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18 November 2020

NOTICE OF MEETING

A meeting of the **ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB)** will be held **VIA SKYPE** on **WEDNESDAY, 25 NOVEMBER 2020** at **1:00 PM**, which you are requested to attend.

BUSINESS

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST (IF ANY)

3. MINUTES (Pages 5 - 12)

Integration Joint Board held on 16 September 2020

4. MINUTES OF COMMITTEES

(a) Audit and Risk Committee held on 15 September 2020 (Pages 13 - 14)

(b) Clinical and Care Governance Committee held on 21 September 2020 (Pages 15 - 18)

(c) Finance and Policy Committee held on 25 September 2020 (Pages 19 - 20)

(d) Audit and Risk Committee held on 20 October 2020 (Pages 21 - 24)

(e) Finance and Policy Committee held on 30 October 2020 (Pages 25 - 28)

5. CHIEF OFFICER'S REPORT (Pages 29 - 32)

Report by Chief Officer – Health and Social Care Partnership

6. CULTURE

(a) Argyll and Bute Culture Update (Pages 33 - 38)

Report by Head of Customer Support Services

(b) NHS Highland Board Culture Update (Pages 39 - 44)

Report by Director of Human Resources and Organisational Development

7. COVID-19 PUBLIC HEALTH UPDATE (Pages 45 - 70)

Report by Associate Director of Public Health

8. ANNUAL REPORTS

(a) Argyll and Bute HSCP Annual Performance Report 2019/20 (Pages 71 - 120)

Report by Head of Strategic Planning and Performance

(b) Annual Chief Social Work Officer Report 2019/2020 (Pages 121 - 154)

Report by Chief Social Work Officer

(c) Alcohol and Drug Partnership Annual Report (Pages 155 - 178)

Report by Chair, Argyll and Bute Alcohol and Drug Partnership

9. CHILDREN AND YOUNG PEOPLE'S SERVICE PLAN 2020 - 2023 (Pages 179 - 204)

Report by Head of Children and Families

10. STAFF GOVERNANCE REPORT FOR FINANCIAL QUARTER TWO (2020/21) (Pages 205 - 228)

Report by Head of Customer Support Services

11. CLOSURE OF KNAPDALE WARD - ASSURANCE (Pages 229 - 232)

Report by Head of Adult Care

12. ROUTE MAP FOR STRATEGIC COMMISSIONING PLAN AND STRATEGIC PLAN REVIEW AND DEVELOPMENT 2021 ONWARDS (Pages 233 - 252)

Report by Head of Strategic Planning and Performance

13. CARERS STRATEGY UPDATE (Pages 253 - 268)

Report by Lead Allied Health Professional

14. FINANCE

(a) Budget Monitoring as at 30 September 2020 (Pages 269 - 304)

Report by Head of Finance and Transformation

(b) Covid-19 Response and Financial Implications (Pages 305 - 316)

Report by Head of Finance and Transformation

(c) Financial Risks 2020-21 (Pages 317 - 324)

Report by Head of Finance and Transformation

(d) Budget Outlook 2021-22 to 2023-24 (Pages 325 - 336)

Report by Head of Finance and Transformation

(e) Budget Savings 2021/22 (Pages 337 - 350)

Report by Head of Finance and Transformation

15. GOVERNANCE

(a) Information Governance Policy (Pages 351 - 362)

Report by Head of Finance and Transformation

(b) Review of Financial Regulations (Pages 363 - 386)

Report by Head of Finance and Transformation

(c) Review of the Health and Social Care Integration Scheme (Pages 387 - 450)

Report by IJB Standards Officer

(d) Directions from Integration Authorities to Health Boards and Local Authorities (Pages 451 - 478)

Report by IJB Standards Officer

(e) IJB / Committee Meeting Dates (Pages 479 - 480)

Report by Business Improvement Manager

16. DATE OF NEXT MEETING

Wednesday 27 January 2021

Contact: Hazel MacInnes Tel: 01546 604269

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**MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB)
held VIA SKYPE
on WEDNESDAY, 16 SEPTEMBER 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 Gary Mulvaney, Argyll and Bute Council
Councillor Sandy Taylor, Argyll and Bute Council
Professor Boyd Robertson, Chair, NHS Highland
Dr Gaener Rodger, NHS Highland Non-Executive Board Member
Rebecca Helliwell, Associate Medical Director, Argyll and Bute HSCP
Elizabeth Higgins, Lead Nurse, NHS Highland
Linda Currie, Lead AHP, NHS Highland
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Julie Lusk, Chief Social Worker/Head of Adult Services Mental Health, Learning Disability, Argyll and Bute HSCP
Joanna Macdonald, Chief Officer, Argyll and Bute HSCP
Donald MacFarlane, Assistant Clinical Dental Director, NHS Highland
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
Judy Orr, Head of Finance and Transformation, Argyll and Bute HSCP
Angus MacTaggart, GP Representative, Argyll and Bute HSCP
Margaret McGowan, Independent Sector Representative
Kevin McIntosh, Staffside Lead, Argyll and Bute HSCP (Council)
George Morrison, Deputy Chief Officer/Head of Finance, NHS Highland

Attending: Caroline Cherry, Head of Adult Services Older Adults and Community Hospitals, Argyll and Bute HSCP
Patricia Renfrew, Interim Head of Children and Families, Argyll and Bute HSCP
Jane Fowler, Head of Customer Support Services, Argyll and Bute Council
David Forshaw, Principal Accountant, Argyll and Bute Council
Fiona Hogg, Director of Human Resources and Organisational Development, NHS Highland
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Boyd Peters, Medical Director, NHS Highland
Alex Taylor, Former Head of Children and Families and Justice, Argyll and Bute HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Jean Boardman, Fiona Thomson and Stephen Whiston.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES

(a) **Minutes of Integration Joint Board held on 5 August 2020**

The Minutes of the meeting of the Integration Joint Board held on 5 August 2020 were approved as a correct record subject to amending the list of those present to include Councillor Gary Mulvaney.

4. MINUTES OF COMMITTEES

(a) **Audit and Risk Committee held on 23 June 2020**

The Minutes of the meeting of the Audit and Risk Committee held on 23 June 2020 were noted.

(b) **Finance and Policy Committee held on 26 June 2020**

The Minutes of the meeting of the Finance and Policy Committee held on 26 June 2020 were noted.

(c) **Audit and Risk Committee held on 18 August 2020**

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

(d) **Finance and Policy Committee held on 28 August 2020**

The Minutes of the meeting of the Finance and Policy Committee held on 28 August 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 attending Team meetings, successful drone delivery trials, Children & Families and Justice Services / Adult Services management restructure, Courageous Conversations training, Next Steps for Adult Social Care in Scotland Conference, and Staffside update.

The Chair, on behalf of the Board, extended thanks to Alex Taylor, Head of Children and Families and Justice for his contribution during his time as Head of Service and for the stability he provided to the Service. The Chair then welcomed Patricia Renfrew who was filling the post on an interim basis.

Decision

The Integration Joint Board noted the report from the Chief Officer.

(Reference: Report by Chief Officer dated 16 September 2020, submitted)

6. PUBLIC HEALTH UPDATE

The Board gave consideration to a report that focused on changes in the epidemiology of Covid-19 in Argyll and Bute, which had led to changes of priorities in the testing programme and the uptake of testing by different population groups. The report reflected on lessons learnt during the first wave of Covid-19 in Argyll and Bute.

Decision

The Integration Joint Board noted the update on Covid-19 in Argyll and Bute in terms of –

1. The changing nature of the distribution of infections in the Argyll and Bute community.

2. The role Covid-19 testing is playing in building such a picture.

3. How the support to the Argyll and Bute Community due to the Covid-19 pandemic is adapting to the changed epidemiological and social situation.

(Reference: Report by Associate Director of Public Health dated 16 September 2020, submitted)

7. ARGYLL AND BUTE CULTURE SURVEY UPDATE

The Board gave consideration to a report providing an update on progress of the delivery of the Argyll and Bute Culture 100 day Action Plan which had been put in place in response to the key findings of the Argyll and Bute Culture Survey. The report outlined the basis for the creation of the Argyll and Bute Culture Group.

Decision

The Integration Joint Board –

1. Welcomed the progress of the Argyll and Bute Culture 100 Day Plan.

2. Noted the establishment of Argyll and Bute Culture Group.

(Reference: Report by Chief Officer dated 16 September 2020, submitted)

8. YEAR 3 (2019/20) ANNUAL REVIEW OF THE CHILDREN AND YOUNG PEOPLE'S SERVICES PLAN 2017-2020

The Board gave consideration to a report presenting the second annual review of the Children and Young People's Service Plan 2017-20. The report provided an update on the 2019/20 progress of the Plan and areas for improvement. It provided information on key developments that have taken place since the Plan was published and set out key plans for the year ahead.

Decision

The Integration Joint Board –

1. Noted that both NHS Highland and Argyll and Bute Council are jointly and equally responsible for children's services planning.

2. Approved Argyll and Bute's Children and Young People's Services Plan 2017-2020 Year 3 review for the period 2019/20.

3. Approved the Children and Young People's Services Plan Year 3 review for submission to Scottish Government as per the legislative requirement.

(Reference: Report by Acting Head of Children & Families and Justice dated 16 September 2020, submitted)

9. SCOTTISH SOCIAL SERVICES COUNCIL (SSSC) REGISTRATION POLICY

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

Decision

The Integration Joint Board endorsed the Scottish Social Services Council (SSSC) Registration Policy.

(Reference: Report by Head of Customer Support Services dated 16 September 2020, submitted)

The Chair ruled and the Board agreed to take a 5 minute comfort break from 3pm.

The Board reconvened at 3.05pm.

10. FINANCE

(a) Budget Monitoring as at 31 July 2020

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

Decision

The Integration Joint Board –

1. Noted that 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 on-going dispute with NHS Greater Glasgow & Clyde.

3. Approved the proposed settlement of the dispute with NHS Greater Glasgow and Clyde as set out at paragraph 3.4.2.

(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 2021-22 to 2023-24. 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 16 September 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 one new risk had been added.

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 16 September 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 16 September 2020, submitted)

(e) **Financial Recovery Plan**

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

Decision

The Integration Joint Board approved the proposed financial recovery plan set out at paragraph 3.3.1.

(Reference: Report by Head of Finance and Transformation dated 16 September 2020, submitted)

11. ANNUAL AUDITED ACCOUNTS 2019/2020

The Board gave consideration to a report presenting the annual accounts for 2019-20 which had been produced within the statutory timescale and had been subject to independent audit by the Integration Joint Board's external auditors, Audit Scotland. The audit process had been completed and Audit Scotland had issued an unqualified independent auditors report. The Audit Scotland report contained a number of key messages which the Board were invited to note.

Decision

The Integration Joint Board –

1. Noted that Audit Scotland had completed their audit of the annual accounts for 2019-20 and had issued an unqualified independent auditor's report.

2. Noted the 2019/20 Annual Audit Report prepared by Audit Scotland and noted the key messages and the action plan 2019/20 therein.

3. Noted the verbal recommendation from the Audit & Risk Committee following their consideration of the Audited Accounts at their meeting on 15 September 2020.

4. Approved the Audited Annual Accounts for 2019-20 to be signed for issue.

(Reference: Report by Head of Finance and Transformation dated 16 September 2020, submitted)

12. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 25 November 2020 at 1pm.

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Agenda Item 4a

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

MINUTES of MEETING of ARGYLL AND BUTE HSCP AUDIT AND RISK COMMITTEE held VIA SKYPE on TUESDAY, 15 SEPTEMBER 2020

Present: Councillor Sandy Taylor (Chair)

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

Attending: Joanna Macdonald, Chief Officer, Argyll and Bute HSCP
Judy Orr, Head of Finance and Transformation, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
George Morrison, Depute Chief Officer, Argyll and Bute HSCP
John Cornett, Audit Scotland
David Meechan, Audit Scotland
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Caroline Cherry, Laurence Slavin and Scott-Moncrieff.

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 18 August were approved as a correct record.

4. AUDITED ANNUAL ACCOUNTS 2019-20

Consideration was given to a report presenting the annual accounts for 2019/20. The accounts had been produced within the statutory timescale and had been subject to independent audit by the Integration Joint Board's external auditors, Audit Scotland. The audit process had been completed and Audit Scotland had issued an unqualified independent auditors report. There were a number of key messages contained in the annual audit report from Audit Scotland which the Committee was invited to consider.

Decision

The Audit and Risk Committee -

1. Noted that Audit Scotland had completed their audit of the annual accounts for 2019-20 and had issued an unqualified independent auditor's report.

2. Noted the 2019/20 Annual Audit Report prepared by Audit Scotland and the Key Messages and the action plan 2019/20 therein.

3. Approved the draft letter of management representation to Audit Scotland taking account of comments raised by Councillor Green in respect of the discrepancy between NHS Highland and the IJB.

4. Recommended the Audited Accounts to the IJB for approval at their meeting on 16 September 2020.

(Reference: Report by Head of Finance and Transformation dated September 2020, Submitted)

5. DATE OF NEXT MEETING

The date of the next meeting was noted as Tuesday 20 October 2020.

Agenda Item 4b

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Clinical and Care Governance Committee
TEAMS
Monday 21st September 2pm-4pm

MINUTE

	Item	Action
1.	**WELCOME AND APOLOGIES** **PRESENT** Sarah Compton Bishop (SCB) – IJB Deputy Chair (Chair) Rebecca Helliwell (RH), Associate Medical Director (joined at 1345) Elizabeth Higgins (EH)– A&B Lead Nurse Fiona Campbell (FC)-Clinical Governance Manager Charlotte Craig (CG) - Business Improvement Manager Linda Currie (LC) – Lead AHP Donald MacFarlane (DMc) -Assistant Clinical Dental Director Kieron Green (KG)– IJB Chair Jean Boardman (JB)– IJB Member Nicola Gillespie – (NG) – Local Area Manager Mental Health Mid Argyll Nicola Schinaia – (NS) – Associate Director of Public Health Angus McTaggart (AMc) – Clinical Lead, Islay & Jura Fiona Owen (FO)– Local Area Manager Cowal Stephen Whiston (SW) –Head of Strategic Planning and Performance (joined at 1500 to present item 6.4) Pamela MacLeod (PM) – Acting Locality Manager Oban Community Donald Watt (DW) – Locality Manager MAKI (left at 1500) Caroline Henderson (CH) – Acting Locality Manager Oban Hospital Patricia Renfrew (PR) – Interim Head of Service C&F Fiona Broderick (FB) – Staff Side Jane Williams (JW) – Acting Locality Manager Cowal/Bute Christina West (CW) – Associate Lead Nurse (joined to present item 6.3 then left) Claire Higgins (CHg) – PA to Lead Nurse **APOLOGIES** Joanna Macdonald (JMcD) – Chief Officer Sandy Taylor (ST)– IJB Member Caroline Cherry (CC)– Head of Service (Older People) Julie Lusk (JL) – Head of Service Kevin McIntosh (KMc— Staffside Rep Jim Littlejohn (JLJ) – Locality Manager, Helensburgh & Lomond Julie Hempleman (JH) - Lead Officer for Adult Protection	

2.	**Declaration of Interest** None	
3.	**MINUTE OF LAST MEETING** Agreed as accurate	
4.	**MATTERS ARISING** None	
5.	**QUALITY AND EFFECTIVENESS OF CARE** **5.1 Quality and Patient Safety Dashboard** FC spoke to tabled paper. Reduction in incidents reported may be linked to reduced activity. A reminder has been given to all to continue to report incidents. CH informed the group of HMSR process across RGHs. Consistent improvement with stage 2 complaint compliance Introduction of QPS Check is aiding improvements FC explains the role and function of QPS Check In **5.2 Inspections** • **HEI/OPAH** EH informed the committee that Healthcare Improvement Scotland have restarted their inspection regime again following a pause during Covid. These will take place as combined HEI/OPAH inspections for Community Hospitals. • **ASP** CG presented on behalf of Julie Hempleman EH asked that we be realistic around the challenges of delivering and releasing staffing in what is an already busy training calendar. SCB discusses ways training can be embedded and delivered in a different way **5.3 Culture Review** CG gave brief summary of positive progress on the 100 day plan.	
6.	**SAFETY & EXPERIENCE** **6.1 HSCP Health and Safety Group Action log (for noting)** Noted Next meeting 30th September Page 22 – 1st action – SCB asked for an update on this action. FC updates that no progress has been made to date but work is ongoing to find a solution. Appears to be a challenge in most HSCPs.	

