTING

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.

The HSCP has in place a Planning and Performance Management Framework and reporting to the Board takes place with a performance scorecard being presented on a regular basis to the IJB. The HSCP continues to publish its Annual Performance Report with the 2019-20 report due to be published in 2020-21. The IJB reviewed its performance scorecard and reporting processes and has further reduced from 65 indicators to 44 indicators. This has been informed by a national review of indicators, changes to the performance targets, it's new Strategic Plan, the establishment of new financial control mechanisms and feedback from the IJB and Senior Leadership Team. The IJB received a presentation from officers on the proposed new Integrated Performance Regime and supporting performance scorecard report in August 2019. The introduction of the new regime is still under way.

The performance for Finance Quarter 1 (FQ1) 2019-20 was reported to the IJB in September 2019, performance for FQ2 2019-20 was reported to the IJB in January 2019 and performance for FQ3 2019-20 was reported to the IJB in March 2020. The scorecard on the next page provides a snapshot of the overall performance as at the end of FQ3 2019-20.

FQ4 data availability nationally has been affected by current national Covid-19 data demands. For this reason FQ4 has not yet been formally reported to the IJB. The data in the table overleaf gives an interim position with some of the indicators using carry-over data from the previous FQ3 position. It should be noted that there is no reported outpatient performance for FQ4 as a result of Scotland wide restrictions on outpatient activity. (The re-mobilisation plan should see the slow reintroduction of outpatient activity from June 2020 onwards.)

The scorecard shows that of the 44 success measures, 27 were on track or better, with 16 reported as off target and 1 measure in development.

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%)

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Some areas where performance hasn't met the target and are areas for improvement are:

- The % of adult protection referrals completed within 5 Days (target 80%, actual 42.2%)
- The number of unplanned bed days for Mental Health specialities (target 3974, actual 6636 – FQ3 data)
- The number of Accident & Emergency (A&E) attendances (target 4240, actual 4407 FQ3 data)
- The percentage of A&E attendances seen within 4 hours (target 95%, actual 89.6% - FQ3 data)
- Social Work Attendance rates (sickness absence) (**Target-** 3.78 days, **Actual-** 4.89 days)
- Percentage of looked after children who are looked after at home or in a community setting (target 90% actual 83.3%)

(Noted as FQ3 data where FQ4 data not yet available)

Table 1: FQ4 (2019-20) Health & Wellbeing Outcome Indicator- Performance Overview

Health & Wellbeing Outcome Indicators	Total Number of Measures	Number of measures On-track	Number of measures Off-track
Outcome 1 - People are able to improve their health	6	5	1
Outcome 2 - People are able to live in the community	6	0	6
Outcome 3 - People have positive service-user experiences	5	2	3
Outcome 4 - Services are centred on quality of life	5	4	1
Outcome 5 - Services reduce health inequalities	5	5	0
Outcome 6 - Unpaid carers are supported	1	0	1
Outcome 7 - Service users are safe from harm	7	6	1
Outcome 8 - Health and social care workers are supported	3	1	2
Outcome 9 - Resources are used effectively in the provision of health and social care services	5	4	1
In Development	1		
Totals	44	27	16

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The HSCP's anticipated performance in terms of the number of patients in breach of consultant waiting times targets for new appointments has been quantified in the NHS Highland Annual Operational Plan (AOP) submitted in March 2019. The AOP was informed by a "demand, capacity, activity, queue" analysis (DCAQ) process which identified the additional capacity that would be required to address average demand on a specialty by specialty basis. The HSCP has received £377,800 in 2019/20 to support this activity with 60% of the funding released in the first tranche and the balance to be released if waiting times performance trajectories are met.

A comparison between the FQ3 position and the AOP figures across all consultant outpatient specialties reporting variances against the 12 week target is detailed below:

- 12 week target: 333 New Outpatient Appointments at Consultant Led Clinic breaches as at Q3 19/20. This is against a projected AOP forecast figure of 382 (-12.8%)
- 26 week target 112 New Outpatient Appointments at Consultant Led Clinic breaches as at Q3 19/20. This is against a projected AOP forecast figure of 103 (+ 8.7%)

It should be noted that the majority of the clinics provided in Argyll and Bute are provided by visiting consultants from NHS GG&C. However in addition there are a small number of local specialties which are also not meeting waiting times targets at present.

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5. FINANCIAL PERFORMANCE 2019-20

Financial Outturn 2019-20

It was clear from the beginning of financial year 2019-20 that the HSCP had financial challenges. The final revenue outturn for 2018-19 was an overspend of £6.681m. The health related overspend of £3.554m was covered by the Scottish Government brokerage given to NHS Highland. The social work related overspend amounting to £3.127m has to be repaid to Argyll and Bute Council.

At the IJB meeting on 27 March 2019, when the budget for 2019-20 was considered, the Board set a balanced budget which required new savings of £6.794m to be delivered. In addition there was £3.029m of previously agreed savings still to be delivered, making the total savings due to be delivered in year £9.823m which was a significant challenge. Further in-year savings were agreed through financial recovery plans which increased the total to be delivered to £10.877m, of which £7.665m was delivered. The shortfall in savings delivery and the SLA dispute with NHS GG&C were the two key reasons for the outturn overspend of £2.446m in 2019/20. It should be noted that although there is an overspend, the level of overspend is well reduced from that in 2018-19, which is a considerable achievement.

The Chief Financial Officer post was covered by the Council's Head of Strategic Finance (in addition to her Council post) until 31 May 2019. A new Head of Finance and Transformation was appointed for a 2 year fixed term from 1 June 2019 to 31 May 2021. The enhanced budgetary control arrangements introduced by the Chief Officer and the Council's Head of Strategic Finance have been continued and expanded and comprehensive financial reports are now being presented to the IJB and to the Finance and Policy Committee on a regular basis. Although unable to break even at the end of 2019-20, there is now greater control and transparency over the partnership's financial position.

The forecast outturn position was reported to the IJB at each meeting throughout the financial year. The overall financial performance against budget for financial year 2019-20 was an overspend of £2.446m, with an overspend of £1.280m on health related services and an overspend of £1.166m on social work services.

The overspend for health related services took an adverse dip between February and the end of the financial year. This was as a result of recognition of the disputed charging of services from NHS Greater Glasgow and Clyde (GG&C). At the end of financial year 2019-20 the dispute remained unresolved. This dispute has continued throughout the financial year, with £1.1m of charges from 2018-19 remaining in dispute and a further disputed amount for 2019-20 of £1.324m. (These disputed amounts are for increases above the normal inflationary uplift which has been offered.) Without the need to make the provision for the disputed amount, the Health position would have shown a small underspend of £44k, and the overall overspend would have been reduced to £1.122m. The dispute has been escalated to the chairs of the respective health boards, and they have agreed to a meeting with the relevant chief executives supported by their directors of finance in order to bring this matter to a resolution. This meeting has understandably been delayed by the Covid-19 pandemic.

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The table below summarises the financial performance against budget for 2019-20, split across Health and Social Work related services.

Service	Annual Budget £000	Outturn £000	Variance £000	% Variance
<u>COUNCIL SERVICES:</u>				
Chief Officer	1,477	798	679	46.0%
Children and Families Central Management Costs	2,285	2,399	(114)	-5.0%
Child Protection	3,348	3,068	280	8.4%
Children with a Disability	874	815	59	6.8%
Criminal Justice	151	(36)	187	123.8%
Looked After Children	6,885	7,385	(500)	-7.3%
Adult Services Central Management Costs	501	464	37	7.4%
Learning Disability	14,679	15,812	(1,133)	-7.7%
Mental Health	2,707	2,482	225	8.3%
Older People	35,078	35,369	(291)	-0.8%
Physical Disability	2,192	2,790	(598)	-27.3%
Service Development	412	409	3	0.7%
COUNCIL SERVICES TOTAL	70,589	71,755	(1,166)	-1.7%
<u>HEALTH SERVICES:</u>				
Adult Services - West	54,702	56,314	(1,612)	-2.9%
Adult Services - East	30,237	30,230	7	0.0%
Children & Families Services	7,257	7,031	226	3.1%
Commissioned Services - NHS GG&C	65,457	66,925	(1,468)	-2.2%
Commissioned Services - Other	3,929	4,044	(115)	-2.9%
General Medical Services	17,720	17,409	311	1.8%
Community and Salaried Dental Services	3,793	3,493	300	7.9%
Other Primary Care Services	9,406	9,406	0	0.0%
Public Health	1,812	1,656	156	8.6%
Lead Nurse	1,516	1,433	83	5.5%
Management Service	3,808	3,679	129	3.4%
Health Board provided services	2,047	2,047		0.0%
Planning & Performance	2,190	2,144	46	2.1%
Depreciation	2,516	2,494	22	0.9%
Income	(1,533)	(1,920)	387	-25.2%
Estates	5,322	5,501	(179)	-3.4%
Budget Reserves	427	0	427	100.0%
HEALTH SERVICES TOTAL	210,606	211,886	(1,280)	(0.6%)
GRAND TOTAL	281,195	283,641	(2,446)	(0.9%)