	6.2 Falls EH presented Falls report prepared by Christine McArthur, Falls Lead. Key themes reduction in overall falls most likely related to occupancy. Improvement work being tested in Bute and solution required for single point of access responder service across HSCP. **6.3 Tissue Viability** CW spoke to tabled report SCB acknowledged the value of the Committee being sighted on the information contained within the report. **6.4 Remobilisation** SW spoke to tabled report. Content acknowledged and noted by Committee. **6.5 Inequalities** Carried forward to next meeting **6.6 CAMHS** CAMHS Project Board and a Short Life Working Group have been established. The CAMHS Manager post has been recruited. Interviewing for School Councillor posts	
4	**PROFESSIONAL REGULATION AND WORKFORCE DEVELOPMENT** **6.1 SSSC Registration** CG informed the committee that a paper was tabled at IJB regarding this item and has been brought here today for assurance.	
5	**SCHEDULED REPORTS FOR NOTING** **Mental Health** NG highlights that SAERs are making progress Staffing remains challenging in MAKI & MH EH highlighted the requirement for request reports to be submitted and people to be in attendance to allow the Committee to fulfil its role and purpose.	
6	**AOCB** None	
7	**DATE, TIME AND VENUE FOR NEXT MEETINGS** Thursday 19th Nov – 2pm	

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

MINUTES of MEETING of ARGYLL AND BUTE HSCP FINANCE AND POLICY COMMITTEE held in the VIA SKYPE on FRIDAY, 25 SEPTEMBER 2020

Present: Councillor Kieron Green, Argyll and Bute Council (Chair)
Sarah Compton Bishop, NHS Highland Non-Executive Board Member (Vice Chair)
Councillor Sandy Taylor, Argyll and Bute Council
Professor Boyd Robertson, NHS Highland Non-Executive Board Member

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)
Kevin McIntosh, Staffside Lead, Argyll and Bute Council (Council)
Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
David Forshaw, Principal Accountant, Argyll and Bute Council
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
George Morrison, Head of Finance, Argyll and Bute HSCP
Dr Nicola Shinaia, Associate Director of Public Health, Argyll and Bute HSCP
Mandy Sheridan, Unit Manager, Children and Families (on behalf of Patricia Renfrew)
Stephen Whiston, Head of Planning and Performance, Argyll and Bute HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Gary Mulvaney, Julie Lusk and Patricia Renfrew.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES

The Minutes of the meeting of the Finance and Policy Committee held on 28 August 2020 were approved as a correct record.

Councillor Sandy Taylor joined the meeting at this point.

4. BUDGET MONITORING AS AT 31 AUGUST 2020

The Committee gave consideration to a report proving a summary of the financial position of the Health and Social Care Partnership as at 31 August 2020. The report noted that there was 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 £2.746m as at 31 August 2020 and that there was a year to date overspend of £2.337m 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 25 September 2020, submitted)

5. 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 regular basis and 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 25 September 2020, submitted)

6. DATE OF NEXT MEETING

The date of the next meeting was noted as Friday 30 October 2020 at 1.30pm.

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

MINUTES of MEETING of ARGYLL AND BUTE HSCP AUDIT AND RISK COMMITTEE held VIA SKYPE on TUESDAY, 20 OCTOBER 2020

Present: Councillor Sandy Taylor (Chair)

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

Attending: Joanna Macdonald, Chief Officer, Argyll and Bute HSCP
Judy Orr, Head of Finance and Transformation, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
George Morrison, Depute Chief Officer, Argyll and Bute HSCP
Julie Lusk, Head of Adult Care, Argyll and Bute HSCP
Laurence Slavin, Chief Internal Auditor, Argyll and Bute Council
John Cornett, Audit Scotland
Andrew O'Donnell, Azets
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Patricia Renfrew.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES

The Minutes of the special meeting of the Argyll and Bute HSCP Audit and Risk Committee held on 15 September 2020 were approved as a correct record.

4. REVIEW OF FINANCIAL REGULATIONS

The Committee gave consideration to a report advising of a recent review of the Financial Regulations by the Chief Financial Officer in conjunction with the NHS Highland Director of Finance and the Council's Section 95 Officer. Following the review a small number of changes were proposed.

Decision

The Audit and Risk Committee –

1. Noted that the Financial Regulations had been reviewed.

2. Approved the addition of a new Section 16 on the IJB Members; expenses, gifts, hospitality and register of interests.

3. Approved the next review to be completed by 31 March 2022.

(Reference: Report by Head of Finance and Transformation dated 20 October 2020, submitted)

5. INFORMATION GOVERNANCE POLICY

The Committee gave consideration to a report proposing a new Information Governance Policy for the Integration Joint Board.

Decision

The Audit and Risk Committee -

1. Approved the Information Governance Policy for submission to the Integration Joint Board.

2. Agreed to recommend that the Policy be reviewed by 31 October 2022.

(Reference: Report by Head of Finance and Transformation dated 20 October 2020, submitted)

6. INTERNAL AUDIT SERVICE

The Committee gave consideration to a report seeking approval of plans for tendering the internal audit service currently provided by Scott Moncrieff which was due to expire on 31 March 2021.

Decision

The Audit and Risk Committee approved the plans for tendering the internal audit service as set out in section 3 of the submitted report.

(Reference: Report by Head of Finance and Transformation dated 20 October 2020, submitted)

7. COVID-19 GUIDE FOR AUDIT AND RISK COMMITTEES - REPORT FROM AUDIT SCOTLAND AUGUST 2020

The Committee gave consideration to a report presenting a guide that highlighted 4 key areas for Audit and Risk Committees to focus on during the Covid-19 Pandemic.

Decision

The Audit and Risk Committee –

1. Noted the key messages in the report.

2. Noted the implications for Argyll and Bute Health and Social Care Partnership with a view to considering them in a future work stream.

(Reference: Report by Head of Finance and Transformation dated 20 October 2020, submitted)

8. ARGYLL AND BUTE COUNCIL INTERNAL AUDIT REPORT: SOCIAL CARE CONTRACT MANAGEMENT - AUGUST 2020

The Committee gave consideration to the Argyll and Bute Council Internal Audit Report on Social Care Contract Management.

Decision

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

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

9. DATE OF NEXT MEETING

The date of the next meeting was noted as Friday 11 December 2020.

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A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

MINUTES of MEETING of ARGYLL AND BUTE HSCP FINANCE AND POLICY COMMITTEE held in the SKYPE on FRIDAY, 30 OCTOBER 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, Argyll and Bute HSCP
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
Linda Skrastin, Locality Area Manager, Argyll and Bute HSCP (on behalf of Patricia Renfrew)
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
David Forshaw, Principal Accountant, Argyll and Bute Council
Lynsey Innis, Senior Committee Assistant, Argyll and Bute Council
George Morrison, Head of Finance, Argyll and Bute HSCP
Dr Nicola Shinaia, Associate Director of Public Health, Argyll and Bute HSCP
John Dreghorn, Service Improvement Officer, Argyll and Bute HSCP
Gillian Maidment, Service Improvement Officer, Argyll and Bute HSCP
Gillian McCready, Service Improvement Officer, Argyll and Bute Council
Louise Beattie, Service Improvement Officer, Argyll and Bute Council
Nicola Gillespie, Service Manager, Mental Health and Addiction (Adult Services), Argyll and Bute HSCP (on behalf of Julie Lusk)

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of:-

Councillor Gary Mulvaney
Professor Boyd Robertson, Chair of NHS Highland
Julie Lusk, Head of Adult Services, Argyll and Bute HSCP
Patricia Renfrew, Consultant Nurse, Argyll and Bute HSCP
Kevin McIntosh, Staffside Lead for Argyll and Bute HSCP (Council)
Jane Fowler, Head of Customer Support Services, Argyll and Bute Council
Stephen Whiston, Head of Strategic Planning and Performance, Argyll and Bute HSCP

Having noted that the meeting was inquorate at this point, the Chair intimated and the Members in attendance agreed, to continue with the following items of business on an inquorate basis.

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2. DECLARATIONS OF INTEREST (IF ANY)

There were no declarations of interest intimated.

3. MINUTES

The Minute of the previous meeting of the Finance and Policy Committee, held on 25 September 2020, was noted.

4. BUDGET MONITORING AS AT 30 SEPTEMBER 2020

The Committee gave consideration to a report providing a summary of the financial position of the Health and Social Care Partnership as at 30 September 2020. The report noted the ongoing 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 is a forecast overspend of £2.561m as at 30 September 2020 and that there is a year to date overspend of £2.883m as at the same date.

2. Noted that the above position excludes any provision for Scottish Government assistance with non-delivery of savings due to Covid-19 and the recently announced Covid funding via NHS Highland.

(Reference: Report by Head of Finance and Transformation dated 30 October 2020, submitted)

Sarah Compton-Bishop and Charlotte Craig joined the meeting at 1:50pm, during discussion of agenda item 4 (Budget Monitoring as at 30 September 2020) and therefore the meeting became quorate.

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5. COVID-19 RESPONSE AND FINANCIAL IMPLICATIONS

Consideration was given to a report which provided 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 the costs of dealing with the Covid-19 response and noted that the cost estimates were updated on a regular basis and 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 30 October 2020, submitted)

6. BUDGET SAVINGS 2021/22

The Committee gave consideration to a report which provided an overview of the approach being taken to the budget setting process for 2021-22. The report noted that there were still considerable uncertainties around the financial impact of the Covid-19 pandemic, whether this will extend into the next financial year or not and when funding announcements will be made by the Scottish Government.

Decision

The Finance and Policy Committee –

1. Noted the high level timetable for the budget process in 2021-22, as set out at paragraph 3.5 of the report.

2. Noted the process and approach proposed.

3. Agreed that the meeting of the Finance and Policy Committee in January 2021 be brought forward by a week to accommodate the timescales for reporting to the Integrated Joint Board.

(Reference: Report by Head of Finance and Transformation, dated 30 October 2020, submitted)

7. PROGRESS UPDATE - TRANSFORMATION PROGRAMME INVESTMENT

Consideration was given to a report which outlined the progress made in respect of the 'spend to save' proposal to strengthen the Project Management Office (PMO) approach to delivering savings, as agreed by the Integrated Joint Board (IJB) at its meeting in March 2020. The report also provided an overview of the draft HSCP governance framework and provided details of how the additional resources have been allocated.

Information was also provided by the Service Improvement Officers, who are working closely with the Heads of Service, Senior Managers and staff to ensure their transformation programme and projects have strategic focus with relevant plans; are led by individuals with specialist knowledge; have strong and clear leadership and ensure accountability and ownership for all their savings areas.

Decision

The Finance and Policy Committee –

1. Noted the progress made to date as a result of the PMO investment.

2. Considered the approach taken to date.

3. Noted the governance framework in operation.

(Reference: Report by Head of Finance and Transformation, dated 30 October 2020, submitted)

8. DATE OF NEXT MEETING

The date of the next meeting was noted as Friday, 27 November 2020 at 1.30pm.

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board **Agenda item:**

Date of Meeting: **25 November 2020**

Title of Report: **Chief Officer Report**

Presented by: **Joanna Macdonald, Chief Officer**

The Integration Joint Board is asked to:

- Note the following report from the Chief Officer

A Big Thank You to Staff

I want to pay tribute to all HSCP staff for the dedicated work they are carrying out during a difficult and challenging time. They continue to deliver high quality health and social care services to the people of Argyll and Bute. Staff have demonstrated continued commitment to the communities of Argyll & Bute and resilience when both life and work have been impacted.

Winter planning

We are now entering the winter season and every year this brings its own challenges in terms of dealing with seasonal illness such as flu and norovirus.

Staff across the partnership hare engaged in planning for winter in our remote and rural environment with the additional Covid-19 requirement.

Our key resource in delivery of caring services is our staff and we will be maintaining our wellbeing support initiatives.

Flu Vaccination

The latest flu vaccination data, which covers the period up until the 10 November, highlights that so far 43.6% of individuals aged 64 years and under (in an at-risk group) and 72.9% of individuals aged 65 years and over have so far been vaccinated in Argyll and Bute. To have immunised such a high proportion of eligible individuals already during the flu vaccination programme is really good news and is down to the hard work of our GP Practices and all the other associated health professionals and back up staff who are involved in this programme.

Caring for People

Argyll and Bute had its own specific challenges when dealing with Covid-19 including the fact that we cover such a large geographic area with 23 inhabited islands and 43 per cent of our population living in remote and rural areas.

There was a pressing need to provide a service for the most vulnerable people in our community and this led to the creation of the Argyll and Bute Caring for People Partnership. Normally group such as these take months to set up but in Argyll and Bute it was up and running within 10 days. Membership of the Partnership consisted of the HSCP's Public Health team, colleagues from Argyll and Bute Council and the Third Sector Interface.

It provided an urgent community response to the pandemic and made sure that more than 3,000 vulnerable people still had access to food, support, medicine, and other supplies. The teams worked with local organisations and volunteers to arrange for food delivery of around 45,000 food parcels, other shopping supplies as well as the delivery of essential medication.

This has been recognised at a national level and is shortlisted for a People's Choice Award at this year's Scottish Health Awards.

Progress at six months on from Culture Survey

In February 2020 the Culture Survey questionnaire for NHS Highland colleagues (past and present) in Argyll and Bute was launched to understand the extent to which bullying, harassment and inappropriate behaviour is or has been encountered or experienced during their employment. The questionnaire was developed, and facilitated, by an external market research organisation.

The findings from the Survey were published in May with 446 (29%) of the 1540 NHS staff at the HSCP responding, along with 62 former colleagues, with 68% of respondents indicating that they had experienced bullying and harassment.

The HSCP offered a sincere apology to colleagues who had indicated that they had experienced bullying and harassment and a 100 day action plan was immediately put in place to address the key findings.

As part of this Plan NHS Highland and Argyll and Bute HSCP:

- appointed an external culture advisor to review our recruitment processes.
- launched an independent 'Speak Up', Guardian Service which offers a 24/7 service for staff to independently discuss concerns.
- identified staff Wellbeing Champions to help communicate key messages about wellbeing and psychological support.
- appointed independent review panel members as part of the NHS Highland Healing Process.

- 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.

- invited staff volunteers to join the Argyll and Bute Culture Group to help improve the culture within the organisation.

We were delighted by the number of staff who volunteered to join the join the Culture Group and we also have representatives from unions, stakeholders and senior managers. The Group is co-chaired by staffside and the Deputy Chief Officer and its main focus is on the delivery of the 100 day action plan, identifying local priorities in relation to the Culture Programme and identifying any training and development needs that are required.

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A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Date of Meeting: 25 November 2020

Title of Report: Culture Update

Presented by: Jane Fowler, Head of Customer Support Services (ABC)

The Integrated Joint Board is asked to:

- Note the content of this culture update
- Note the progress that is being made to address the findings of the independent Argyll and Bute Culture Survey
- Note the extension of the Guardian Service to Argyll and Bute Council employees

1. EXECUTIVE SUMMARY

1.1 This report provides the IJB with an update on the important work that is being carried out, in partnership with Trade Unions and Staff Side, to implement culture change following the publication in May of the independent Argyll and Bute Culture Survey.

2. INTRODUCTION

2.1 The IJB has received regular updates on culture improvement activities through a number of channels. HR Director of NHS Highland submits regular updates on Culture progress by NHS Highland, the most recent update of which is on today's IJB agenda. The Chief Officer regularly refers to culture in the Chief Officer's report and this is the case again for today's report. This report on Culture provides an additional dimension to the other culture updates to the IJB, specifying local progress being carried out locally between management, HROD, staff side and employees to drive forward culture change and improvement.

2.2 As IJB members will recall, the independent Argyll and Bute Culture Survey Engagement Exercise was carried out as an action from the Sturrock Report. As it was an action from Sturrock, it included NHS

employees in the HSCP. This approach was agreed with Staff Side and Trade Unions both at Highland Partnership Forum and locally in Argyll and Bute. Following the publication of findings in May, a series of actions was put in place and taken forward both by NHS Highland Board and by the HSCP, led by the Chief Officer. All actions and improvements apply to both NHS and Council employees. The Chief Officer held engagement sessions with staff, Council and NHS, in the HSCP to present the findings and to apologise.

2.3 There is close ongoing liaison and joint working on progress being made with the Joint Trades Unions, both NHS and Council. This is led by the Head of Customer Support Services.

2.4 The activities carried out since May were reported in detail as part of the September culture update to the IJB. Many of these activities are continuing and have become business as usual for the HSCP. These include Courageous Conversations Training, weekly Chief Officer updates to staff, check in sessions, which were previously led by the Chief Officer and are now being led by Heads of Service and the Culture Group and the ongoing promotion of wellbeing to staff.

2.5 This paper will focus on the key culture areas where there has been development since September:

- The Argyll and Bute Culture Group
- The Guardian Service – extension to Council staff
- iMatter
- Leadership and Management Development

Argyll and Bute Culture Group

2.6 The Argyll and Bute Culture Group was established in September and has to date held 2 meetings. It is co-chaired by the Depute Chief Officer and the Staffside Lead for Argyll and Bute HSCP. Thirty people from the HSCP, both NHS and Council employees, volunteered to participate and have contributed to identifying priorities. There is also good representation and engagement by TU colleagues.

2.7 Group members have taking roles in helping to deliver on those priorities which are aligned with the overall NHS Highland Culture Oversight Group priorities, focusing initially on vision and values and people processes.

2.8 The Group will also identify and implement local actions that improve culture for the HSCP as the next stage of our culture journey. Staff Side colleagues, who took a lead role in the 100 day plan, are currently reviewing their priorities for action to feed into this.

2.9 Members of the Culture Group met with members of the IJB at their Development Day on 28th October to share their experiences and ambitions for the Culture Group. The group will provide regular updates to the IJB.

2.10 Membership of the Culture Group will continue to be live, so that employees continue to feel that they have an opportunity to contribute.

2.11 Regular communications are being issued by the group to all staff to keep them informed, with managers instructed to make the information available via notice boards to staff who do not have email.

NHS Highland Guardian Service

2.12 NHS Highland's independent 'Speak Up' service, the Guardian Service, which was launched for NHSH employees in August, will now be extended to Council staff in the HSCP from 1 January to July 2021 as a pilot. The service offers a 24/7 service to provide colleagues with an opportunity to independently discuss their concerns relating to client/patient care and safety, whistleblowing, bullying and harassment and work grievances.

2.13 The Guardian Service provides an additional channel for colleagues to discuss concerns in confidence particularly where staff feel they can't raise concerns through our established internal routes.

2.14 The HROD team will monitor activity generated through this service. This will record the level of demand at present from employees for the service and inform management whether this is a service that requires to be extended after July 2021. This analysis will also assist in identifying any improvements that are required to existing routes and processes. The IJB will be kept informed of how this service is being received and used.

iMatter

2.15 iMatter is a continuous improvement tool of engagement surveys designed to help individuals, teams, Boards and HSCPs understand

and improve staff experience. HSCP staff (Council and NHS) have participated since 2017.

2.16 The regular iMatter survey was undertaken for three weeks in March 2020 and partially coincided with the start of Covid-19 lockdown. A national pause was agreed on reporting this year and iMatter reports were released to those teams, Boards and HCSPs with a response rate of 60% or more at the end of September. The HSCP final response rate was 54% due to the low paper response which reduced the overall response.

Everyone Matters

2.17 The survey results from iMatter and Everyone Matters will be used to inform aspects of the Culture Programme in the HSCP and NHSH. We need to work to increase confidence and participation iMatter to improve staff experience and lift levels of employee engagement.

Leadership and Management Development

2.18 The HSCP has made significant positive progress in implementing the revised Management Structure with new appointments having been made and the majority of posts all now filled.

2.19 The new management structure is a vitally important element of embedding a new culture for the organisation.

2.20 Support, induction and development for these new managers is essential so that they have the skills and behaviours to influence, develop and improve our culture through effective leadership and management of their teams.

2.21 Initial induction meetings have taken place with the leadership and a comprehensive programme of introductory activities covering health and social work is in place for them.

2.22 NHS Manager in the IJB have access to the Council's Argyll and Bute Manager online learning tools, all managers can access Project Lift leadership materials, developed by NHS nationally and NHS Highland has recently launched an online management portal for managers to access learning and training materials, which is also open to Council employees.

WORK PLANNED FOR THE NEXT 3 MONTHS

Report iMatter results once available	Achieved
Culture development session for IJB	December
Agree parameters of Spring 2021 follow up engagement on culture	December/January
Analyse results of iMatter and Everyone Matters and support managers and teams to improve on areas identified	FQ3/FQ4
Continue local support for the Culture Group: continue delivery of Courageous Conversations, management development; improvement to people processes	Ongoing
Support the implementation of the new HSCP Management Structure	Ongoing

3. CONTRIBUTION TO STRATEGIC PRIORITIES

3.1 Effective culture in the organisation is a prerequisite to delivering effectively on all the IJB priorities. The culture of the organisation informs attitudes to service delivery and our ability to transform.

4. GOVERNANCE IMPLICATIONS

4.1 **Financial Impact**

There will be a small cost to implement the Guardian Service which will be met from existing budgets.

4.2 **Staff Governance**

This complements the information contained in the accompanying Staff Governance Report.

4.3 **Clinical Governance**

None

5. EQUALITY & DIVERSITY IMPLICATIONS

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

6. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Nothing to note.

7. RISK ASSESSMENT

Risks are considered medium. The improvements to culture in the organisation are essential to having an effective workforce, committed to service delivery in challenging times.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Not applicable

9. CONCLUSIONS

It is recommended that the Integration Joint Board:

- Note this Culture Update Report
- Note the progress that is being made to address the findings of the independent Argyll and Bute Culture Survey
- Note the extension of the Guardian Service to Argyll and Bute Council employees

  Note the results of the iMatter surveys

10. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Jane Fowler, Head of Customer Support Services jane.fowler@argyll-bute.gov.uk 01546 604466

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**24th November 2020**
Title:	**Culture Update**
Responsible Executive/Non-Executive:	**Fiona Hogg, Director of HR & OD**
Report Author:	**Emma Pickard, External Culture Advisor**

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Board strategy / plan

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The newly reformed Culture Oversight Group is now in place, having met for the first time on Monday 26th October. Work on the six agreed culture priorities is underway, led by colleagues from across the organisation. It will be critical to retain focus and progress throughout the winter period, recognising that the organisation will be juggling significant pressures.

2.2 Background

The work to reshape the Culture Programme and it's governance arrangements is now complete, with a more focused Culture Oversight Group and small teams of cross-functional representatives accountable for delivering the agreed priorities.

The priorities are all at different stages of development; some have a defined plan and approach whilst others are still shaping their teams and activity. The most significant ongoing risk to delivery of the Culture Programme is the capacity and resource across the organisation to design and embed the changes to processes, systems and ways of working. This risk is likely to increase over winter, as the pressures relating to COVID and typical seasonal issues mount.

The purpose of this paper is to give a status update for each priority; and ask the Board for any feedback on how to mitigate the significant risk relating to capacity and resource.

A separate paper will cover a progress update on the Argyll & Bute local culture plans and actions, although all of the activity described in this paper will be rolled out across our whole geography and two of our priority leads are from Argyll & Bute.

2.3 Assessment

The six priorities were agreed following a collaborative prioritisation exercise with representatives of the former Culture Programme Board, Staffside and the Argyll and Bute Culture Group; the status of each is as follows:

Priority 1: Vision, Values and Behaviours

(Lead: Kate Patience-Quate, Deputy Nurse Director)

The purpose of this priority is to define and embed the new NHS Highland vision, and roll-out the NHS Scotland values across the organisation.

The cross-functional team for this priority is currently being formed, and a draft plan is under development. The NHS Highland Board recently spent time in a strategy session on reviewing the NHS Highland vision and objectives that were presented to this Board in May 2020. This was a highly engaged and interactive session and led to some real progress in refining and updating the content and language. These updates will be reviewed by the Executive Directors Group and at the Board Development session on Monday 23rd November, before being tested with colleagues to ensure that these hit the mark.

Significant engagement with colleagues from across the organisation will also be required in order to fully define and embed the behaviours that are expected from all colleagues in order to deliver on the vision, values and objectives, and to agree how to reward and recognise positive individual and team behaviours. The values will also be embedded in key business processes; such as recruitment, induction and decision making. This will all form part of the cross-functional teams work plan.

Priority 2: Civility Saves Lives

(Lead: Helen Freeman, Director of Medical Education)

This purpose of this priority is to define and test an approach to rolling out the concepts of Civility Saves Lives (for example, call it out with compassion) across teams in the organisation; through a train the trainer approach.

Workshops with Chris Turner (external A&E Consultant nationally leading the initiative) have been held with colleagues from across the organisation, and the team are developing a plan for more widespread engagement and learning.

Priority 3: Leadership and Management Development

(Lead: Caroline Morrison, Head of Education, Learning and Development)

The purpose of this priority is to define and deliver a suite of learning and support for Managers across the organisation, to ensure that all Managers both understand and are fully capable of fulfilling their management responsibilities.

A team is already in place for this priority, and a proposed management development framework and suggested set of modules has been created. This priority will also address the range of tools and interventions available to managers in leading their teams successfully, increasing engagements and addressing problems early.

A range of channels will be used for learning, building upon the success of the approach to rolling out Courageous Conversations. The content for the modules is currently under development, and will build upon the recently launched Manager portal.

Priority 4: People Processes

(Lead: Fiona Broderick, Staffside Lead for Argyll & Bute)

The purpose of this priority is to work in partnership to improve the use of information and early resolution, as well as improve the record keeping, speed and effectiveness of formal processes.

An external review of our key people processes (discipline, grievance, bullying and harassment and redeployment) has been completed by an external consultant, and the recommendations reviewed and accepted.

A team is in place (Staffside, HR, Managers) and a plan developed to take forward delivery of the recommendations. A critical component of the plan is to train Managers in relation to handling concerns appropriately and understanding our people processes, ensuring everyone involved is clear on their roles and responsibilities and what support and information is available to them. It will be vital that leaders across the organisation support this approach.

Priority 5: Root-cause analysis / diagnostic

(Lead: Emma Pickard, External Culture Advisor)

The purpose of this priority is to ensure that use all of the learnings available to us and validate these with colleagues, in order to understand where and how things have gone wrong in the past, to ensure that our actions effectively address the causes.

A root cause analysis (to fully understand the factors that led to the organisation requiring the Sturrock Review) is currently underway, and is being supported by the External Culture Advisor and another independent facilitator.

It is proposed to conduct a further series of small listening and engagement events with colleagues from across Argyll and Bute and North Highland in order to ensure that the points of failure are understood; and the lessons to be learned defined and embedded. This piece of work will be completed early next year.

Priority 6: Culture Metrics and Tools

(Lead: Gillian Davies, Consultant Nurse, Community Mental Health)

The purpose of this priority is to ensure that the desired culture and behaviours across the organisation are embedded, and staff experience improves.

It will be critical to give both team and organisational leaders a set of tools and metrics for regular evaluation and measurement of the organisation culture and temperature. As these metrics will need to be reflect the learnings from the root-cause analysis, this priority will run at a slightly slower pace (to allow completion of the diagnostic work) but the team is currently being formed.

Communications and Engagement

Underpinning delivery of all these priorities requires an enhanced approach to communications and engagement, so that all colleagues understand the work underway to improve culture and behaviours; and more importantly how they can get involved to help shape the future. A range of engagement tools is needed recognising both geographical and organisational diversity, and access issues for some staff to typical communication channels. Our new Head of Communications and Engagement starts her post in early December and will be at the forefront of driving this activity.

Culture Programme Audit

Finally, an audit of the Culture Programme was recently completed by the Internal Audit team and the findings will be shared with the Audit Committee in December. Initial findings indicate that good progress has been made, but our focus needs to be on ensuring we have robust and detailed plans with associated resources and clearly identify and manage the risks at a detailed level.

The current set of plans and programme management arrangements will be revised (if needed) to reflect the recommendations following the Audit Committee.

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

The content of the paper 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, 16th November 2020

Confirmation received from EDG on 16th November 2020

2.4 Recommendation

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

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A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board **Agenda item:**

Date of Meeting: **25th November 2020**

Title of Report **Covid19 Public Health update**

Presented by: **Dr Nicola Schinaia, Associate Director of Public Health**

The Integrated Joint Board is asked to:

- Consider the Covid19 current status update, in terms of:
  - ◊ distribution of infection rates in A&B community;
  - ◊ Covid-19 testing in A&B community;
  - ◊ support to A&B community during the peak of Covid-19 pandemic and its adaptation to the new response phases
  - ◊ look forward planning themes/implications

1. EXECUTIVE SUMMARY

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

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

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

2. INTRODUCTION

This paper builds on accounts provided in the earlier reports, and will present the timeliest update as the pandemic is unfolding in A&B, as well as the improved response, in terms to timely access to testing and clinical management.

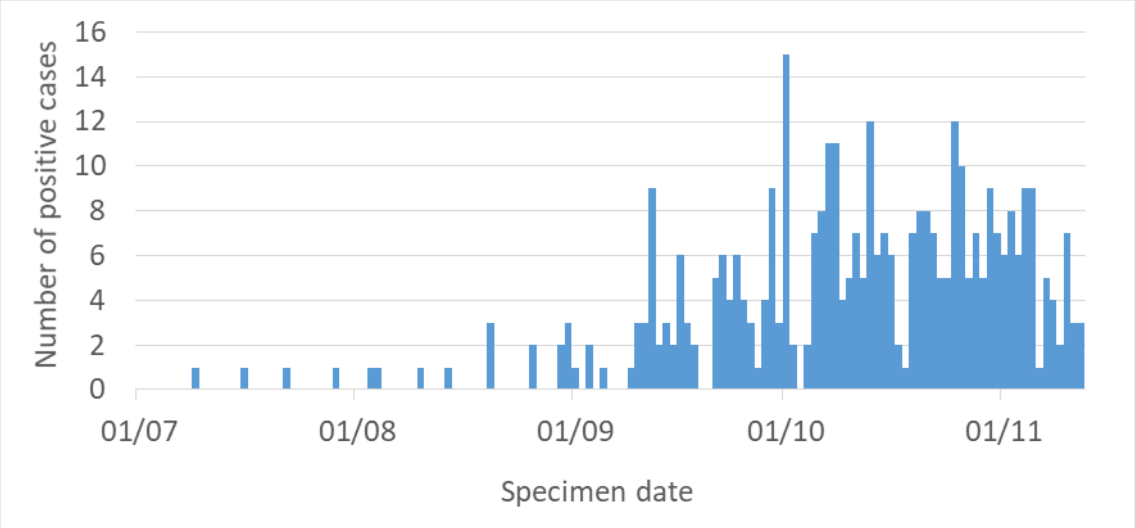
3. DETAIL OF REPORT

A. Epidemiology of Covid-19 in Argyll and Bute

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

Public Health Scotland report there have been 532 confirmed cases recorded of Covid-19 in Argyll and Bute, with 352 cases from 1st September (as published on 13th November 2020). This includes data from NHS laboratories and UK Government test sites from people with Argyll and Bute addresses associated with their CHI numbers. Figure 1 shows the daily number of cases reported since the start of July. Data should be interpreted alongside data on number of tests conducted and are not comparable to data from the first wave of the epidemic when testing was less accessible than during the second wave.

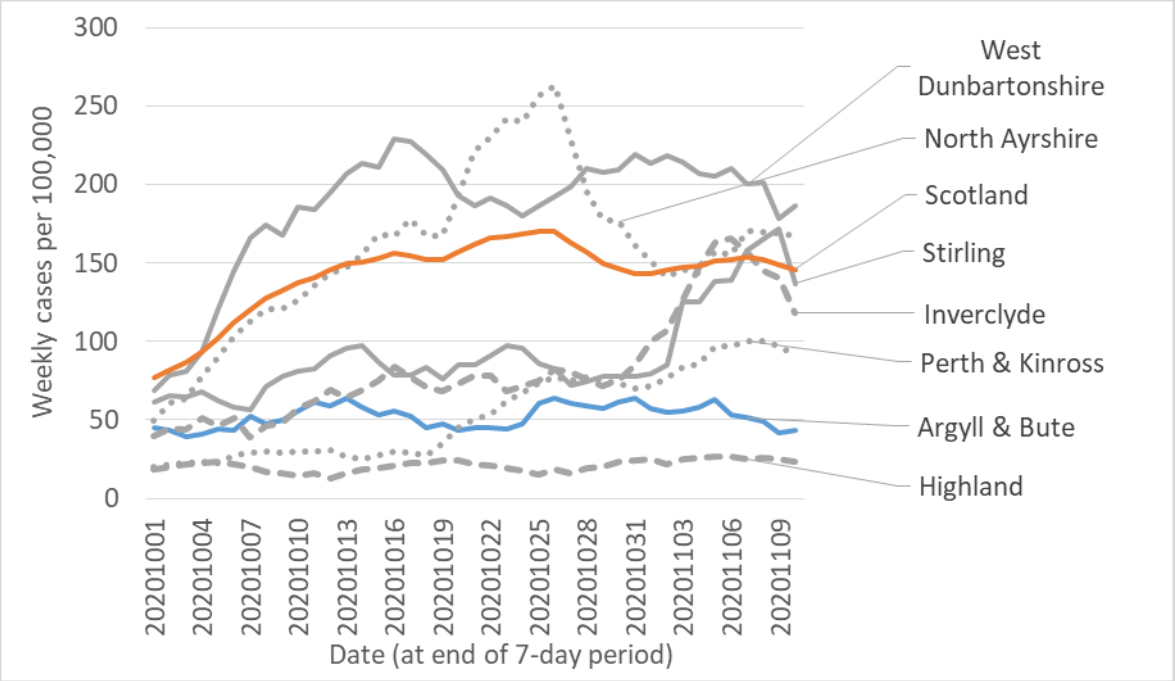
Figure 1. Daily number of newly confirmed cases in Argyll and Bute since 1st July



Source: Public Health Scotland. Accessed on 13th November 2020. Note that data for the most recent time points are likely to be incomplete.
https://www.opendata.nhs.scot/dataset/covid-19-in-scotland

The number of confirmed cases of Covid-19 in Argyll and Bute over a 7 seven period smooth the fluctuations seen day to day. Presenting information as a rate per 100,000 people in the population allows comparison with Scotland as a whole and neighbouring Council areas (Figure 2). Rates of cases in Argyll and Bute has been relatively stable throughout October and into November and are lower than for Scotland as a whole and for other neighbouring local authority areas, with the exception of Highland.

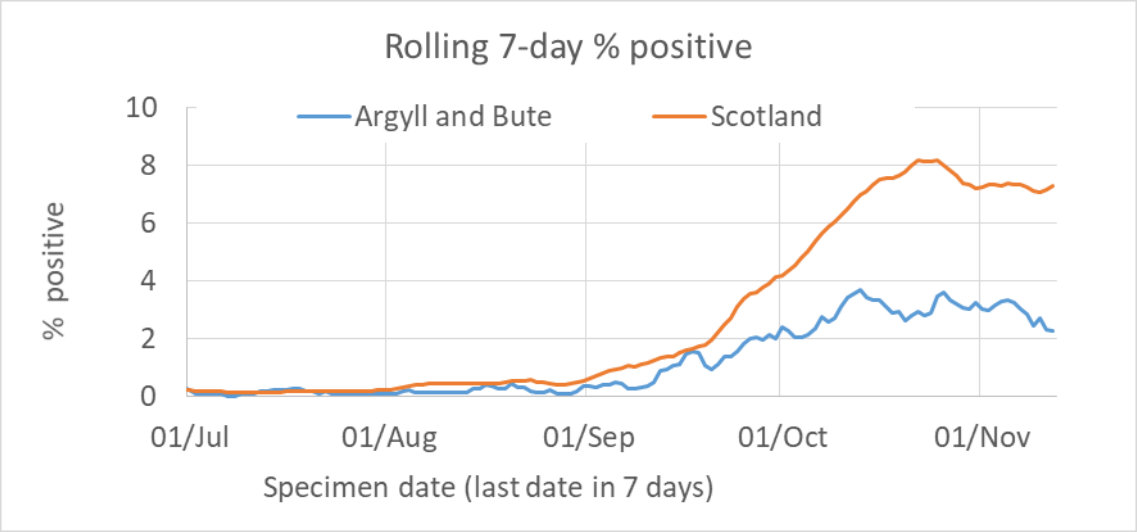
Figure 2. 7-day rates, per 100,000 population, of newly confirmed cases in Scotland, Argyll and Bute and neighbouring local authority areas, since the start of October.