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

The main service areas contributing to the overall overspend position are noted below:

- Looked After Children - Overspend arises due to service demand for external residential placements, overspends on the Life Changes Trust project, overspends on staffing costs within children's homes and slippage on agreed savings in residential placements (£200k) partially offset by underspends in fostering arising due to lower than budgeted service demand.
- Physical Disability - Overspend arises mainly due to higher than budgeted demand as well as slippage on the delivery of efficiency savings for supported living services. This is partially offset by an underspend in respite and payments to other bodies.
- Learning Disability - Overspend arises due to a combination of higher than budgeted demand for supported living and care home services and slippage on savings developed to reduce both of these commitments partially offset by underspends on day services and respite.
- Adult Services West – Overspend arises due to savings not being achieved and several budget overspends, including; Mull Medical Group - GP locums £668k, Psychiatric medical services - locums £603k, LIH General Medical Services - locums £308k, GP prescribing Campbeltown £123k, LIH Laboratory - agency staffing £136k, LIH Ward B - agency nurses £106k, Kintyre Medical Group - GP locums £92k, Campbeltown Hospital nursing £102k, and Jura out of hours GP service. (LIH: Lorn & Isles Hospital)
- Commissioned Services – NHS GG&C – overspend arises mainly due to disputed element of SLA accounted for as per NHS accounting rules, £1.324m. Balance of variance relates to cost per case charges, mainly cystic fibrosis drug costs.

Savings Delivery

As at end of March, £7.665m of the target £10.877m savings have been delivered, 70% of the total – this includes £1.080m non-recurring savings. It is clear that the failure to deliver on all savings (overall shortfall of £3.212m) is the key driver in the outturn overspend of £2.446m (apart from the dispute with NHS GG&C).

The outturn shortfall for Social Work savings is £3.212m. The outturn shortfall for Health savings of £1.080m was fully offset by non-recurring (one-off) savings many of which relate at least in part but where the saving cannot yet be regarded as recurring. The Health savings are being tracked through the Project Management Office approach co-ordinated by NHS Highland which includes greater visibility of progress against agreed milestones. This approach is now being rolled out to Social Work savings through the Finance team. The regular meetings to review the savings have been paused in March due to work on the Covid response but are planned to restart in late May. A Service Improvement Officer (SIO) post dedicated to tracking and progressing social work savings is being recruited to, in addition to two SIOs focussed on Learning Disability and Care Homes / Home Care for Older people. These are expected to improve the focus on savings delivery in 2020-21.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

As nearly all these savings are being carried forward to next year, it is imperative that efforts to deliver the previously agreed savings are continued. Although we now have permanent heads of service in post across all areas which will assist, efforts are currently being hampered by the need to prioritise responses to Covid-19 pandemic. Where we can, we will ensure that actions for Covid-19 are aligned and capitalised on such as increasing use of Near Me.

Repayment of Overspend

The approved Scheme of Integration outlines what should happen in the event of an overspend at the year end:

8.2.20 Where recovery plans are unsuccessful and an overspend occurs at the financial year end, and there are insufficient reserves to meet the overspend, then the Parties will be required to make additional payments to Argyll and Bute Integrated Joint Board. Where there is a requirement for additional payments an analysis of the requirement for additional payments will be carried out to determine the extent to which they relate to either budgets delegated back to or activities managed by the Council or NHS Highland with the allocation of the additional payments being based on the outcome of this analysis. Any additional payments by the Council and NHS Highland will then be deducted from future years funding/payments.

NHS Highland and Argyll and Bute Council, in line with the Scheme of Integration, allocated additional funding to the IJB at the end of 2019-20. The health related overspend of £1.280m was covered by the Scottish Government brokerage given to NHS Highland and will require to be repaid, unless the dispute with NHS GG&C is settled in our favour. The social work related overspend amounting to £1.166m needs to be repaid to Argyll and Bute Council along with the repayment of the 2018-19 and 2017-18 overspends.

The repayment of the health overspend will be agreed by NHS Highland and the Scottish Government as it is part of the overall brokerage given to NHS Highland. It is expected that discussions will be held next year about a repayment schedule. At the earliest repayment might commence in 2022-23.

A report was considered at the Council's Business Continuity Committee on 14 May 2020 in respect of the repayment arrangements for the overspends and it was agreed that this be repaid over a period of five years commencing in 2020-21. Total repayments due to the Council are shown in the table on the next page:

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

	Repayment 2017-18 Overspend £000	Repayment 2018-19 Overspend £000	Repayment 2019-20 Overspend £000	Total Repayment £000
2020-21	400			400
2021-22	655	545		1,200
2022-23		1,255		1,255
2023-24		1,327		1,327
2024-25			1,166	1,166
Total	1,055	3,127	1,166	5,348

Financial Statements

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices. There are no statutory or presentational adjustments which affect the application of the funding received from partners, therefore the movement in the General Fund balance is solely due to the transactions shown in the Comprehensive Income and Expenditure statement.

Reconciliation of Comprehensive Income and Expenditure Statement to Financial Outturn:

The table below reconciles the surplus on the provision of services of £0.280m as noted in the Comprehensive Income and Expenditure Statement to the financial outturn position of £2.446m overspend:

	£000	£000
Surplus on Provision of Services		(280)
Remove Statutory Adjustments that don't feature in financial outturn position	0	
Movement in General Fund Balance		(280)
Other Movements:		
Earmarked Reserves released to services during 2019-20	(275)	
New Earmarked Reserves during 2019-20	555	
Additional Funding Provided by NHS Highland	1,280	
Additional Funding Provided by Argyll and Bute Council	1,166	
		2,726
Financial Outturn (Overspend)		2,446

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

Movement in Reserves Statement

This statement shows the movement in year on the Integration Joint Board's Reserves. The IJB has one reserve, a General Fund reserve, this is a resource backed reserve which can be used to fund expenditure.

The balance on the General Fund reserve has increased by £0.280m, there was a balance of £0.325m held at 1 April 2019 and the closing balance at 31 March 2020 is £0.605m. This increase represents the net of amounts of earmarked balances used during 2019-20 and new balances earmarked at the end of 2019-20.

A Reserves Policy was approved by the Integration Joint Board in March 2017. This outlines that the balance of reserves will normally comprise of three elements one of which is the earmarking of funds set aside for a specific purpose agreed by the Integration Joint Board. The IJB had an adverse year-end outturn position and the only earmarking relates to funding specifically provided for specific projects grant funded by Scottish Government. Further detail is provided in note 8 to the financial statements.

The overall position for reserves is noted below:

	Earmarked Reserves £000	Unallocated Reserves £000	Total £000
Opening Balance at 1 April 2019	325	0	325
Movement 2019-20	280	0	280
Closing Balance at 31 March 2020	605	0	605

The IJB Reserves Policy suggests a prudent level of General Fund reserve to be set at 2% of the IJB net revenue budget, this would equate to around £5.5m. Whilst this level of reserve would allow a degree of flexibility and assurance, this must be proportionate and take cognisance of the level of savings required to be delivered. Given the unprecedented economic climate in which the IJB are operating this is viewed as an aspirational level of reserves to be built up over time, recognising the tensions between prudent financial planning and budgetary constraints.

Balance Sheet

The Balance Sheet shows the value of the Integration Joint Board's assets and liabilities as at the 31 March 2020. The Integration Joint Board does not hold fixed assets as these remain with the partner bodies. There are explanatory notes which accompany the Balance Sheet, the balances are:

- Short Term Debtors of £0.605m, relates to earmarked reserves balances related to health services and recognises the amount owed to the Integration Joint Board by NHS Highland.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

The net worth of the Integration Joint Board as at 31 March 2020 is £0.605m, this is supported by the General Fund reserve.