Source: Public Health Scotland. Accessed on 13th November 2020. Only includes data up to 10th November as data for recent time points is likely to be incomplete.
https://www.opendata.nhs.scot/dataset/covid-19-in-scotland

The percentage of tests carried out that are positive (now including repeat testing e.g. through routine testing at work) is lower than at the end March/early April (when almost 25% tested positive) but has increased since July (Figure 3). The percentage testing positive in Argyll and Bute has fluctuated over the past month.

Figure 3. Percentage of tests that are positive (over a rolling 7-day period)



Source: Public Health Scotland. Accessed on 13th November 2020. Note that data for the most recent time points are likely to be incomplete.
https://www.opendata.nhs.scot/dataset/covid-19-in-scotland

The Scottish Government have assigned Argyll and Bute to Tier 2. https://www.gov.scot/publications/coronavirus-covid-19-allocation-of-levels-to-local-authorities-10-november-2020/

There are 5 indicators used to consider which Tier Local Authority areas are in:

1. The number of cases per 100,000 people over the past seven days (Figure 2)
2. The percentage of tests that have been positive over the past seven days (Figure 3);
3. Forecasts of the number of cases per 100,000 consisting of the weekly number of cases in two weeks' time
4. Current and projected future use of local hospital beds, compared with capacity
5. Current and projected future use of intensive care beds, compared with capacity

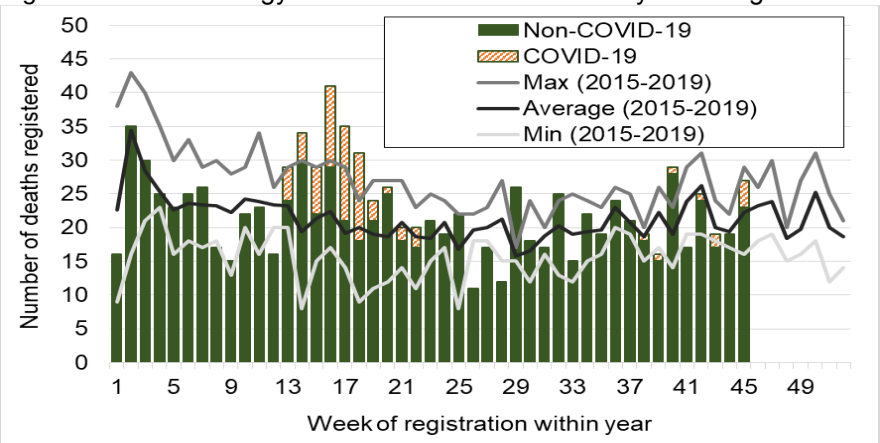
Indicators 3 to 5 are based on modelling work. Scottish Government bases estimates of hospital use on NHS Highland as a whole (Appendix 1). The estimate of the future number of cases is based on modelling work by Imperial College London. https://imperialcollegelondon.github.io/covid19local/LTLA_public/Argyll_and_Bute.html

At 9th November, R in Argyll and Bute was estimated to be 0.98 (90% confidence interval between 0.73 and 1.19) falling below 1 for the first time since near the beginning of July. Projections based on an R of below one indicate a possible future decrease in cases. However, future numbers of cases will depend on the guidance and rules in place regarding social distancing and adherence to these.

There have been a total of 74 deaths registered involving Covid-19 of Argyll and Bute residents up to the end of w/c 2nd November 2020 (up to 8th November). NRS data on deaths includes both confirmed and presumed cases and is based on 'usual' residents of Argyll and Bute. 'Usual' residents can include those living outside of Argyll and Bute at the time of death if they have lived outside Argyll and Bute for less than a year.

Figure 4 shows deaths involving Covid-19 alongside all other deaths for 2020.

Figure 4. Deaths of Argyll and Bute 'usual' residents by week registered within the year



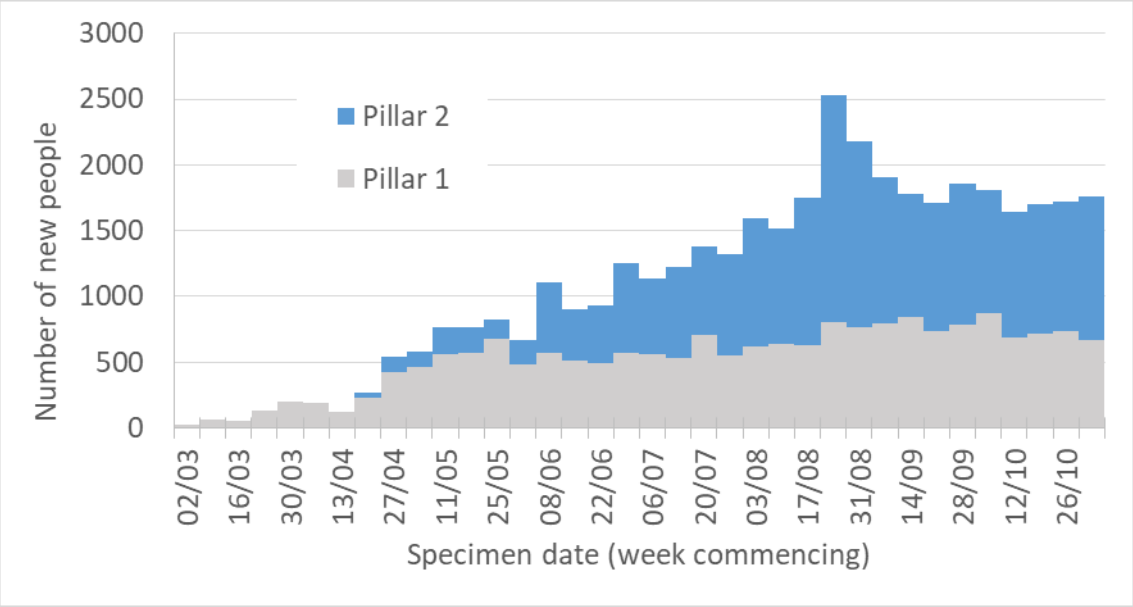
Source: National Records of Scotland. Provisional data up to 8th November (week 45) of 2020.

In addition, the average number of deaths from 2015-2019 and the minimum and maximum number of deaths from 2015-2019 are shown for each week Data are by the date deaths are registered and not the date that deaths occurred. 43 deaths have occurred within 28 days of a positive test.

B. Testing for Covid-19 in Argyll and Bute

Testing for Covid-19 in Argyll and Bute is accessible through different pathways for the public, hospital patients, symptomatic health and social care staff or household contacts, care home staff and residents and non-health and social care keyworkers. The total volume of testing, as published by Public Health Scotland, is shown in Figure 5. Pillar 1 relates to NHS testing whereas pillar 2 relates to UK Government laboratory test including those conducted at UK Government sites, mobile testing units, routine testing of care home staff and home tests.

Figure 5. Weekly number of tests of Argyll and Bute residents, as published by Scottish Government.



Source: Public Health Scotland. Accessed on 13th November 2020. Note that data for the most recent time points are likely to be incomplete.
https://www.opendata.nhs.scot/dataset/covid-19-in-scotland

Further information regarding testing volume via different routes are provided in Appendix 2.

On 17th August, Scottish Government published its testing strategy, outlining priority groups, likely need for increase in testing volume and adoption of new technology. This was updated on 23rd October:
https://www.gov.scot/news/clinical-and-scientific-review-of-testing/

Priorities for access to testing remain:

1. Whole Population Testing of anyone with symptoms (Test & Protect).
2. Proactive Case Finding by testing contacts and testing in outbreaks.
3. Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing.
4. Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart.
5. Surveillance to understand the disease, track prevalence, understand transmission and monitor key sectors.

It was highlighted that, “In particular, it is the unanimous view of clinical and scientific advisers that the overriding priorities for testing capacity in Scotland are symptomatic demand and clinical care of patients.”

The review set out that any additional capacity within the UK Government testing will be prioritised for:

- more intensive asymptomatic testing where that is most likely to find positive cases and thereby contribution to reducing transmission (by testing close contacts and more intensive asymptomatic testing early in outbreaks); and
- extensions of routine testing to protect the vulnerable.

There was a cautious approach to using new testing technologies to ensure that they are piloted to build evidence for their use.

C. Test and Protect

This service is delivered primarily through a large team based in Inverness, purposely recruited and trained, working 8:00 am – 8:00 pm, 7 days per week. Positive cases are electronically fed into the Health Protection Team – that hosts the contact tracing programme - and are phoned individually. Information is collected on a standard national web-based database, aimed primarily at identifying:

- People that have been in close contact with case
- Risk exposure for cases, or settings where transmission may have occurred or infection could be spread further.

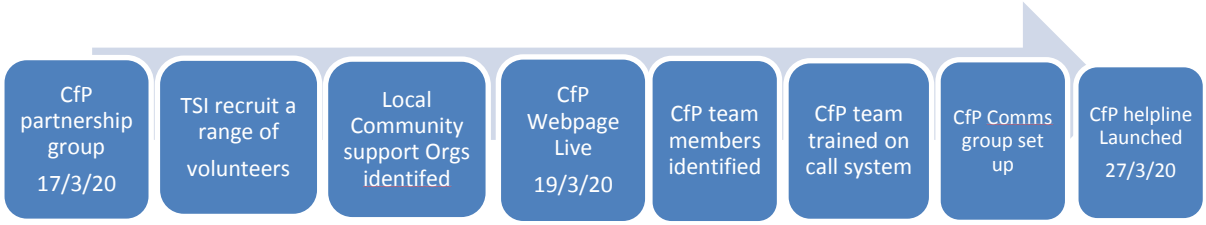
The HPT works in close contact with the AB Council Environmental Health (EH) Department. Namely, EH receive notifications from HPT team in respect of businesses linked to positive cases or close contacts. These business require to be assessed.
School linked cases continue with effective arrangements in place between NHS and Council Education.

Further epidemiological information and trends are provided in Appendix 3.

D. Caring for People

Background

The Caring for people tactical partnership group was set up in March 2020 to lead the Humanitarian aid response to Covid 19 in Argyll and Bute.
The partnership was made up of 3 partners, A&B council, A&B HSCP Public Health team and the Third Sector Interface



The Caring for People helpline supported over 3400 people with community support. The community food team delivered 44,811 food parcels to vulnerable, shielding and free school meal households and also coordinated local community groups, organisations and volunteers to support people shielding and self-isolating with food shopping. 990 volunteers registered on the volunteer register developed by TSI.
As lockdown restrictions were restricted and Shielding paused calls to the helpline for support rapidly declined. The Caring for People helpline became a response for people requiring support who had been told to self-isolate by Test and Protect. Numbers contacting this service have been very low in the past 3 months with very few of the calls requiring support for food or medication. This service now is fully supported by Argyll and Bute Council call centre staff. If community support requests come in there is a process followed to ensure those request are met.
All people contacted by Test and Protect who identify they require support are also contacted by the Council call centre manning the helpline very few have required food or medication support.

Caring for People tactical partnership update

The Caring for People tactical partnership continued to meet monthly from August 2020 in case there was a need to step up the response again. All partners are comfortable that we could step up very quickly if required. The pressure on our volunteers could be a risk though unless we go back to full lockdown as we did in March where many were furloughed. But at present Community groups, third sector partners and volunteers are managing with current demands.
Changes to the shielding categories to include Kidney disease and Down's syndrome has seen an increase in Shielding to 3,300 people in Argyll and Bute. Additional guidance has been given to all on the shielding list on extra precautions to take in each tier.
Early findings from the evaluation of Caring for People have identified some key lessons that could help shape how we respond in the future.

Key emerging themes included

- Differing governance and reporting processes between organisations was unclear and felt unwieldy to some of our partners. A more streamlined governance route is required with a wider group in place that links into resilience and emergency planning with CfP being 1 element of that emergency response.

- Partnership working has been a challenging at times particularly with different organisational structures in place. This at times created time delays particularly with communications as everything had to go through different approval structures. Roles and remits of members from different organisations were identified as unclear again possibly due to the different structures in place. But it was identified that there were clear benefits to the collaborative approach and that included learning and sharing between the partners.
- Communicating out to our communities and third sector organisations could have been managed better. Speedier communication on our progress with Caring for People to inform public and communities of our response in. Also local information on local contacts and developments to third sector organisations and community groups was identified as a gap. A process to improve that local area communication is currently being developed. It was also recognised that the development of the fully managed and staffed helpline within 10 days was a tremendous effort by all concerned.
- Supporting and managing volunteers and third sector groups is an area where further support was required going forward. Roles and remits for caring for People team, volunteer coordinators was felt to be something that would help in future

Next steps

Based on the findings of the evaluation of our tactical group and current need for reduced Caring for People humanitarian support a recent review of Caring for People tactical was carried out.

It was agreed that-

- The Caring for People partnership will continue to meet monthly as a collaborative group
- A statement of intent for the group will be developed which will define its purpose and membership
- The group will have less formality and will continue as a group sharing information on related Caring for People activity. Governance and reporting will not be required.
- The group will at any time be able to step the response back up if required.
- The evaluation of Caring for People will continue as planned and should be completed by end of November. This evaluation will shape how future humanitarian responses will be carried out and has already helped to shape how Caring for People partnership moves forward into its next phase.
- The Caring for People partnership was shortlisted for a recent people's choice health award.

4. RELEVANT DATA AND INDICATORS

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

5. CONTRIBUTION TO STRATEGIC PRIORITIES

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

6. GOVERNANCE IMPLICATIONS

Financial Impact

These activities - responding to the pandemic and following on from it - have employed a larger number of resources, primarily in terms of person-time, than budgeted for the year. Such increased spending has been tagged to dedicated Covid-19 funding and will be accounted under this budget line.

Staff Governance

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

Clinical Governance

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

7. PROFESSIONAL ADVISORY

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

8. EQUALITY & DIVERSITY IMPLICATIONS

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

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

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

10. RISK ASSESSMENT

Not required for this report.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

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

12. CONCLUSION

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

DIRECTIONS

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

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APPENDIX 1. Scottish Government Trends and Ratings for Argyll and Bute

Argyll and Bute

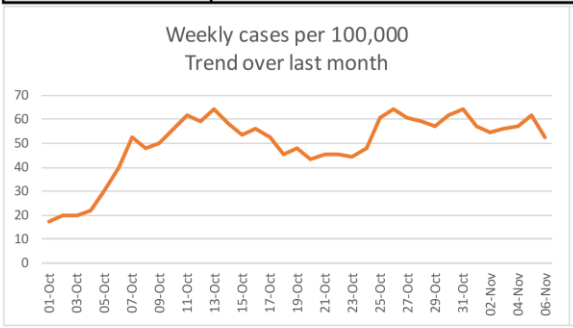
Health Board:	Highland
Cases/test positivity data published up to	09-Nov
Cases, hospital & ICU projections made on	09-Nov

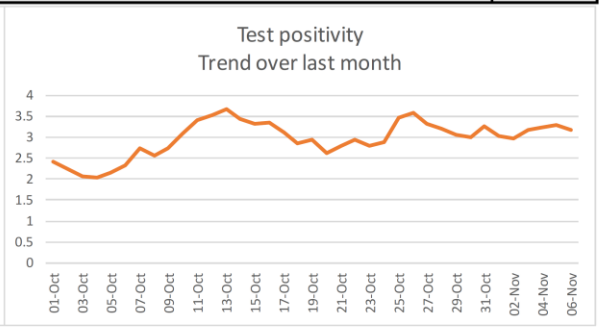
Current level	2

Indicator levels summary	Weekly cases per 100,000	Test positivity	Case forecast	Hospital Forecast	ICU forecast
Last week	Low	Moderate	Low	Very low	Very low
Current position	Low	Moderate	Low	Very Low	Very Low
Change	Same	Same	Higher	Same	Same

Days in last week indicator was...	Weekly cases per 100,000	Test positivity
Decreasing	3	3
Increasing	4	4

Current cases per 100,000 *	28-Oct	29-Oct	30-Oct	31-Oct	01-Nov	02-Nov	03-Nov	04-Nov	05-Nov	06-Nov	% change in Last week
Argyll and Bute	59	57	62	64	57	55	56	57	62	52	-15%
Scotland	157	149	146	142	143	145	146	147	150	150	3%





Test positivity	28-Oct	29-Oct	30-Oct	31-Oct	01-Nov	02-Nov	03-Nov	04-Nov	05-Nov	06-Nov	Change in Last week
Argyll and Bute	3.2	3.0	3.0	3.3	3.0	3.0	3.2	3.2	3.3	3.2	0.2
Scotland	7.6	7.4	7.3	7.2	7.3	7.4	7.4	7.4	7.5	7.5	0.2

Case forecast	Last week				This week			
	P(Cases>500)	P(Cases>300)	P(Cases>100)	P(Cases>50)	P(Cases>500)	P(Cases>300)	P(Cases>100)	P(Cases>50)
Argyll and Bute	0%	2%	53%	85%	0%	2%	45%	80%
Scotland					0%	0%	0%	0%

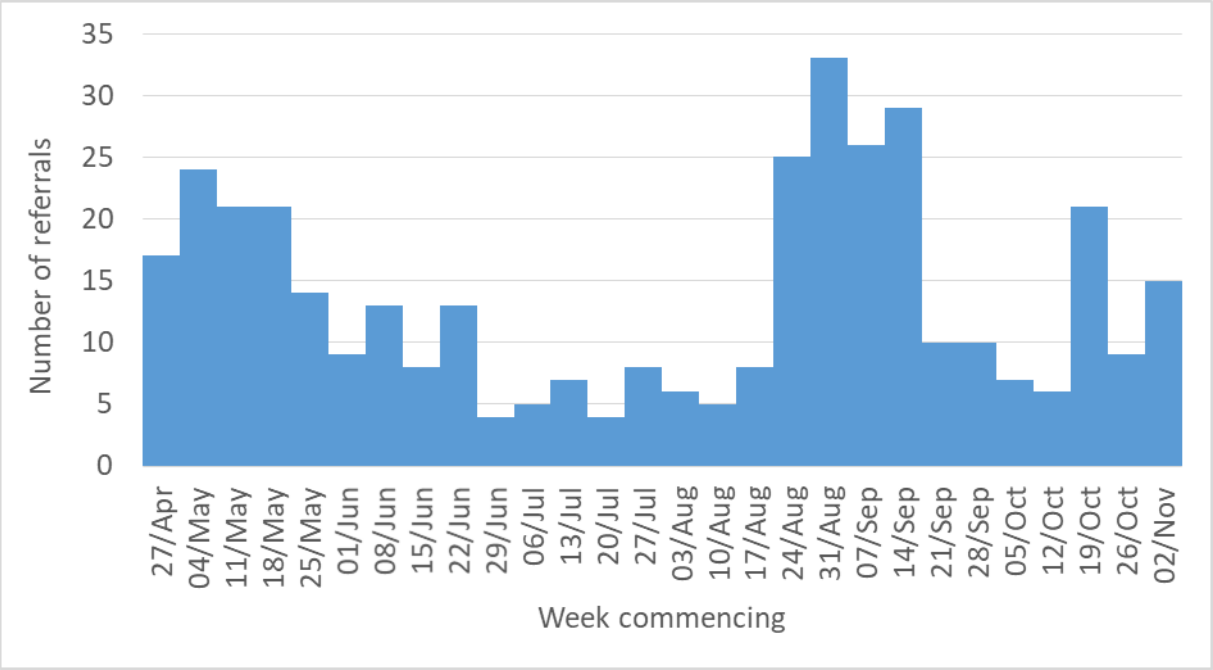
Health Board Hospital Forecast	Capacity	Last week				This week			
	Board figures	21	28	35	42	21	28	35	42
Date		16-Nov	23-Nov	30-Nov	07-Dec	30-Nov	07-Dec	14-Dec	21-Dec
Highland	176	16	21	27	36	31	34	39	44

Health Board ICU forecast	Capacity		Last week				This week			
	Double	Triple	14	21	28	35	14	21	28	35
Date			16-Nov	23-Nov	30-Nov	07-Dec	23-Nov	30-Nov	07-Dec	14-Dec
Highland	16	36	2	3	4	5	3	3	3	4

Source: Scottish Government. https://www.gov.scot/publications/coronavirus-covid-19-allocation-of-levels-to-local-authorities-10-november-2020/

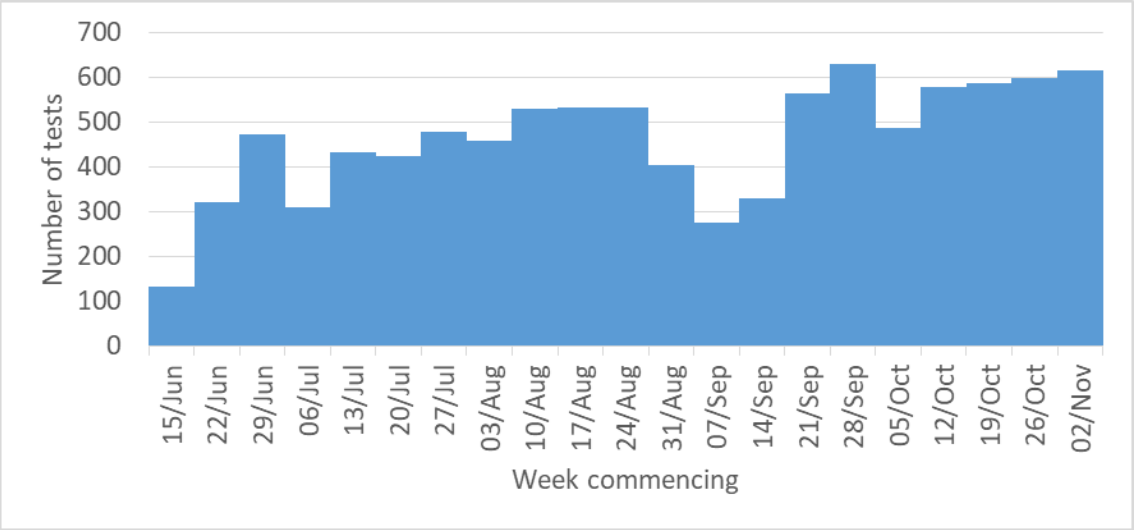
APPENDIX 2 – Additional data regarding testing

Figure A1. Weekly number of referrals for tests via the Argyll and Bute Council route for keyworkers, Council staff and care home admissions



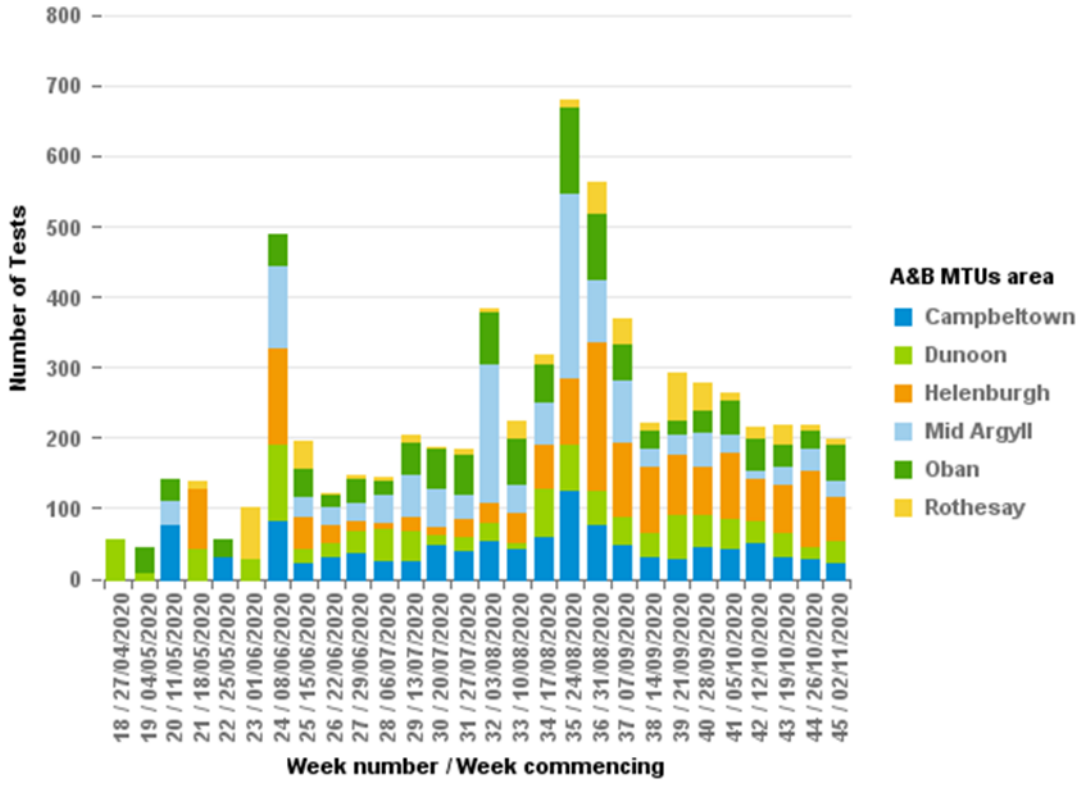
Source: Argyll and Bute Council

Figure A2. Number of tests via the Care Home portal for routine testing of staff



Source: Test and Protect 'Business Objects Universe' NHS Highland dataset. Accessed on 10th November Includes all tests through the care home portal recorded for Argyll and Bute Care Homes.

Figure A3. Number of Tests at Argyll and Bute MTUs.



Source: Test and Protect 'Business Objects Universe' NHS Highland dataset. Accessed on 11th November. Excludes data from one MTU visit to each of Islay and Mull.

APPENDIX 3 – Epidemiology update

Please see separate Epidemiology briefing.

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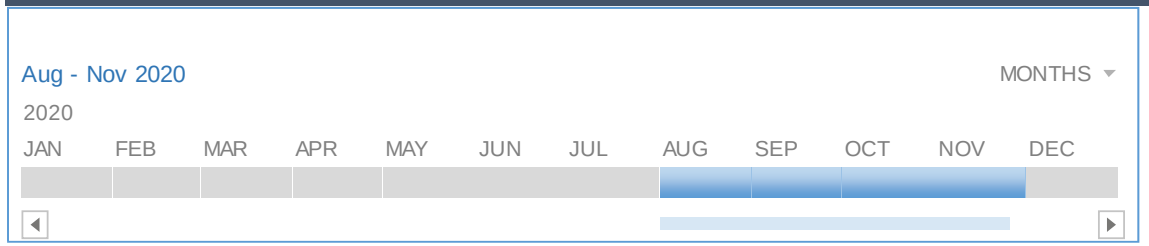
COVID-19 Epidemiology Report
12th November 2020

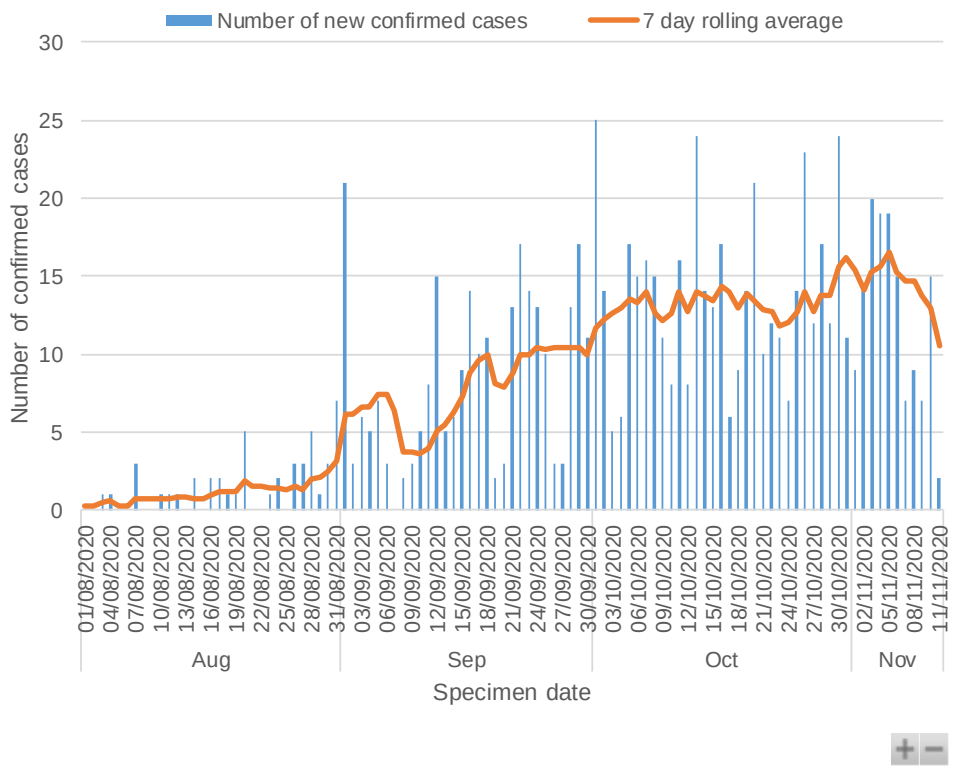
Note:

NHS Board is assigned in this reporting with reference to case management information and data collected by NHS Scotland laboratories and UK Government Testing. This is based upon postcode of current residence, or if postcode is missing the NHS Board of submitting laboratory. Where postcodes are missing it is not possible to assign a Local Authority or smaller area geography such as a Community Partnership. The sum of smaller areas and that of the two Local Authorities may therefore not always add to NHS Highland.

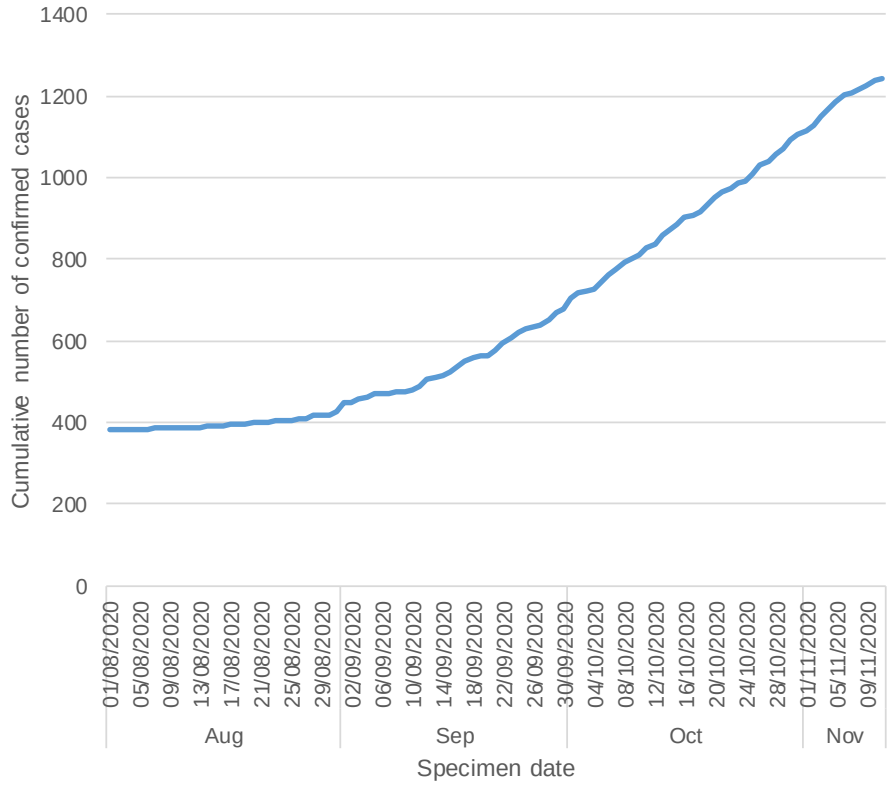
NHS Highland
Number of new positive cases of COVID-19



Number of confirmed cases



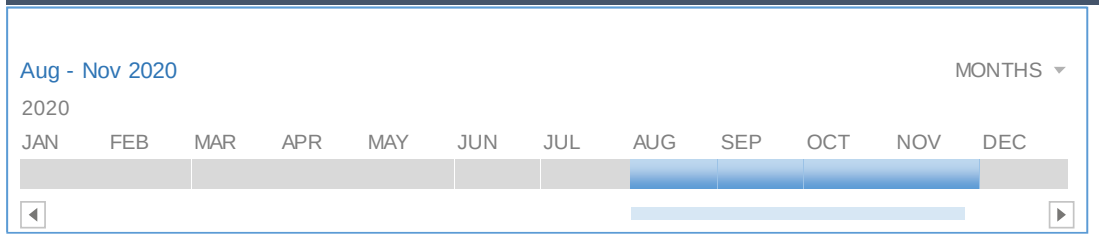
Cumulative number of confirmed cases



Testing rates vary across the week and data for the most recent three days will be partially complete

NHS Highland

Number and rates of new cases of COVID-19 over 7 days

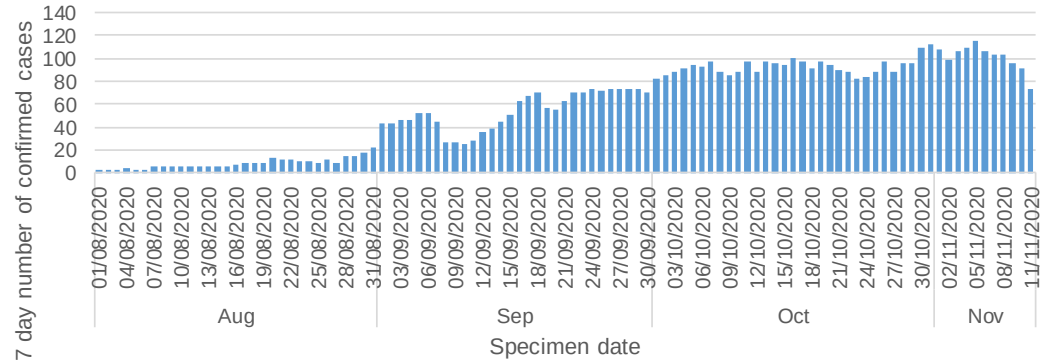


Select week ending date

Date

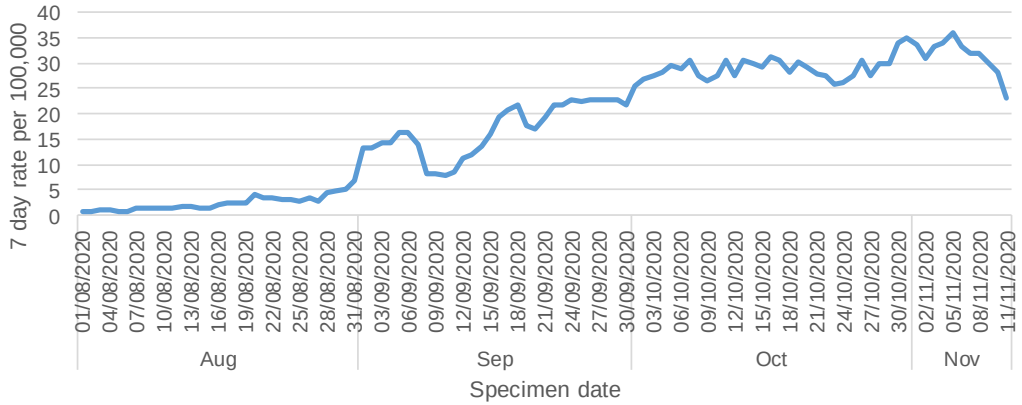
11/11/2020	10/11/2020	09/11/2020
08/11/2020	07/11/2020	06/11/2020