There are no provisions recognised on the Balance Sheet. There were no new provisions made during 2019-20 on behalf of the IJB. There are historic provision balances and contingent liabilities relating to services provided prior to 1 April 2016, these will be recognised as required in the partner Annual Accounts. There would be further consideration of funding requirements for the IJB where the historic funding of these financial provisions are insufficient and may affect the IJB funding arrangements.

6. FINANCIAL OUTLOOK, RISKS AND PLANS FOR THE FUTURE

Budget 2020-21

A medium term budget outlook report, covering the period 2021-22 to 2023-24 was presented to the IJB on 27 May 2020. The budget outlook was prepared using three different scenarios, best case, worst case and mid-range. As a budget outlook is based on a set of assumptions at a given point in time, it requires to be updated regularly, and this is now presented to every IJB meeting.

A revised budget outlook report was also presented to the IJB as part of the budget papers on 25 March 2020. The budget gap for 2020-21 within the mid-range scenario was £5.362m. The Senior Leadership Team identified savings that would deliver a balanced budget in 2020-21. In order to finance an investment in financial sustainability of £318k, savings of £5,680k were required.

Savings proposals were classified into management/operational savings (where there were no policy implications and no redundancies) and policy savings, where there were either policy or staffing implications. A summary of the savings identified is noted in the table below.

	2020-21 £000	2021-22 £000	2022-23 £000
Management/Operational Savings	4,242	4,292	4,292
Previously agreed saving now removed	-25	-25	-25
Policy Savings	1,463	1,463	1,463
Total Savings	5,680	5,730	5,730

The IJB approved the 2020-21 budget proposals at their meeting on 25 March 2020 delivering a balanced budget for 2020-21. The approval of the budget proposals should provide reassurance to the public, staff and stakeholders that the HSCP is determined to work within budget. Moving into 2020-21, there is a continuing need for robust budget monitoring, and when an activity deviates from plan corrective action will have to be taken immediately to minimise any future overspends.

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Medium to Longer Term Outlook

Looking into 2021-22 and beyond, it is anticipated the Scottish public sector will continue to face a very challenging short and medium term financial outlook with significant uncertainty over the scale of funding.

Audit Scotland publishes a financial overview report each year. In the report published in November 2018, it was noted that only a third of IJBs have a medium-term financial plan, typically covering three years, and there is no evidence of longer term-financial planning. Whilst the IJB now have regular reporting of a medium term outlook, consideration will need to be given to the longer term.

The medium term outlook for the IJB identifies a significant budget gap over the next three years. The table below notes the current budget gap (cumulative) over the next three years.

	2021-22 £000	2022-23 £000	2023-24 £000
Best Case	3,246	5,248	10,992
Mid-Range	6,613	12,128	20,827
Worst Case	10,992	18,193	31,262

The latest budget outlook report can be accessed on the following weblink:

<https://www.argyll-bute.gov.uk/moderngov/documents/g10688/Public%20reports%20pack%20Wednesday%207-May-2020%2013.00%20Integration%20Joint%20Board%20IJB.pdf?T=10> (see pages 183-194 for budget outlook)

Financial Risks and Challenges

A report was presented to the IJB on 25 March 2020 on financial risks. It is accepted that no budget is without an element of risk, given that it's an estimate of income and expenditure at a given point in time with increasing demands and expectations on the service provided.

Risks have been assessed as to their likelihood and estimated value, and this is summarised in the table on the next page:

Likelihood Range	Remote	Unlikely	Possible	Likely	Almost certain	Total
<£100k	0	1	6	2	0	9
£100k - £300k	0	0	9	4	1	15
£300k - £500k	0	0	3	1	0	4
£500k - £1.5m	0	0	0	1	0	1
>£1.5m	0	0	0	0	0	0
Total	0	1	18	8	1	28

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The 8 risks classified as likely are noted as follows:

Health or Social Work	Identified Risk	Estimated Value £000
Health	NHS GG&C SLA ask may be higher than budget	£500k-£1,500k
Health	Continued use of agency medical staff in psychiatry	£300k-£500k
Health	Continued use of locum GPs in Kintyre Medical Group	£100k-£300k
Health	Potential for growth in the number of high cost individual patient treatments (joint care packages)	£100k-£300k
Social Work	Potential increase in the number of children and young people who need to be taken into care and supported/accommodated by the HSCP.	£100k-£300k
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.	£100k-£300k
Health	Continued reliance on locum medical staff to cover shifts on the Oban out of hours rota	<£100k
Social Work	Increased building maintenance and repairs costs arising as the buildings we use get older and their condition deteriorates.	<£100k

The 1 risk classified as almost certain is noted as follows:

Health or Social Work	Identified Risk	Estimated Value £000
Health	High volume of grievances received from health care assistants band 2s who believe they should be re-graded to AfC band 3	£100k-£300k

The financial risks will be monitored routinely and mitigating actions put in place where possible.

The most significant risk is the contract with NHS Greater Glasgow and Clyde (NHS GG&C). NHS Highland has a Service Level Agreement (SLA) with NHS GG&C for services provided to Argyll and Bute residents in NHS GG&C hospitals. The annual value of the SLA has been successfully agreed for over a decade, usually following a period of negotiation but always without the need for arbitration. However in 2018-19, an impasse was reached with NHS GG&C seeking payment of a higher value than that willing to be agreed to by NHS Highland (and the IJB) which included the usual inflationary uplift. The difference was £1.1m.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

At the end of financial year 2019-20 the dispute remained unresolved with a further difference of £1.324m after offering an inflationary uplift at the nationally agreed rate. It has been agreed that the brokerage given to NHS Highland would again cover the disputed costs for 2019-20. This remains a significant financial risk for the IJB. However, in order to mitigate the risk for 2020-21 and in an effort to allow this to be brought to a conclusion, an additional sum of £1.1m above the inflationary increase of 3% has been allowed for in the budget for that year approved by the IJB. This is expected to be sufficient to resolve the dispute as volumes of patient referrals have been reducing year on year.

In addition to these financial risks identified for the IJB, there remain wider risks that could impact on the IJB. Two wider risks worth mentioning are the implications of the Covid-19 pandemic which is expected to remain with us for the whole of this year and into next year, and the largely unquantifiable potential implications of the UK's withdrawal from the European Union.

Covid-19 pandemic

We saw the first Covid cases in Argyll and Bute at the end of March, and the pandemic has had a considerable impact on the H&SCP as we have mobilised for a large number of cases and withdrawn much of the normal range of routine and elective services. The impact of the government's "lock down" pandemic management has seen a significant reduction in the spread of the virus and as such NHS Highland has remodelled its projections over the period to the 1st April 2021. The peak NHS demand in Argyll and Bute was projected to occur in mid June, but as at end of June, the peak now appears to have been from end of March to early May. We are now working with an assumption of a peak 9% infection rate for any second or subsequent wave, well reduced from the worst case 80% infection rate. This would mean 21 beds required for critical care for Covid-19 in NHS GG&C and 42 other hospital beds required for Covid-19 in Argyll and Bute and 14 in NHS GG&C. As such no net additional beds are estimated to be required.

This is a significant reduction from early estimates as a result of the effective social distancing now in place. However if and when these measures are relaxed, the situation may change. We are expecting to see an increasing demand of "normal" health care activity which could put further pressure on acute hospital facilities. We will continue to model our actual activity against projections to provide some assurance around the shape and length of the projected demand curve, but it is expected this will continue beyond September leading into the winter.

Community Assessment Centres (CACs) have been established to maximise the numbers of symptomatic people who can be cared for in the community, reserving our hospitals for those with the most serious illness, and minimise the exposure of patients using GP practices to Covid-19. There are eight CACs in Argyll and Bute, 7 of which operate 24/7 and Helensburgh operates day time hours Monday to Friday. In addition, they will be responsible for distribution of testing kits to residential care and community settings, sending tests for analysis and management of the results.