Number of cases



	Week beginning	Week ending	Number of cases	7 day rate per 100,000
Selected	03/11/2020	09/11/2020	96	29.8
Previous	27/10/2020	02/11/2020	99	30.8

Rates per 100,000 population



Testing rates vary across the week and data for the most recent three days will be partially complete

Data source: NSS Test and Protect Data Virtulisation Layer, NHS Highland BI Data Warehouse

NHS Highland Public Health Intelligence Team

Number and rates of new cases of COVID-19 over seven days

NHS Highland

Broad age category

Date

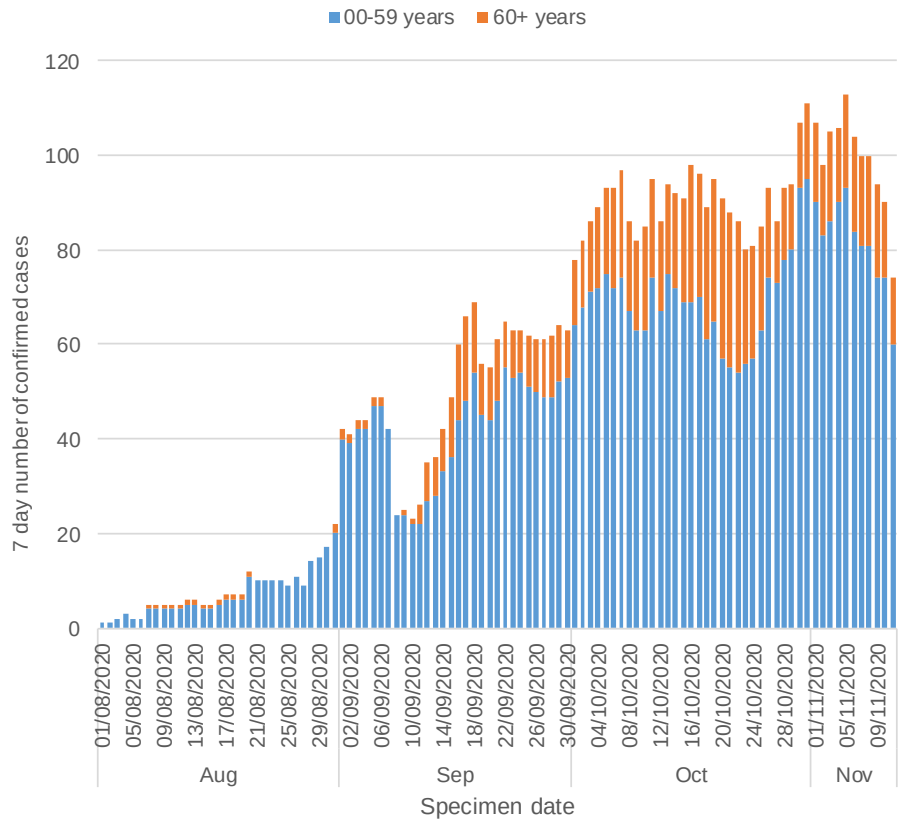
Aug - Nov 2020

MONTHS

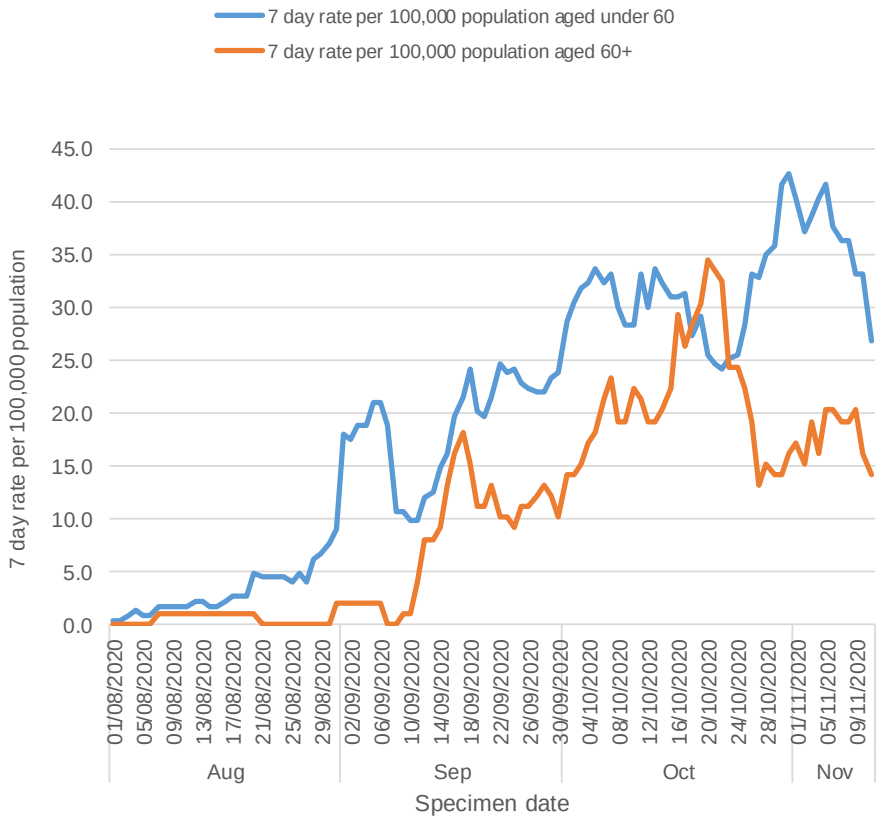
2020

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Number of cases



Rates per 100,000 population



Testing rates vary across the week and data for the most recent three days will be partially complete

Number and rates of new cases of COVID-19 over seven days

NHS Highland Local Authority Areas

All ages

Date

Aug - Nov 2020

MONTHS

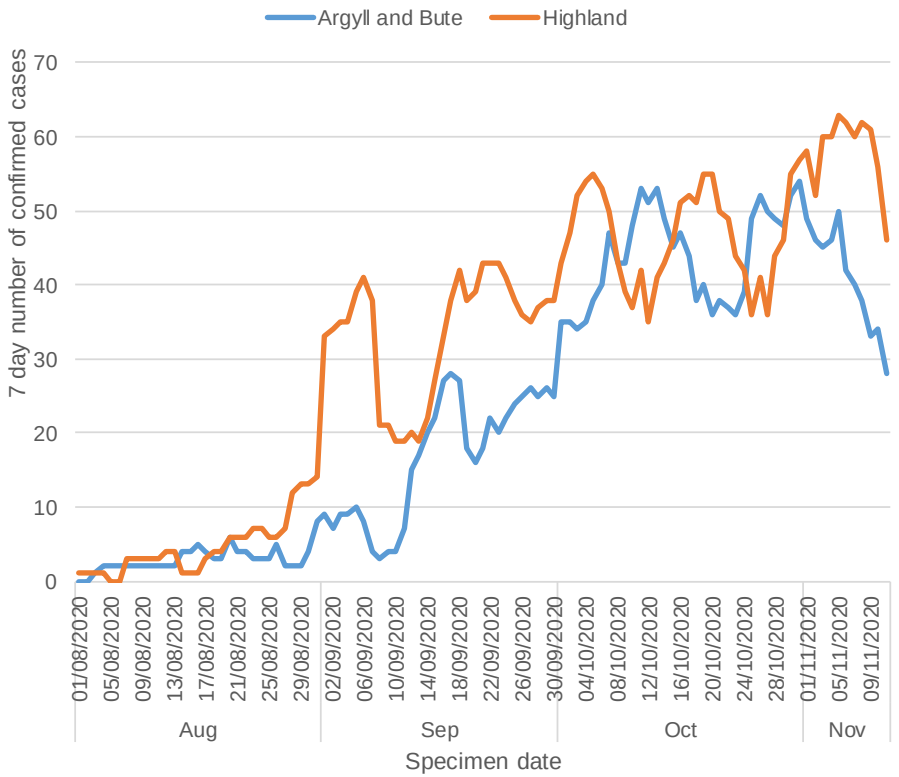
2020

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

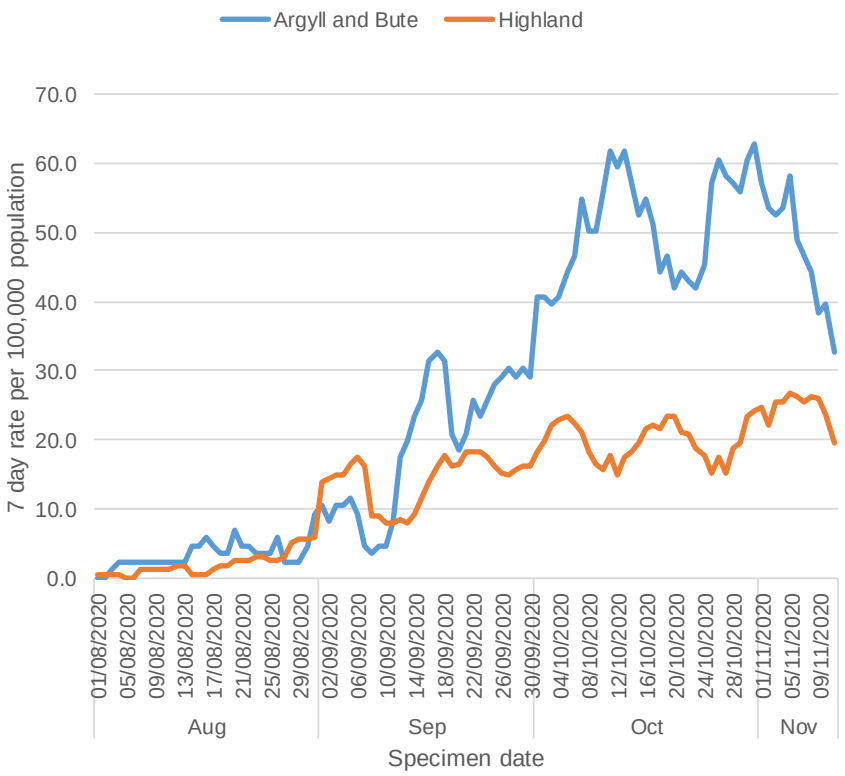
Argyll and Bute

Highland

Number of cases



Rates per 100,000 population



Testing rates vary across the week and data for the most recent three days will be partially complete

Data source: NSS Test and Protect Data Virtulisation Layer, NHS Highland BI Data Warehouse

Estimated Dissemination Ratio (EDR) of COVID-19

NHS Highland Local Authority Areas

Date

Aug - Nov 2020

MONTHS

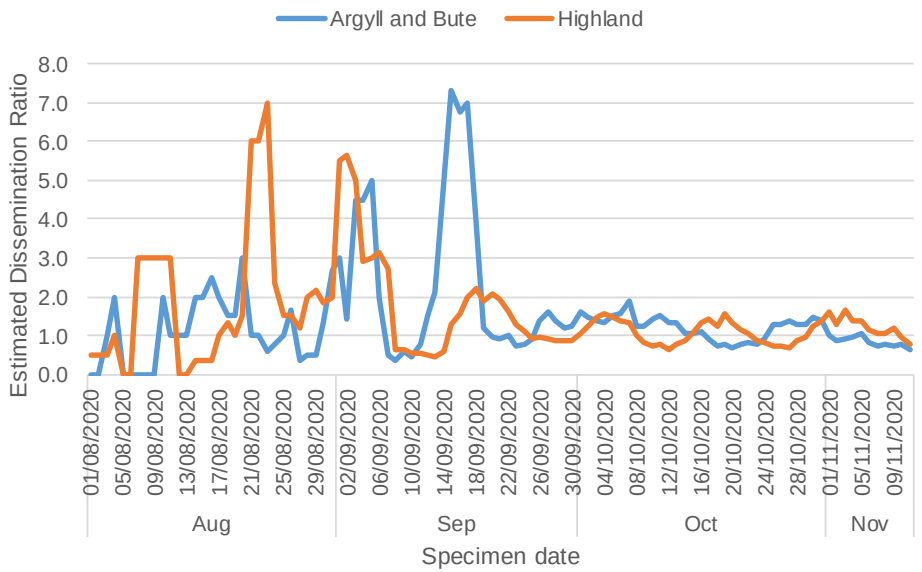
2020

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

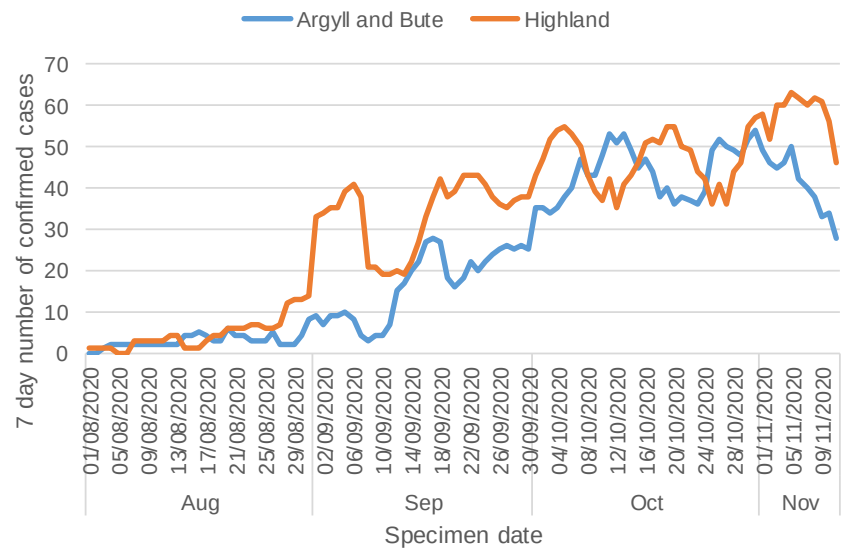
Argyll and Bute

Highland

Estimated Dissemination Ratio



7-day number of confirmed cases



The Estimated Dissemination Ratio is shown as a 7 day rolling ratio of the total number of new cases in the last 7 days divided by the total number of cases in the previous 7 day period.

An EDR of > 1 indicates that the epidemic is accelerating

An EDR of 1 indicates that the epidemic is neither accelerating or slowing

An EDR of < 1indicates that the epidemic is slowing

Testing rates vary across the week and data for the most recent three days will be partially complete

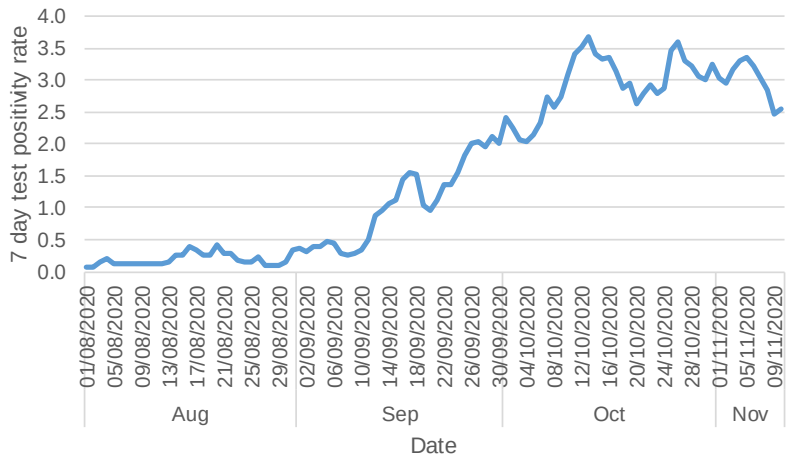
Data source: NSS Test and Protect Data Virtulisation Layer, NHS Highland BI Data Warehouse

NHS Highland Public Health Intelligence Team

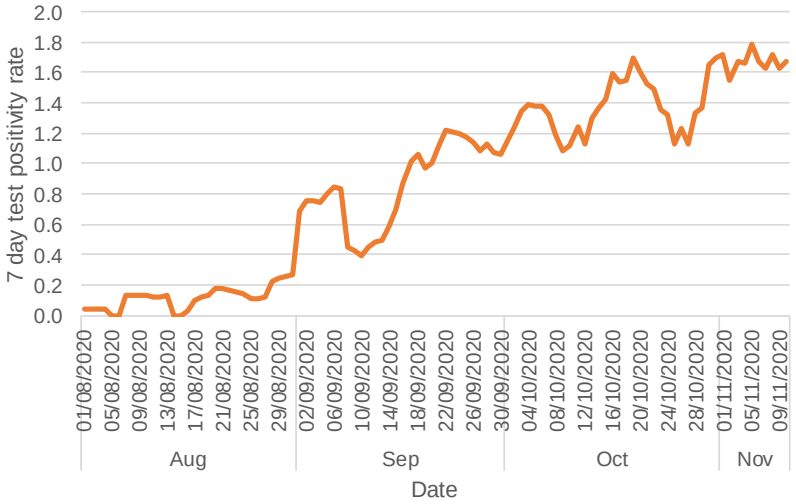
Seven day test positivity rate

NHS Highland Local Authority Areas

Argyll and Bute



Highland



Date

Aug - Nov 2020 MONTHS

2020

MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Select week ending date

10/11/2020	09/11/2020	08/11/2020
07/11/2020	06/11/2020	05/11/2020

Week: 03/11/2020 to 09/11/2020

	Number of positive tests	Total number of tests	Test positivity rate (%)
Argyll and Bute	40	1615	2.5
Highland	66	4053	1.6

Level	0	1	2	3	4
Threshold		1.5	3	5	10

Testing rates vary across the week and data for the most recent three days will be partially complete

Test positivity rate is the number of newly reported positive tests divided by the total number of newly reported tests, in the specified time period, multiplied by 100.