**ARGYLL AND BUTE INTEGRATION JOINT BOARD
Management Commentary**

There are now over 2,800 people who are in the shielded category and who are receiving regular food parcels through the Council and also direct from Scottish Government. This is expected to continue for a second 12 week period, extending their vulnerability to isolation and loneliness. We expect to see demand for Allied Health Professional services to increase to reverse the impacts of this on their health and wellbeing. We have already seen requests for mental health services ramp up considerably as a result of Covid-19 lockdown.

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 Covid-19 whilst resuming routine, comprehensive health and social care.

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) will be funded through NHS Highland directly in 2019/20, and then offset in 2020/21 where there is a reduction in costs expected in the first quarter.

The Scottish Government has in principle approved all Covid-19 mobilisation plans. Regular cost trackers are being returned to Scottish Government. 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 (national formula) allocation basis and A&B HSCP is to receive £903k as its share. This is “particularly to support immediate challenges in the social care sector”.

There remains considerable uncertainty as to what costs will be funded by the Scottish Government and whether the overall funding will be sufficient. The efforts diverted to respond to the pandemic have diverted efforts from delivery of savings. Whilst regular meetings to review savings are re-commencing at the end of May, we have indicated to the Scottish Government that delivery of up to £5.8m of savings is at risk as a result. This is the biggest financial risk to the HSCP. As at 21 May, the additional costs were estimated at £19.3m including the at risk savings.

7. CONCLUSION

The Integrated Joint Board has had a number of financial challenges during 2019-20 and the final outturn position was an overspend. The operating environment going forward remains very challenging, however, the IJB approved a balanced budget for 2020-21 which should provide reassurance to the public, staff and stakeholders that the HSCP is determined to work within budget. That said, there remains a number of risks to deliver the services within the budget resource and to deliver the agreed savings, both the ones newly agreed for 2020-21 and also the remaining undelivered savings from 2019-20.

**ARGYLL AND BUTE INTEGRATION JOINT BOARD
Management Commentary**

8. ACKNOWLEDGEMENTS

We would take this opportunity to acknowledge the significant effort in producing the Annual Accounts and to record our thanks to members of the Integrated Joint Board and staff for their continued hard work and support.

Cllr Kieron Green
Chair
16 September, 2020

Joanna MacDonald
Chief Officer
16 September, 2020

Judy Orr
Head of Finance & Transformation
16 September, 2020

ARGYLL AND BUTE INTEGRATION JOINT BOARD
Statement of Responsibilities

THE INTEGRATION JOINT BOARD'S RESPONSIBILITIES:

The Integration Joint Board is required:

- to ensure the Annual Accounts are prepared in accordance with the legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government Act 2003);
- to make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board had responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this organisation, that officer is the Chief Financial Officer;
- to manage its affairs to secure economic, efficient and effective use of its resources and safeguard its assets; and
- to approve the Annual Accounts for signature.

I confirm that these Annual Accounts were approved for signature by the Argyll and Bute Integration Joint Board at its meeting on 16 September 2020.

Signed on behalf of the Integration Joint Board:

Cllr Kieron Green
Chair
16 September 2020

ARGYLL AND BUTE INTEGRATION JOINT BOARD

Statement of Responsibilities

THE CHIEF FINANCIAL OFFICER'S RESPONSIBILITIES:

The Chief Financial Officer is responsible for the preparation of the Integration Joint Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

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

- selecting suitable accounting policies and applying them consistently;
- making judgements and estimates that are reasonable and prudent;
- complying with legislation;
- complying with the Local Authority Code of Practice (in so far as it is compatible with legislation).

The Chief Financial Officer is also required to:

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

I certify that the financial statements give a true and fair view of the financial position of the Argyll and Bute Integration Joint Board as at 31 March 2020, and its income and expenditure for the year then ended.

Judy Orr
Head of Finance and Transformation
16 September 2020

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

INTRODUCTION

The Annual Governance Statement explains Argyll and Bute Integration Joint Board's (IJB) governance arrangements and reports on the effectiveness of the IJBs system of internal control.

SCOPE OF RESPONSIBILITY

Argyll and Bute IJB is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for and used economically, efficiently and effectively.

In discharging these responsibilities, the IJB has put in place arrangements for governance of its affairs which includes a system of internal control. The system is based on an ongoing process designed to identify, prioritise and manage the risks facing the organisation. The system aims to manage risks efficiently, effectively and economically to achieve the organisation's policies, aims and objectives.

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

The system can only provide reasonable and not absolute assurance of effectiveness.

GOVERNANCE FRAMEWORK

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

The arrangements for the operation, remit and governance of the IJB are set out in the Argyll and Bute Integration Scheme which has been prepared and approved by Argyll and Bute Council and NHS Highland.

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

The funding available to Argyll and Bute IJB is dependent on the funding available to Argyll and Bute Council and NHS Highland and the corporate priorities of both. The IJB is therefore reliant on both partners for the resources to deliver health and social care services.

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The main features of the governance framework in place during 2019-20 were:

- The Integration Scheme which outlines the scope and functions of services that are delegated, the clinical and care governance, financial and operational management arrangements.
- The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within Standing Orders, the Integration Scheme, Financial Regulations and Standing Financial Instructions; these are subject to regular review.
- The overarching strategic vision, mission and values of the IJB are set out in the Strategic Plan and Strategic Objectives are aligned to deliver on the National Outcomes for Adults, Older People and Children.
- Effective joint working with Health and Council partners to ensure delivery of the Strategic Objectives, through information sharing and clear lines of responsibility, with an agreed Integration Sharing Protocol in place.
- Members of the IJB subscribe to and comply with the Standing Orders and Code of Conduct and the appointed Standards Officer is responsible for advising and guiding members of the Board on issues of conduct and propriety. A register of interests is in place for all Board members and senior officers.
- Development of appropriate training, development and induction provided for all new IJB members. Performance Development and Review schemes are in place for all staff through each partner agency, the aim of which is to focus on their individual performance and development and contribution towards meeting service objectives.
- Review of the engagement strategy resulting in 4 Locality Planning Groups which aim to provide a more effective mechanism for local leadership of service planning and a way for localities to influence how resources are spent in their area and allow them to contribute to the delivery of the Strategic Plan 2019-22.
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by Audit Scotland, Inspectorates and the Internal Audit service.
- The decision making structure whereby the committees of the IJB have Terms of Reference agreed by the Integration Joint Board. These include the Clinical and Care Governance Committee, Audit and Risk Committee, Finance & Policy Committee, Strategic Planning Group and Locality Planning Groups. The revised terms of reference were formally approved by the IJB on 27 May 2020.
- The work and outputs from committees is reported by their minutes going to the IJB.
- The Planning and Performance Management Framework focusses on embedding a performance management culture throughout the organisation, regular reporting to the Board takes place with a performance scorecard being presented on a regular basis. The Integration Joint Board also publishes an Annual Performance Report. An improved Integrated Performance Management regime is being worked on for implementation next year.
- Reliance on the procedures, processes, policies and operational systems of Argyll and Bute Council and NHS Highland where these are operationally delegated. The IJB key governance documents are subject to periodic review with assigned lead officers and approval routes.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

- The legislative framework requires the Chief Officer to be a single point of overall strategic and operational advice to the IJB and to be a member of the Senior Management Teams of Argyll and Bute Council and NHS Highland.

The final IJB meeting of the year in March 2020 took place by Skype conferencing instead of in-person due to the requirement for social distancing as a result of the Covid-19 pandemic. Members of press and public were enabled to attend the meeting, and the recording of the meeting was subsequently published alongside the minutes in August 2020 – this was delayed until new software could be installed. That meeting agreed a delegation of powers to the Chief Officer in an emergency to instruct executive action on any matter for the duration of the Covid-19 emergency in consultation with the Chair or Vice Chair of the Board with such matters being subsequently reported to the Board when this is possible. IJB Board meetings and Committees have continued to take place by Skype conferencing since the year end.

THE SYSTEM OF INTERNAL FINANCIAL CONTROL

The governance framework described operates on the foundation of internal controls. The system of internal financial control is based on a framework of regular management and financial information, financial regulations, administrative procedures, management supervision and a system of delegation and accountability. Development and maintenance of the system is undertaken by managers within the IJB. During 2019-20 this included the following:

- Financial Regulations and guidance relating to financial processes and procedures.
- Formalised budget setting process, which includes the updating of the budget outlook and a process for monitoring of savings and identifying new savings to balance the budget through the Quality and Finance Programme Board and more recently through the Finance & Policy committee which replaced the previous Board.
- Regular review of periodic and annual financial reports that indicate financial performance against forecasts.
- Setting targets to measure financial and other performance.
- Formal project management disciplines.
- Regular Finance and Policy Committee meetings to provide scrutiny of the financial position and progress with service redesign.
- An effective Internal Audit function.
- Development of initial integrated financial reporting and implementation of a financial risk register with financial risks reported every 2 months to the IJB.