NHS Highland Community Partnerships

Number and rates of new cases over seven days

Select week ending date

11/11/2020
10/11/2020
09/11/2020
08/11/2020

Testing rates vary across the week and data for the most recent three days will be partially complete.

	Total number of confirmed cases over the 7 days (03/11/20 to 09/11/20)	Total number of confirmed cases over the previous 7 days (27/10/20 to 02/11/20)	Change in number of cases	Incidence rate per 100,000 population (03/11/20 to 09/11/20)
NHS Highland	**96**	**99**	**-**	**29.8**
Badenoch and Strathspey	10	8	+	71.5
Caithness	1 to 4	0	+	Less than 20
East Ross	14	1 to 4	+	62.8
Inverness	18	20	-	22.1
Lochaber	5	6	-	20 to 74
Mid Ross	5	5	nc	Less than 20
Nairn & Nairnshire	1 to 4	1 to 4	-	20 to 74
Skye, Lochalsh and West Ross	1 to 4	1 to 4	+	Less than 20
Sutherland	0	6	-	0
Highland	**61**	**52**	**+**	**25.9**
Cowal & Bute	11	1 to 4	+	54.3
Helensburgh & Lomond	14	35	-	54.2
Mid-Argyll, Kintyre & Islay	1 to 4	1 to 4	-	Less than 20
Oban, Lorn & The Isles	5	5	nc	20 to 74
Argyll & Bute	**33**	**46**	**-**	**38.4**

nc = no change

NHS Highland Community Partnerships

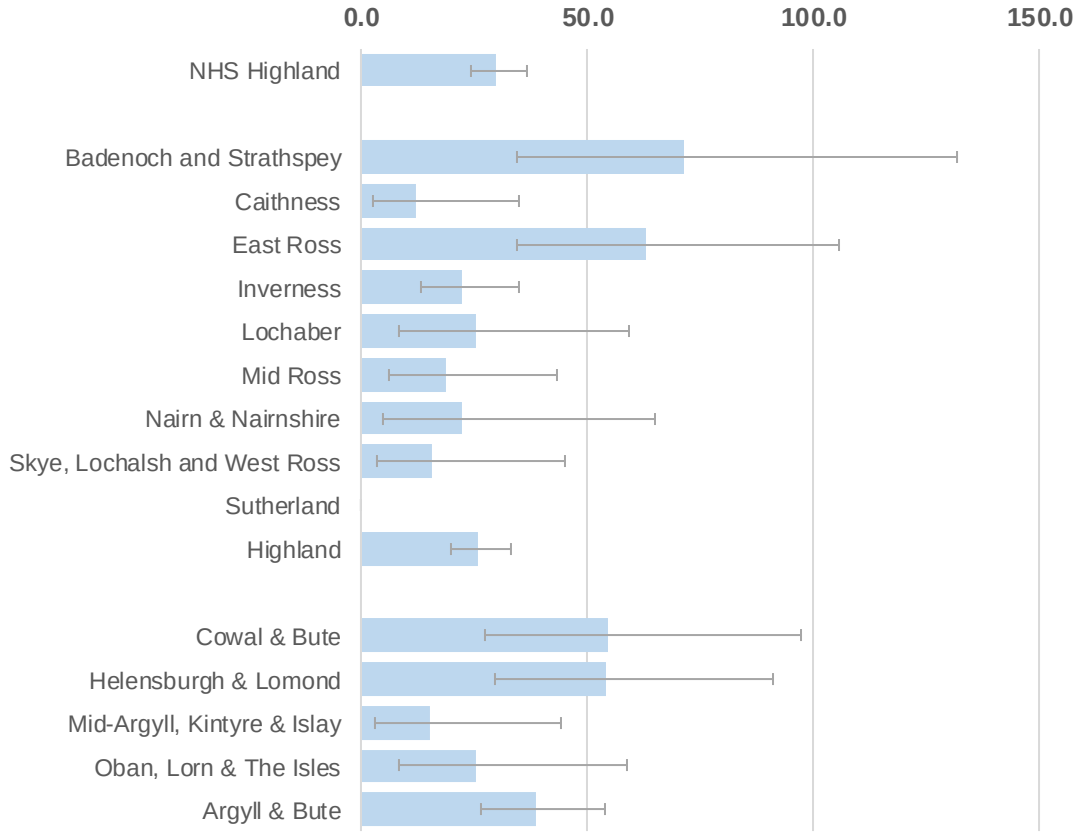
Rates of new cases over seven days: 03/11/2020 to 09/11/2020

Testing rates vary across the week and data for the most recent three days will be partially complete.

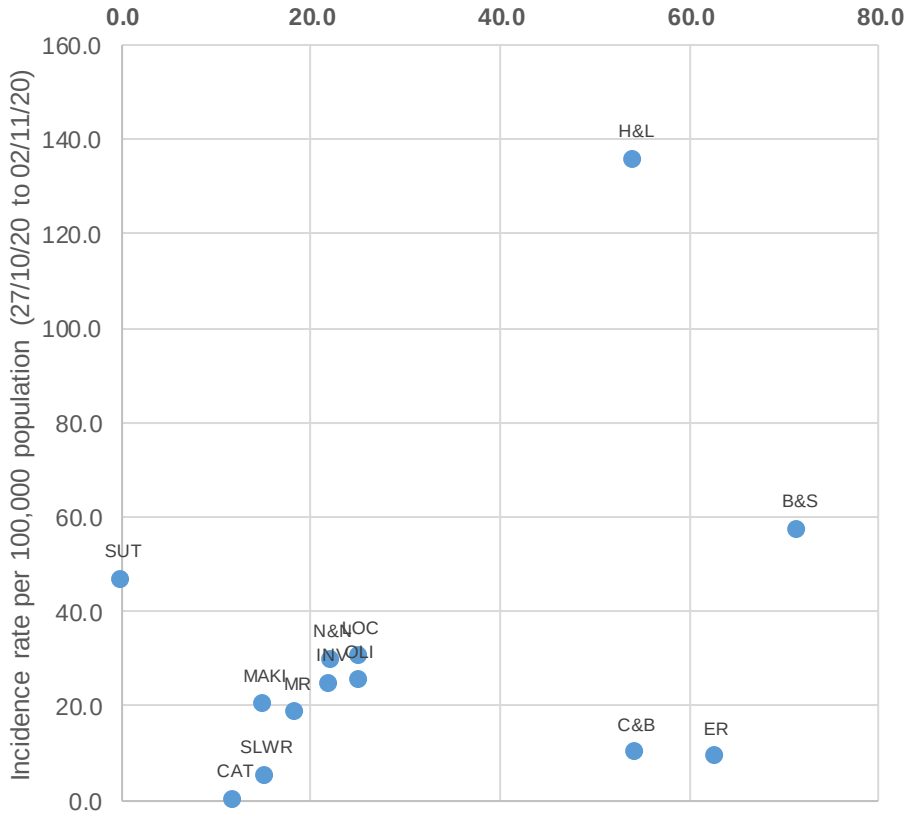
Select week ending date

11/11/2020	10/11/2020	09/11/2020	08/11/2020
07/11/2020	06/11/2020	05/11/2020	04/11/2020

Incidence rate per 100,000 population (03/11/20 to 09/11/20)

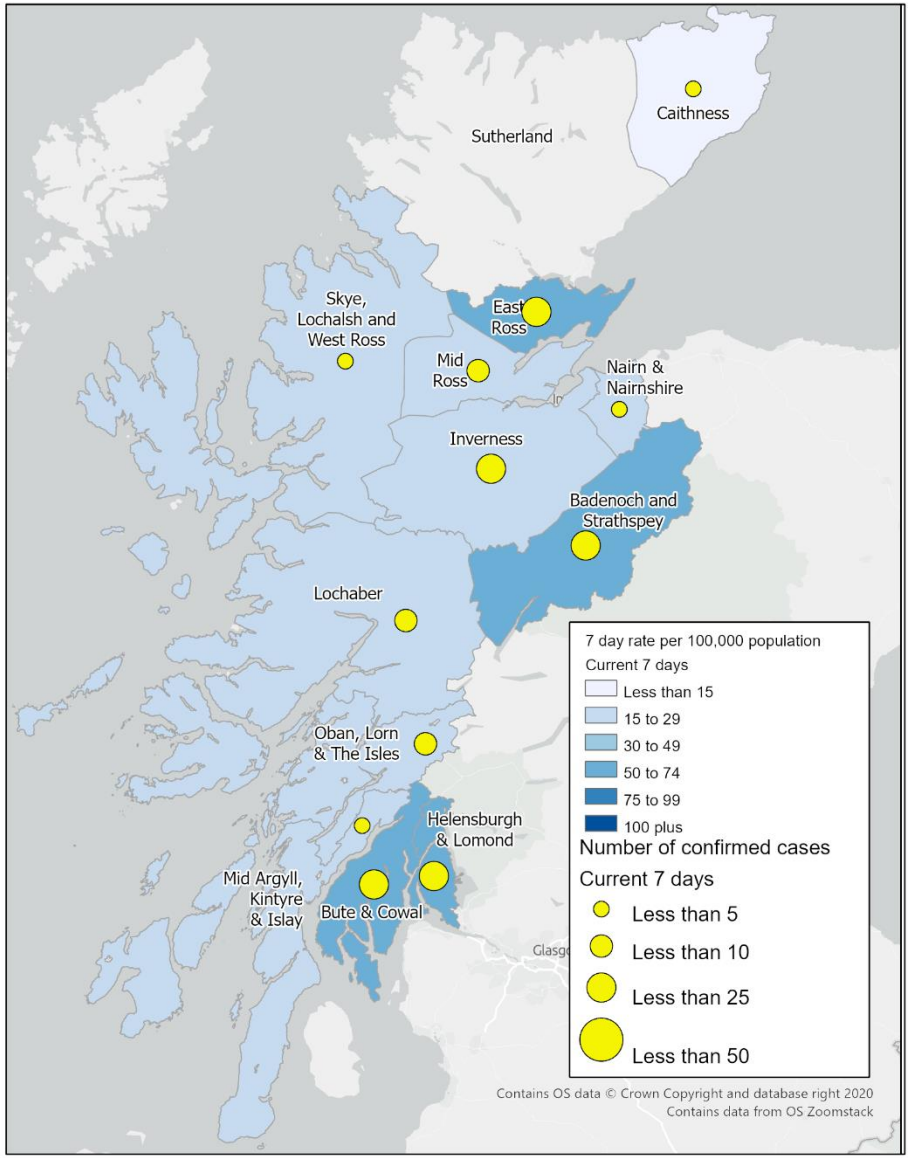


Incidence rate per 100,000 population (03/11/20 to 09/11/20)



Data source: NSS Test and Protect Data Virtulisation Layer, NHS Highland BI Data Warehouse

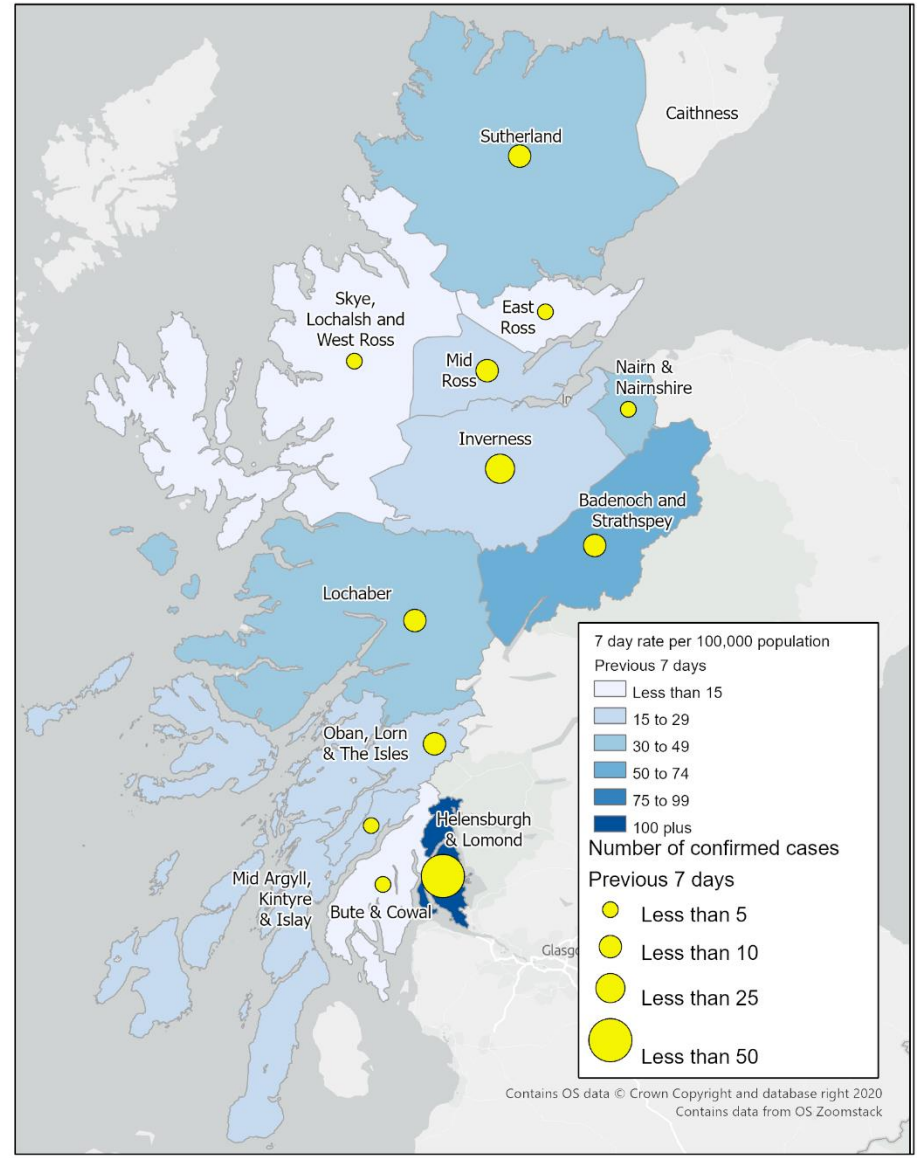
NHS Highland Public Health Intelligence Team



Confirmed cases of COVID-19 in the seven day period 3rd November to 9th November by NHS Highland Community Partnership

NHS Highland
Directorate of Public Health
Public Health Intelligence Team
Larch House, Inverness

Date: November 2020



Confirmed cases of COVID-19 in the seven day period 27th October to 2nd November by NHS Highland Community Partnership

NHS Highland
Directorate of Public Health
Public Health Intelligence Team
Larch House, Inverness

Date: November 2020

Confirmed deaths from COVID-19

NHS Highland Local Authority Areas

Date

Mar - Nov 2020 MONTHS

2020

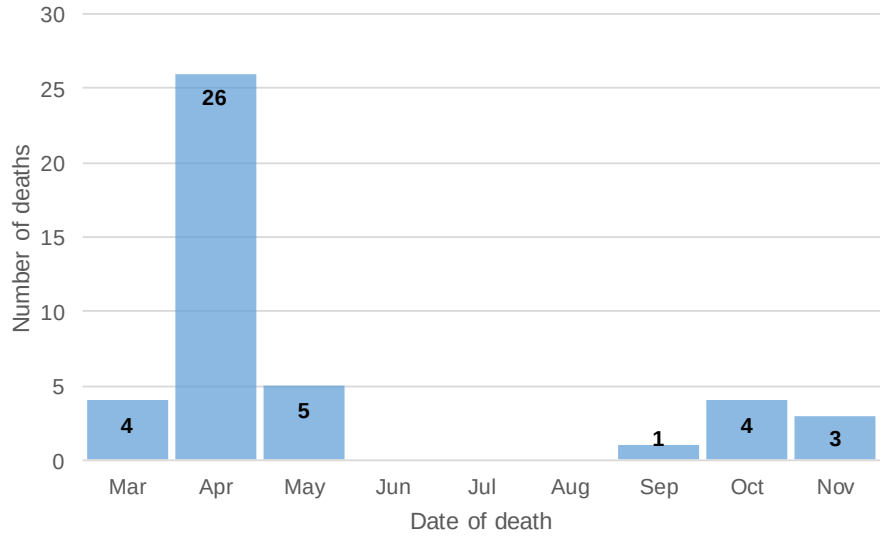
JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Argyll and Bute	Total number to date	43
	Total in selected period	43

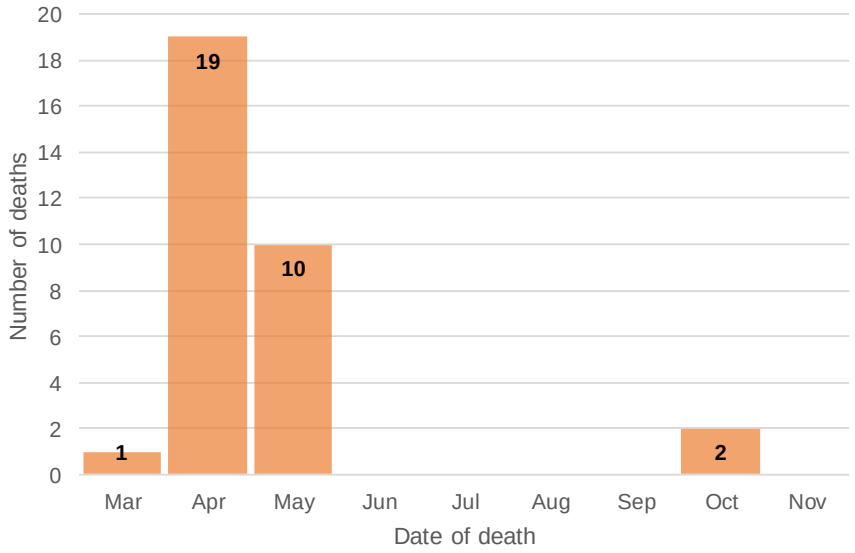
Highland	Total number to date	32
	Total in selected period	32

Deaths (COVID-19 confirmed) by date of death

Argyll and Bute



Highland



National Records of Scotland (NRS) deaths data linked to ECOSS testing data

Deaths refer to the total number of individuals who died within 28 days of their first laboratory confirmed report of COVID-19 infection and whose death was registered with NRS.