The system of internal financial control can provide only reasonable and not absolute assurance and is designed to manage risk to a reasonable level. Responsibility for maintaining and operating an effective system of internal financial control rests with the Chief Financial Officer. The IJB's financial management arrangements conform to the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2016)'.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

UPDATE ON GOVERNANCE ISSUES PREVIOUSLY REPORTED

The 2018-19 Annual Governance Statement identified a number of areas for further development. An update on progress with each area is provided below:

Planned Action	Progress Update
<p>A detailed workforce plan will be developed demonstrating how this supports the Strategic Plan, this will also link to support activities such as training and recruitment and align to the shift of the workforce from institutional to community based settings.</p>	<p>The workforce plan presented to the IJB in August 2018 focused on Adult Services. Work on the full plan has been delayed awaiting guidance from Scottish Government but the HROD team has continued to work with services in carry out workforce planning preparatory work.</p> <p>The next iteration of the Plan in 2020 will incorporate all HSCP services and seeks to incorporate our developing relationship with also the third and independent sectors through strategic commissioning.</p>
<p>A local code of governance will be developed which will describe and define the main features of governance for the Integration Joint Board, in practice currently there are a number of local codes or documents.</p>	<p>All committee terms of reference have been reviewed and a full report was presented to IJB on 27 May 2020 for approval.</p>
<p>An action plan to improve integrated budget monitoring will be presented to the IJB Audit Committee in June 2017.</p>	<p>The Chief Financial Officer has embedded integrated budget monitoring and financial risk reporting with regular reports being submitted to IJB and Finance and Policy Committee since May 2019.</p>
<p>Risk management will be subject to an Internal Audit review and improvements during 2017-18. There is a planned development session with the Integration Joint Board, one of the outputs being the development of an agreed risk appetite. These actions will ensure risk management is embedded in the culture of the organisation.</p>	<p>The Strategic Risk Register was reviewed and updated by the IJB development session on 29 May 2019. IJB Risk appetite and related risks were further reviewed at a workshop facilitated by Internal Audit in December 2019 and the updated risk register was approved by the Audit & Risk Committee on 18 February 2020.</p>
<p>Continuing development of performance management and performance scrutiny aligned with the Strategic Plan primary objectives and revised National Health and Wellbeing Outcome indicators.</p>	<p>Presentation to the IJB of proposed Integrated Performance Regime for the HSCP in August 2019 and further update to Audit & Risk Committee on 18 February 2020.</p>

ARGYLL AND BUTE INTEGRATION JOINT BOARD
Annual Governance Statement

Planned Action	Progress Update
Further develop the capacity and capability of Locality Planning Groups to ensure members have the support and capability to use and interpret data to facilitate the implementation of Strategic Plan objectives at locality level.	A renewed Engagement Strategy has been developed and approved. The 9 Locality Planning Groups have been reduced to 4 area based groups recruitment carried out to the new groups.
Further work on assurance mapping to ensure coverage for the second and third lines of defence on the move to the “business as usual” stage of the organisation.	Governance is now formally provided to the IJB by the Council’s committee services staff. They now organise and minute all committees and papers are published in modern.gov system. Pre-agenda meetings are also held to review draft papers. The Council’s Data Protection Officer has been formally appointed and registered as the IJB’s Data Protection Officer.
Argyll and Bute Council have requested a review of the Integration Scheme with a particular focus on risk sharing arrangements, this review will be led by Argyll and Bute Council in partnership with NHS Highland.	The review of the integration scheme has been concluded and formally approved by NHS Highland and by Argyll and Bute Council. It is still to be approved by Scottish Government, but this review has been put on hold due to the Covid-19 pandemic. This was originally due by 26 June 2020.
Development programme for IJB members to be established, informed by a self-evaluation process, this will be supported by the Local Government Improvement Service.	Initial induction undertaken by the Improvement Service for IJB. A development session facilitated by the Improvement Services was held on 26 February. Further development sessions were scheduled but have been put on hold by the Covid-19 pandemic and the restricted ability to meet in person.
Establish and develop the Transforming Together approach to the delivery of service change with a focus on the development of strategy and policy documents to underpin the service changes.	The transformation board has met regularly and now reports progress to the Finance and Policy Committee. A new programme manager post was approved by the IJB on 27 March 2020. The Head of Finance and Transformation is now taking on responsibility for this area, supported by this post. Recruitment has been delayed due to Covid-19 pandemic. However, there are many changes which have been hastened by Covid-19 and will be embedded into the new normal going forward.

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Planned Action	Progress Update
Review the use of Directions to ensure decisions and delegations from the IJB are clearly communicated to partners and to ensure their use reflects best practice.	There has been new national guidance on the provision of directions. A directions section has been added to all IJB reports and is now well embedded. Financial directions were issued to both NHS Highland and Argyll and Bute Council in May 2020. This will continue to be strengthened throughout 2020-21 and is a clear focus of both the Chair and Chief Officer.

INTERNAL AUDIT

The IJB are required to put in place adequate and proportionate internal audit arrangements to provide independent assurance on risk management, corporate governance and the system of internal control. The internal auditors of the IJB for 2019-20 were Scott-Moncrieff.

The IJB complies with “The Role of the Head of Internal Audit in Public Organisations” (CIPFA) and operates in accordance with “Public Sector Internal Audit Standards” (CIPFA). The Chief Internal Auditor reports directly to the IJB Audit and Risk Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair of the IJB Audit and Risk Committee on any matter. The annual programme of internal audit work is based on a strategic risk assessment, and is approved by the IJB Audit and Risk Committee.

The role of the IJB Audit and Risk Committee is to provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and annual governance processes. Membership of the IJB Audit and Risk Committee includes six members of the IJB (2 current vacancies) and professional advisors included external and internal audit. The Audit Plan was agreed at the Audit and Risk Committee meeting in June 2018. The risk based audits carried out during 2019-20 were:

- Corporate Governance
- External Communications
- Information Governance
- Care Homes Provision

The IJB Audit and Risk Committee received a full update on progress with individual recommendations and management actions at its meeting on 18 February 2020 with 19 out of 28 actions completed or no longer applicable, 6 partially implemented, 1 incomplete and 3 not yet due.

Internal Audit delivered a risk management development session to IJB members in May 2019, and a further workshop in December 2019. The purpose of the session was to improve awareness of risk management for Board members, to further develop the Strategic Risk Register

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and also to determine the risk appetite of the Board. Following this the updated Strategic Risk Register and risk appetite were approved by the Audit and Risk Committee in February 2020.

The Chief Internal Auditor provides the Audit Committee with an annual report on internal audit activity for the Integration Joint Board. The annual report includes an independent opinion on the adequacy and effectiveness of the systems of governance and internal control. The report for 2019-20 was received on 4 May 2020 and concludes that Argyll and Bute Integration Joint Board has an adequate and effective framework of governance, risk management and control subject to 2 improvements. These were the formal appointment of a Data Protection Officer – which was formally concluded in April 2020; and the lack of formal arrangements for regular Board and committee performance evaluations which was highlighted in the audit of Corporate Governance and is still to be fully addressed. It should be noted that their fieldwork was undertaken pre-Covid.

BEST VALUE

The IJB has a statutory duty to provide best value as a designated body under section 106 of the Local Government (Scotland) Act 1973. The Annual Performance Report 2018/19 approved by the IJB on 7 August 2019 sets out how it fulfilled its obligations for best value in that year. The Annual Performance Report for 2019-20 is still to be developed and revised guidance, as a result of Covid-19, is awaited. The report is expected to be simplified and delayed. A short summary against the 8 best value themes is given below:

Vision and Leadership

The IJB and Senior Leadership team are involved in setting clear direction and organisational strategy which is expressed in the 3 year Strategic Plan. There are strong mechanisms for contributions from the Locality Planning Groups and the Strategic Planning Group. The latter Group is currently working on the Strategic Commissioning Plan informed by a formal Joint Strategic Needs Analysis and has reported regularly to the IJB on its progress with this.

Governance and Accountability

There has been an internal audit of corporate governance in 2019-20. In addition the scheme of integration has been reviewed, the strategic risk register has been maintained and reviewed, the committee terms of reference have been reviewed, Data Protection Officer appointed, and an arrangement concluded with the Council to provide formal committee support, all of which had contributed to improved governance and accountability.

Effective use of resources

Finance & Policy Committee now meet on a monthly basis to scrutinise monthly budget monitoring and progress of delivering against savings. NHS Highland has utilised a formal Project Management Office approach to delivering savings throughout 2019-20 and this has included all health savings in the HSCP. This approach has started to be extended to social work savings and additional resource to support this is being recruited to following approval by IJB in March

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

2020. A formal grip and control regime has been in place through the year for all purchases of supplies and services, and workforce monitoring has reviewed all vacancies before agreeing to fill essential posts only. This has continued post Covid.

Partnership and Collaborative Working

The IJB works closely with NHS Highland and Argyll and Bute Council. The Chief Officer is a member of both of their Strategic Management Teams and attends relevant Board meetings. These close relationships have been particularly evident in the joined up responses to the Covid-19 pandemic through the Local Resilience Partnership and the Caring for People Tactical Group. In addition the HSCP has worked extremely closely with its commissioned service providers holding weekly meetings with care homes and care at home providers and has been commended by these stakeholders for this. This illustrates the ethos of true partnership working.

Community Responsiveness

The Locality Planning Groups ensure that local concerns are addressed and feed through to the Strategic Plan. In addition the Engagement Strategy ensures that full consultation and engagement is carried out before policy changes are agreed. Most recently this has been illustrated through the extensive consultation carried out for the changes to dementia services, and through the budget consultation.

Fairness and Equality

The Equality Impact Assessments now include an assessment of socio-economic impact. There is a single process used across the HSCP and EQIAs are published. EQIAs were produced for all policy related budget saving proposals.

Sustainability

The Covid-19 pandemic has created an opportunity to speed up remote working, which has significantly reduced travel and reduced printing (through move to paperless office), and plans for the new normal intend to continue with extensive use of Near Me for remote consultations where this is appropriate, and continued use and expansion of Microsoft Teams. There has been close working with commissioned providers to ensure their financial sustainability and speed up payments processing.

Performance, Outcomes & Improvement

The quarterly performance reporting has moved to a system of reporting by exception. The number of performance indicators has been reduced to 45 to improve focus. An integrated performance reporting regime has been designed but is still being fully implemented.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

REVIEW OF EFFECTIVENESS

The IJB places reliance on the procedures, processes, policies and operational systems of Argyll and Bute Council and NHS Highland. The IJB operates within an established procedural framework and the partner organisations provide assurance over the effectiveness of their systems of internal control.

The IJB has responsibility for conducting, at least annually, a review of the effectiveness of the governance arrangements including the system of internal financial control. This is informed by:

- The work of officers within the IJB
- The work of Internal Audit as described above
- The work of External Audit
- External review and inspection reports
- The compliance with statutory guidance issued for the integration of services
- Recommendations from the Audit Committee.

Internal Audit carried out a formal review of Corporate Governance in 2019-20.

The IJB Visible Changes Improvement Plan outlines a number of areas for improvement to partnership working including key partners from the HSCP, the Scottish Government, Argyll and Bute Council, NHS Highland and the IJB. Actions include for example collaborative leadership meetings, asset mapping, revised engagement strategy, support for Locality Planning Groups and HSCP branding and identity.

The following improvements were made in 2019-20 which have assisted with the further strengthening of the corporate governance arrangements:

- The review of the Integration Scheme with a particular focus on risk sharing arrangements, was carried out, led by Argyll and Bute Council in partnership with NHS Highland. Scottish Government formal approval is now awaited.
- Reviewed the use of Directions to ensure decisions and delegations from the IJB are clearly communicated to partners and to ensure their use reflects best practice.
- Annual review of the Visible Changes Improvement Plan for effective short term improvement planning.
- Increased monitoring of the delivery of agreed savings through increasing the frequency of meetings of the Quality and Finance Programme Board to monthly and making it a formal committee now known as Finance and Policy Committee, and more detailed scrutiny of the actions being taken to deliver the savings.

FURTHER ACTIONS

These further improvements are still to be concluded / fully embedded:

- Seek approval from IJB and subsequent deployment of the code of corporate governance implementing annual performance reviews.

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Annual Governance Statement**

- Development programme for IJB members will be deployed and embedded.
- A self-evaluation process for IJB members will be implemented to ensure IJB members are receiving the support required to undertake the role.

CONCLUSION AND OPINION ON ASSURANCE

Significant progress has been made in the first four years of the operation of the Integration Joint Board to ensure appropriate governance and information sharing arrangements are in place, further improvement and development of governance arrangements is ongoing to safeguard the future success of the Partnership.

While recognising that improvements are required it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the Argyll and Bute IJB's systems of governance.

Cllr Kieron Green
Chair
16 September 2020

Joanna MacDonald
Chief Officer
16 September 2020

ARGYLL AND BUTE INTEGRATION JOINT BOARD Remuneration Report

1. INTRODUCTION

The Local Authority Accounts (Scotland) Amendment Regulations 2014 (SSI No.2014/200) require local authorities and IJBs in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.

The information disclosed in the tables in this Remuneration Report is subject to external audit. The explanatory text in the Remuneration Report is reviewed by external auditors to ensure it is consistent with the Financial Statements.

2. INTEGRATION JOINT BOARD

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

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

The council Nominated Chair, Councillor Kieron Green, took the office of Chair for the two year period from 1 April 2019 to 31 March 2021. NHS Highland appointee Sarah Compton-Bishop took up the position of Vice Chair on 1 April 2019 to 31 March 2021.

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

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the Integration Joint Board. The IJB does not reimburse the relevant partner organisations for any voting board members costs borne by the partner. The IJB does not have responsibilities, either in the current years or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights or disclosures are provided for the Chair or Vice Chair.

3. OFFICERS OF THE IJB

The IJB does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Under Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The current Chief Officer is regarded as an employee of the IJB although the contract of

ARGYLL AND BUTE INTEGRATION JOINT BOARD Remuneration Report

employment is with Argyll and Bute Council. Joanna MacDonald secured the permanent position as Chief Officer from 1 October 2018 and continues in post.

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Kirsty Flanagan who is Argyll and Bute Council's Section 95 Officer covered both her role within Argyll and Bute Council and the IJBs Chief Financial Officer from 1 December 2018 to 31 May 2019. Kirsty Flanagan's salary is disclosed within Argyll and Bute Council Annual Accounts and no recharge was made to the IJB. Judy Orr was seconded from Argyll and Bute Council for a two year period from 1 June 2019 to 31 May 2021 as Head of Finance and Transformation which includes the responsibility of acting as Chief Financial Officer.

The following table sets out the remuneration disclosures for 2019-20 for senior officers:

Total 2018-19	Senior Officer	Salary (Including Fees and Allowances)	Taxable Expenses	Total 2019-20
£		£	£	£
48,729 <i>(97,458)</i>	Chief Officer – Christina West (up to 30/09/2018) <i>(Full Year Equivalent)</i>	-	-	-
50,665 <i>(101,331)</i>	Chief Officer – Joanna MacDonald (from 01/10/2018) - See Note 1 <i>(Full Year Equivalent)</i>	102,418 <i>(102,418)</i>	-	102,418 <i>(102,418)</i>
14,885	Chief Financial Officer – Caroline Whyte (up to 15/07/2018)	-	-	-
36,302	Chief Financial Officer – Lesley MacLeod (16/07/2018 to 30/11/2018)	-	-	-
-	Chief Financial Officer – Kirsty Flanagan (01/12/2018 to 31/05/2019) – See Note 2	-	-	-
-	Chief Financial Officer – Judy Orr (from 01/06/2019)	64,106 <i>(69,934)</i>	-	64,106 <i>(69,934)</i>
150,581	Total	166,524	-	166,524

Note 1 – The information is provided for Joanna MacDonald after she took up the statutory post as Chief Officer on 1 October 2018.

Note 2 - Kirsty Flanagan was remunerated separately by Argyll and Bute Council for her post as Head of Strategic Finance. No recharge was made to the IJB.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Remuneration Report

4. PENSION BENEFITS

In respect of officers' pension benefits the statutory responsibility for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pension liability reflected on the IJB balance sheet for the Chief Officer or any other officers. The IJB however has a responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB.

The Chief Officer is a member of the Local Government Pension Scheme (LGPS), costs for the pension scheme contributions and accrued pension entitlements are shown in the table below:

2018-19			2019-20	
In-year Pension Contributions £	Accrued Pension Benefits £		In-year Pension Contributions £	Accrued Pension Benefits £
9,405	7,771	Chief Officer – Christina West (up to 30/09/2018)	-	-
9,565	945	Chief Officer – Joanna MacDonald (from 01/10/2018) – See Note 1	19,767	Pension 3,033 Lump sum 0
-	-	Chief Financial Officer – Caroline Whyte (up to 15/07/2018)	-	-
-	-	Chief Financial Officer – Lesley MacLeod (16/07/2018 to 30/11/2018)	-	-
-	-	Chief Financial Officer – Kirsty Flanagan (01/12/2018 to 31/05/2019) – See Note 2	-	-
-	-	Chief Financial Officer – Judy Orr (from 01/06/2019)	12,349	Pension 27,876 Lump sum 37,194

Note 1 – The information is provided for Joanna MacDonald after she took up the statutory post of Chief Officer on 1 October 2018.

Note 2 - Kirsty Flanagan was remunerated separately by Argyll and Bute Council for her post as Head of Strategic Finance. No recharge was made to the IJB.

5. DISCLOSURE BY PAY BANDS

Pay Band information is not separately provided as all staff pay information has been disclosed in the information above.

**ARGYLL AND BUTE INTEGRATION JOINT BOARD
Remuneration Report**

6. EXIT PACKAGES

There were no exit packages during 2019-20.

Cllr Kieron Green
Chair
16 September 2020

Joanna MacDonald
Chief Officer
16 September 2020

ARGYLL AND BUTE INTEGRATION JOINT BOARD Financial Statements

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

The statement below shows the cost of providing services for the year according to accepted accounting practices.

2018-19 Net Expenditure £000		2019-20		
		Gross Expenditure £000	Income £000	Net Expenditure £000
137,828	Adult Care	153,075	(9,615)	143,460
839	Chief Officer	865	(67)	798
20,123	Children and Families	22,664	(2,002)	20,662
3,540	Community and Dental Services	3,834	(341)	3,493
1,399	Lead Nurse	1,593	(160)	1,433
1,714	Public Health	1,769	(113)	1,656
2,373	Strategic Planning and Performance	2,590	(36)	2,554
5,538	Estates	5,808	(307)	5,501
2,441	Depreciation	2,494	0	2,494
16,723	General Medical Services	17,409	0	17,409
64,370	Greater Glasgow & Clyde Commissioned Services	66,925	0	66,925
(1,459)	Income – Commissioning and Central	13	(1,933)	(1,920)
5,183	Management and Corporate Services	5,882	(156)	5,726
8,806	NCL Primary Care Services	10,556	(1,150)	9,406
4,230	Other Commissioned Services	4,044	0	4,044
273,648	Cost of Services	299,521	15,880	283,641
(273,869)	Taxation and Non-Specific Grant Income (note 4)			(283,921)
(221)	(Surplus) or Deficit on Provision of Services			(280)
(221)	Total Comprehensive Income and Expenditure			(280)

The information in the management commentary provides a more detailed analysis of the expenditure which is consistent with the management reporting to the IJB during the course of 2019-20. The movement in the General Fund balance is solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these annual accounts.

ARGYLL AND BUTE INTEGRATION JOINT BOARD
Financial Statements

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the IJB reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movements in Reserves During 2019-20:	General Fund Balance	Unusable Reserves: Employee Statutory Adjustment Account	Total Reserves
	£000	£000	£000
Opening Balance at 31 March 2019	(325)	0	(325)
(Surplus) / Deficit on Provision of Services	(280)	0	(280)
(Increase) / Decrease in Year 2019-20	(280)	0	(280)
Closing Balance at 31 March 2020	(605)	0	(605)

Movements in Reserves During 2018-19:	General Fund Balance	Unusable Reserves: Employee Statutory Adjustment Account	Total Reserves
	£000	£000	£000
Opening Balance at 31 March 2018	(104)	0	(104)
(Surplus) / Deficit on Provision of Services	(221)	0	(221)
(Increase) / Decrease in Year 2018-19	(221)	0	(221)
Closing Balance at 31 March 2019	(325)	0	(325)

ARGYLL AND BUTE INTEGRATION JOINT BOARD Financial Statements

BALANCE SHEET

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2019 £'000		Note	31 March 2020 £'000
325	Current Assets: Short Term Debtors	5	605
0	Current Liabilities: Short Term Creditors	6	0
0	Long-term Liabilities: Provisions	10	0
325	Net Assets		605
325	Usable Reserve: General Fund	8	605
325	Total Reserves		605

The unaudited accounts were authorised for issue on 23 June 2020 and the audited accounts were authorised for issue on 16 September 2020.

Judy Orr
Head of Finance and Transformation
16 September 2020

ARGYLL AND BUTE INTEGRATION JOINT BOARD

Notes to the Financial Statements

1. SIGNIFICANT ACCOUNTING POLICIES

1.1 General Principles

The Financial Statements summarise the transactions of the Integration Joint Board for the 2019-20 financial year and its position for the year end as at 31 March 2020.

The Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authorities Accounting in the United Kingdom 2019-20, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes the Integration Joint Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

1.2 Accruals of Income and Expenditure

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

- Expenditure is recognised when goods or services are received and their benefits are used by the Integration Joint Board.
- Income is recognised when the Integration Joint Board has a right to the income, for instance by meeting any terms and conditions required to earn income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

For the Integration Joint Board annual accounts a debtor and/or creditor will be recorded where the partner contributions differ from the actual net expenditure in year, this allows any surplus or deficit on the provision of services to be transferred to the reserves held by the Integration Joint Board. Where any in-year overspend exceeds reserves available the partners will make additional in-year payments, in this instance a creditor will not be recognised as future funding would be adjusted to reflect any future repayment.

1.3 Offsetting of Debtors and Creditors

The Integration Joint Board does not hold cash and cash equivalents. Instead the funding partners utilise, as directed by the Integration Joint Board, the amount of funding due to the Integration Joint Board to pay for services.

ARGYLL AND BUTE INTEGRATION JOINT BOARD

Notes to the Financial Statements

The Integration Joint Board and the funding partners have confirmed that there is a 'right of offset', and that there is an intention to allow settlement of balances to be undertaken on a net basis. On this basis the Integration Joint Board's financial statements present the balances due to and from the funding partners on a net basis rather than as separate creditors and debtors.

1.4 Funding

The Integration Joint Board is primarily funded through funding contributions from the statutory funding partners, Argyll and Bute Council and NHS Highland. Expenditure is incurred as the Integration Joint Board commissions specified health and social care services from the funding partners for the benefit of service recipients in Argyll and Bute.

1.5 Cash and Cash Equivalents

The Integration Joint Board does not operate a bank account or hold cash. Transactions are settled on behalf of the Integration Joint Board by the funding partners. Consequently the Integration Joint Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each partner at 31 March is represented as a debtor or creditor on the Integration Joint Board's Balance Sheet.

1.6 Employee Benefits

The Integration Joint Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The Integration Joint Board therefore does not present a Pensions Liability on its Balance Sheet.

The Integration Joint Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

1.7 Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the Integration Joint Board's Balance Sheet, but is disclosed in a note where it is material.

ARGYLL AND BUTE INTEGRATION JOINT BOARD

Notes to the Financial Statements

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the Integration Joint Board's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

Where NHS Highland or Argyll and Bute Council recognise provisions, contingent liabilities or contingent assets in relation to services included in the Integration Scheme these will be disclosed in the Integration Joint Board's Annual Accounts.

1.8 Reserves

The Integration Joint Board's reserves are classified as either Usable or Unusable Reserves. There is a Reserves Policy in place which details the nature and use of reserves.

The Integration Joint Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the Integration Joint Board can use in later years to support service provision.

The Integration Joint Board's only Unusable Reserve is the Employee Statutory Adjustment Account. This is required by legislation. It defers the charge to the General Fund for the Chief Officer's absence entitlement as at 31 March, for example any annual leave earned but not yet taken. The General Fund is only charged for this when the leave is taken, normally during the next financial year.

1.9 Indemnity Insurance

The Integration Joint Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Highland and Argyll and Bute Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the Integration Joint Board does not have any 'shared risk' exposure from participation in the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The Integration Joint Board's participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the Integration Joint Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

ARGYLL AND BUTE INTEGRATION JOINT BOARD

Notes to the Financial Statements

1.10 VAT Status

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

2. EVENTS AFTER THE REPORTING PERIOD

The unaudited Annual Accounts were authorised for issue on 23 June 2020. Events taking place after this date are not reflected in the financial statements or notes.

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

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

There are no events to report after the reporting period end.

3. EXPENDITURE AND INCOME ANALYSIS BY NATURE

31 March 2019 £'000		31 March 2020 £'000
	<i>Services Commissioned from Argyll and Bute Council and NHS Highland:</i>	
86,636	Employee Costs	92,005
8,946	Premises Costs	8,844
11,431	Supplies and Services	11,791
3,439	Transport Related Costs	3,639
131,411	Third Party Payments	135,488
(14,328)	Income	(15,880)
45,895	Primary Care Services	47,503
	<i>Other:</i>	
193	Other IJB Operating Expenditure	225
25	Fees payable to Audit Scotland - External Audit Fees	27
(273,869)	Partners Funding Contributions and Non-Specific Grant Income	(283,922)
(221)	(Surplus) or Deficit on the Provision of Services	(280)

Audit Scotland did not receive any fees for non-audit work.

ARGYLL AND BUTE INTEGRATION JOINT BOARD

Notes to the Financial Statements

4. TAXATION AND NON-SPECIFIC GRANT INCOME

The following taxation and non-specific grant income was recognised in the Comprehensive Income and Expenditure Statement:

31 March 2019 £'000		31 March 2020 £'000
59,344	Funding Contribution from Argyll and Bute Council	59,839
214,525	Funding Contribution from NHS Highland	224,083
273,869	Taxation and Non-specific Grant Income	283,922

The funding contributions from the partners shown above excludes any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding would be presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement. As in previous years, the funding contribution from Argyll and Bute Council excludes the apprentice levy of £106k which is treated as a non-controllable cost.

5. DEBTORS

31 March 2019 £'000		31 March 2020 £'000
325	NHS Highland	605
-	Argyll and Bute Council	-
325	Total Debtors	605

Amounts owed by the funding partners are stated on a net basis. Debtor and Creditor balances recognised by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the Integration Joint Board.

6. CREDITORS

31 March 2019 £'000		31 March 2020 £'000
-	NHS Highland	-
-	Argyll and Bute Council	-
-	Total Creditors	-

Amounts owed to the funding partners are stated on a net basis. Debtor and Creditor balances recognised by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the Integration Joint Board.

ARGYLL AND BUTE INTEGRATION JOINT BOARD

Notes to the Financial Statements

7. RELATED PARTY TRANSACTIONS

The Integration Joint Board has related party relationships with NHS Highland and Argyll and Bute Council. In particular the nature of the partnership means that the Integration Joint Board may influence, and be influenced by, its partners. The following transactions and balances included in the Integration Joint Board's accounts are presented to provide additional information on the relationships.

Transactions with NHS Highland:

2018-19 £000		2019-20 £000
(214,525)	Funding Contributions received from NHS Highland	(224,082)
203,031	Expenditure on Services Provided by NHS Highland	212,167
(11,494)	Net Transactions with NHS Highland	(11,916)

There are key management personnel employed by NHS Highland, these costs are included in the expenditure on services provided. The non-voting Board members employed by NHS Highland include the Lead Nurse, Clinical Director for Argyll and Bute, Public Health Specialist, Lead Allied Health Professional, Lead Pharmacist, Staff Representative and representatives from primary care and medical services. Details of the remuneration, where required, is provided in the Remuneration Report.

Transactions with Argyll and Bute Council

2018-19 £000		2019-20 £000
(59,344)	Funding Contributions received from Argyll and Bute Council	(59,839)
70,617	Expenditure on Services Provided by Argyll and Bute Council	71,755
11,273	Net Transactions with Argyll and Bute Council	11,916

There are key management personnel employed by Argyll and Bute Council, these costs are included in the expenditure on services provided. The non-voting Board members employed by Argyll and Bute Council include the Chief Officer, Chief Financial Officer, Chief Social Work Officer and a Staff Representative. Details of the remuneration, where required, is provided in the Remuneration Report.

Support services are not included in the delegations from Argyll and Bute Council. These include services such as human resources, financial services, information technology and accommodation. These are provided free of charge as 'services in kind' and these costs are therefore not included in the expenditure of the Integration Joint Board.

ARGYLL AND BUTE INTEGRATION JOINT BOARD

Notes to the Financial Statements

8. USABLE RESERVE: GENERAL FUND

The Integration Joint Board holds a balance on the General Fund which will normally comprise one of three elements:

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

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned expenditure and the amount held as a general contingency.

2018-19		2019-20		
Balance at 31 March 2019 £000		Transfers Out £000	Transfers In £000	Balance at 31 March 2020 £000
0	Mental Health Action 15 Fund	0	123	123
208	Primary Care Transformation Fund	(208)	103	103
117	Technology Enabled Care	(67)	60	110
0	Alcohol & Drugs Partnership	0	59	59
0	GP Fellowship MH Funding	0	74	74
0	Supporting improvements to GP premises	0	56	56
0	Best start maternity services	0	60	60
0	Scotgem Lochgilphead accommodation	0	10	10
0	ACT widen access 19-20	0	10	10
325	Total Earmarked	(275)	555	605
0	Contingency	0	0	0
325	General Fund	(275)	555	605

ARGYLL AND BUTE INTEGRATION JOINT BOARD Notes to the Financial Statements

9. UNUSABLE RESERVE: EMPLOYEE STATUTORY ADJUSTMENT ACCOUNT

The Integration Joint Board's only Unusable Reserve is the Employee Statutory Adjustment Account. There is no balance for the Chief Officer's absence entitlement as at 31 March 2020 recognised in the reserve for annual leave earned but not yet taken as the amount is not material.

10. PROVISIONS, CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no provisions recognised on the Balance Sheet as at 31 March 2020. There were no new provisions made during 2019-20 on behalf of the Integration Joint Board. There are historic provision balances and contingent liabilities relating to services provided prior to 1 April 2016, these will be recognised as required in the Annual Accounts of Argyll and Bute Council and NHS Highland. There would be further consideration of funding requirements for the Integration Joint Board where the historic funding of these financial provisions are insufficient and may affect the Integration Joint Board's funding arrangements in the future.

There are no identified contingent liabilities or contingent assets as at 31 March 2020 for the Integration Joint Board.

11. VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income. There was an immaterial amount of non-recoverable VAT incurred by the Integration Joint Board during 2019-20

12. ACCOUNTING STANDARDS ISSUED NOT YET ADOPTED

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJB considers that there are no such standards which would have a significant impact on the 2019-20 Annual Accounts.

Independent auditor's report to the members of Argyll and Bute Integration Board and the Accounts Commission**Report on the audit of the financial statements****Opinion on financial statements**

I certify that I have audited the financial statements in the annual accounts of Argyll and Bute Integration Joint Board for the year ended 31 March 2020 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statements, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of the Argyll and Bute Integration Joint Board as at 31 March 2020 and of the income and expenditure of the Integration Joint Board for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted My audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 7 January 2019. The period of total uninterrupted appointment is two years. I am independent of the Argyll and Bute Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Argyll and Bute Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Head of Finance and Transformation has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the council's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement I report in a separate Annual Audit Report, available from the Audit Scotland website, the most significant assessed risks of material misstatement that I identified and my conclusions thereon.

Responsibilities of the Head of Finance and Transformation and the Audit and Risk Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Head of Finance and Transformation is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Head of Finance and Transformation determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Head of Finance and Transformation is responsible for assessing the council's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate. The Audit and Risk Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. I therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Head of Finance and Transformation is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in My opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of My report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

John Cornett
Audit Director
Audit Scotland
4th Floor
Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

September 2020

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