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A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Report to:	**Integrated Joint Board**
Title of report:	**A&B HSCP Annual Performance Report 2019/20**
Presented by:	**Stephen Whiston Head of Strategic Planning and Performance**
Date:	**November 2020**

The Integrated Joint Board is asked to:

- To approve the Annual Performance Report for the Health and Social Care Partnership for the year 2019/20.

1. Background:

The IJB have previously agreed that an Annual Performance Report would be produced and presented to them each year. There have been three previous Annual Performance Reports, covering 2016/17, 2017/18 and 2018/19.

Required content of the report is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014
http://www.legislation.gov.uk/ssi/2014/326/contents/made

As a minimum the annual performance report must include:

- Assessment of performance in relation to the 9 National Health and Wellbeing Outcomes
- Assessment of performance in relation to integration delivery principles
- Assessment of performance in relation to the Partnership's Strategic Plan
- Comparison between the reporting year and pervious reporting years, up to a maximum of 5 years. (This does not apply in the first reporting year)
- Financial performance and Best Value
- Information about Localities
- Details of Service Inspections
- Details of any review of the Strategic Plan.

However, due to the impact of the COVID-19 pandemic on the services and supporting services we are unable to produce the Annual Performance Report for 2019/20 in its customary format and content.

In accordance with the Coronavirus (Scotland) Act 2020, we have postponed the publication of our Annual Performance Report for 2019/20. This decision was taken at the Integration Joint Board meeting in October.

The Annual Performance report for 2019/20 is therefore of necessity a lighter content and further National Services Scotland (NSS) has advised that due to the impact of Covid 19, official performance information is incomplete for the Financial Year 2019/2020 and that Partnerships should use the 2019 calendar year for reporting, but to still compare against historical data for financial years.

The Annual Performance report for 2019/20 has been presented to the Strategic Planning Group, who have considered it and recommended it for approval to the IJB.

2 Conclusion

The Covid 19 response has had a significant impact on:

- the capacity of officers to produce a 2019/2020 IJB Annual Performance report to the legislated 31st July 2020 timescale
- The 2019/2020 Annual Performance report presented to the IJB demonstrate progress against the commitments laid out in the Strategic Plan for Health and Social Care.
- There remain challenges to meet some of the performance standards particularly emergency demand and waiting times.
- Publishing the IJB Annual Performance Report 2019/20 late will fulfil the IJB's reporting requirements under the 2014 Act.

3 STRATEGIC PLAN 2019-2022

Robust performance management arrangements are critical to the delivery of the Strategic Commissioning Plan. This work contributes to all the strategic priorities of Argyll and Bute HSCP.

4. GOVERNANCE IMPLICATIONS

Financial Impact

Included within the Annual Performance Report.

Staff Governance

Included within the Annual Performance Report

Clinical and Care Governance

Included within the Annual Performance Report Indicators

2. EQUALITY & DIVERSITY IMPLICATIONS

As there is no change in policy an equality impact assessment is not required.

3. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

No impact on GDPR or current data sharing agreements.

4. RISK ASSESSMENT

Impact on strategic and operational risks will be assessed within existing risk assessment processes.

5. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The Annual Performance Report is for the IJBs use but is a publicly available document

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A&B HSCP | Transforming Together

Argyll & Bute Health & Social Care Partnership

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

Argyll & Bute Health & Social Care Partnership

Annual Performance Report 2019/20

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Section 3 National Health and Wellbeing Performance

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Section 4 Financial Performance and Best Value

Appendices

Appendix 1 Progress against National Health and Wellbeing Targets 2015/16 - 2019/20

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Foreword

We are pleased to present Argyll and Bute HSCP's fourth Annual Performance report for 2019/20. This report continues to illustrate the significant progress we are making on providing integrated services which focus on keeping people healthy, safe and well, but also providing care and treatment quickly when needed.

Our staff and health and care partners continue to rise to these challenges as shown in the high quality of services we provide and the improved outcomes people are experiencing.

From March this year COVID-19 has affected service delivery across the HSCP and in-turn the usual delivery date of September for the publication of this Annual Performance Report. At the August meeting of the Integration Joint Board, the Chief Officer agreed to delay the publication date for the annual performance report until its meeting in November in exercise of the power granted to public authorities under the Coronavirus (Scotland) Act 2020 to do so. The staff who would have usually been involved in its preparation have been engaged in supporting the Covid-19 pandemic response and the result of this is a nationally agreed reduced version of the usual annual report forma.

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.

Finally, we would like to thank all HSCP staff, partners, carers and volunteers for their continued dedication and commitment, going the extra mile when most needed.

Joanna MacDonald, Chief Officer Argyll & Bute HSCP

Kieron Green, Chair of Argyll & Bute Integration Joint Board

Introduction

Welcome to the fourth Annual Performance Report from Argyll and Bute Health and Social Care Partnership (HSCP). This report summarises what we have achieved in the last calendar year from 1st January to 31st December 2019 this is different from previous years when we have used data across the financial quarters. The reason for this is a direct effect of the redirection of national analytical services to support the COVID-19 reporting process which resulted in data lag across the last financial quarter data period. It was agreed in consultation with all HSCP's that calendar data would provide the most robust data to use across this report.

The Partnership has responsibility for the planning and delivery of all health and social care services to adults and children within Argyll and Bute. We routinely monitor our performance to ensure we are delivering services that meet the needs of our residents, and also which identifies areas where require improvement is required. All Health and Social Care Partnerships are required by the Public Bodies (Joint Working) (Scotland) Act 2014 to publish an Annual Performance Report.

Our report aims to measure the progress we have made, specifically in relation to

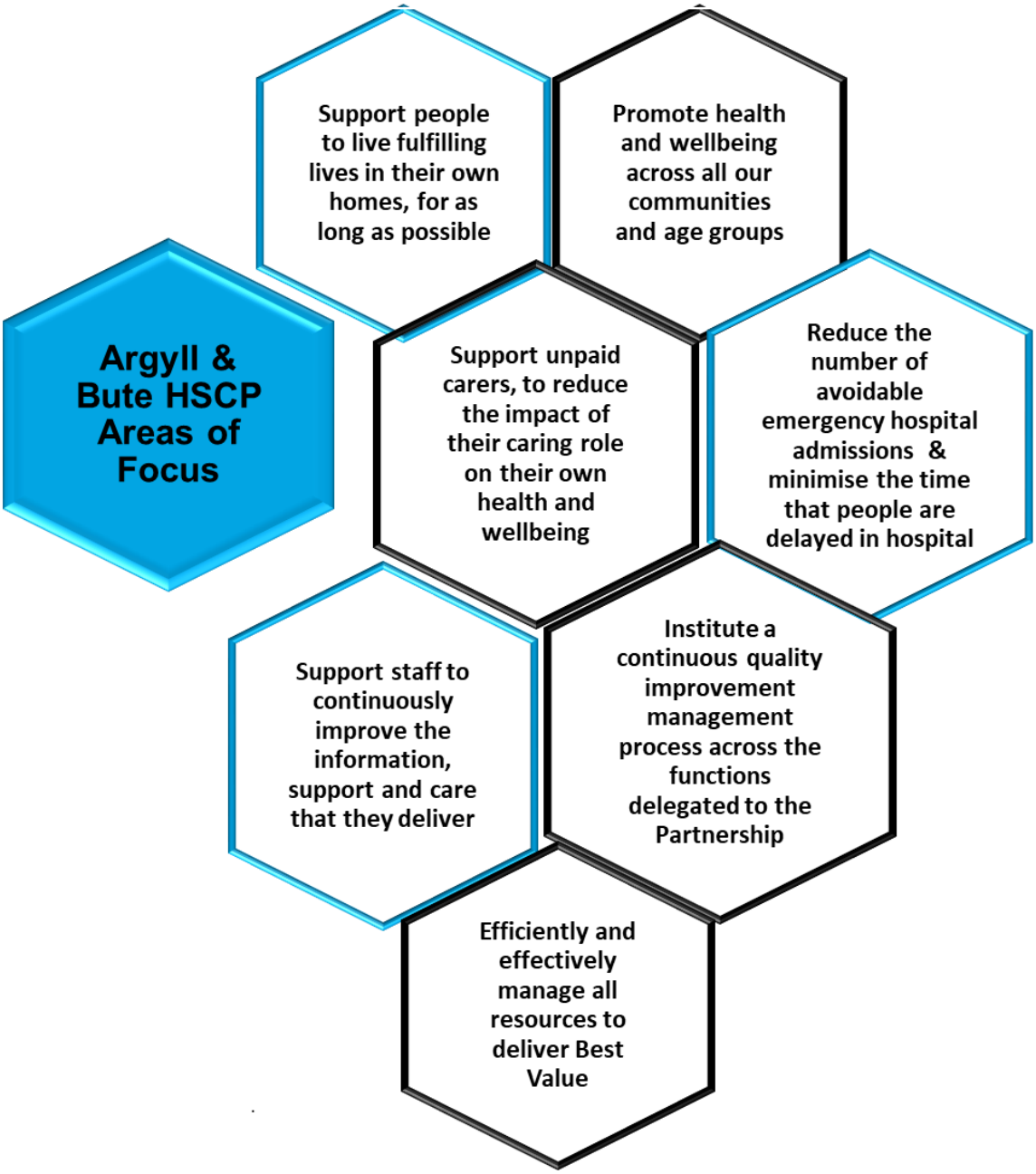
- National Health & Wellbeing Outcome Indicators
- Finance & Best Value
- Inspection of Services

The full breakdown of our performance against the nine National Health and Wellbeing Outcomes over the past 4 years is available in Appendix 1. This includes all national and local indicators which we have used to measure progress. How our performance compares against other HSCP areas is documented in Appendix 2

We have also included some good practice highlights and case studies describing service developments and improvements which have occurred within Argyll and Bute over the last year, which demonstrate the work of the Partnership and the impact it has had on our communities.

Section 1: Strategic Plan, Vision and Key Achievements in 2019/20

The Partnership's vision and priorities for health and social care in Argyll and Bute were developed for our first Strategic Plan 2016-2019. This describes how we intend to deliver integrated health and social care services to the communities within Argyll and Bute and identified seven key areas of focus for us as a partnership. These are shown in the diagram below.



Our Vision:

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

The Public Bodies (Scotland) Act 2014 requires Integration Authorities (IA's) to review their strategic plan at least once every three years. We completed this in 2018 and included a robust three month engagement programme where we sought the views of public, service users, carers, partner agencies and staff.

This confirmed that our objectives remain current and relevant to our communities, staff, partners and stakeholders.

Section 2 - Performance Management and Governance

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.

Currently there are 9 key National Health and Wellbeing Outcomes (NHWBO) and 23 sub-indicators. These form the basis of the reporting requirement for Health and Social Care Partnerships across Scotland. A full breakdown of all the Outcomes, Indicators and our local indicators is available in Appendix 1.

Our Performance for 2019/20

There are currently 43 indicators against which we measure our performance. 27 measures are reported as meeting target or better and 15 off target and 1 measure under development. Further analysis of the trends across the outcomes notes 11 indicators remain unchanged against target, 12 are down against target and 19 are up against target.

Benchmarking against other Health and Social Care Partnerships

We regularly benchmark our performance against similar Health and Social Care Partnerships in order to compare our performance and identify any areas of potential improvement. Health Improvement Scotland has identified Moray, Stirling, East Lothian, Angus, Scottish Borders and Highland as areas which are similar in terms of population size, relative deprivation or affluence and rurality of area. Our performance against 23 National Indicators is presented in **Appendix 2** in comparison to these areas.

Performance Governance development over the last year

- **Delivery of new IJB performance scorecard in Pyramid Balanced Scorecard**
  As part of the ongoing review of the current Integrated Joint Board (IJB) a number of duplicated measures have been removed, bringing the total number down from 66 to 44 measures. A new scorecard was designed and delivered informed through two

development sessions with IJB members and built within the corporate Pyramid Balanced Scorecard

- **Delivery of a new performance scorecard for Adult Protection**
  Following two development sessions with the Adult Protection Committee members a new scorecard was developed and built in Pyramid Balanced Scorecard which focussed on performance improvement across key indicators identified by the committee and through direct user consultation and feedback

- **Delivery of new national Performance Indicators for Child Protection**
  Working alongside the national delivery team and Child Protection Committee saw the delivery of the new national data set for Child Protection. Argyll & Bute were one of the first HSCP's to deliver this new and exciting data set to the local teams and Committee allowing HSCP's to benchmark nationally their performance activity.

- **Delivery of Children & Young Peoples Service Plan**
  A series of development sessions were organised using a Logic Modelling approach to the new plan for 2020-23.

Section 2.1 – How have we performed in 2019/20 - Ministerial Steering Group Indicators

The Ministerial Steering Group (MSG) Performance Measures have been developed **in addition to** the National Health and Wellbeing Outcome Indicators. These are intended to measure the improved outcomes resulting from the integration of HSCP services.

Our performance for 2019/20 against the Ministerial Group Indicators is shown in the table below:

Measure	2015/16	2016/17	2017/18	2018/19[p]	2019/20	Target 2019/20
Emergency admissions (All Ages)	8,638	8,715	9,018	8,659	8,756	8,569
A&E attendances (All Ages)	15,113	16,105	16,026	17,060	17,135	16,957
Unplanned bed days (All Ages)	65,847	65,705	64,800	58,941	62,791	58,495
Delayed discharge bed days (18+)	8,857	6,803	8,414	9,561	7,863	8,605

Emergency Admissions Performance

Performance for 2019 notes a 1% increase in the previous year levels of emergency admission and a 2% increase against target. Performance across the other years notes a relatively flat trajectory and work continues across the HSCP with regards to reducing multiple emergency admissions.

Accident & Emergency (A&E) attendances

An increasing year on year trend against the target and statistically there is a 0.5% increase from last year and a 1% increase in performance this year against target.

Unplanned bed days

Against target, performance notes a 7% increase in unplanned bed days against target and against the previous year an increase of 6.5%

Delayed Discharge Bed days

Delayed Discharge performance notes a 9% reduction against target and a 22% reduction against last year. This reduction for 2019 is significant when projected against the other year's performance.

Section 3. National Health and Wellbeing Indicators Performance

In this section we aim to demonstrate our performance against each of the National Health and Wellbeing Indicators over the last year.

3.1 National Health and Wellbeing indicator 1

People are able to look after and improve their own health and wellbeing and live in good health for longer.

National Health and Wellbeing Indicator 1 aligns directly to Argyll and Bute HSCP Strategic Plan area of focus:

Within Argyll & Bute we are committed to supporting individuals to look after their own health and wellbeing in their communities. We aim to support individuals to prevent illness and focus on wellbeing and health improvement and have identified **6** targets by which we measure our performance in relation to National Health and Wellbeing Outcome 1.

These are listed in **Appendix 1** and this year we have achieved target in **4** of the **6** identified indicators.

This chapter described the work we have done over the last year, and areas where we recognise that more work is required in order to achieve our targets.

3.1.1 **Smoking Cessation – Quit Your Way**

We have reviewed and set up a new model for delivering our smoking cessation service. The new model involves specialist staff working in communities delivering a person centred approach to stopping smoking, this model was launched in January 2020 once the team had completed the national training for specialist advisors.

- The types of services accessed to support smoking cessation makes a difference, with those accessing specialist services twice as likely to be still not smoking after 12 weeks compared with those who use pharmacy based services (34.6% and 18.4% respectively).
- 5 staff completed the newly developed national Specialist Advisor Training, this included training online and face to face as well as shadowing and mentoring.

- 4 part time advisors form part of The Quit Your Way service along with 3 contracts with GP Practices. The Health Improvement team manage the advisors and monitor the contracts.
- Part of the role of the advisors is to work in partnership with communities, pharmacies, GP practises and hospitals to ensure those wanting to stop smoking are offered behavioural support as well as medication.
- The Argyll and Bute target for smoking cessation is agreed locally and forms part of the NHS Highland Local Delivery Plan (LDP) standard which is set by the Scottish Government. NHS Highland's LDP Standard is 336 successful 12 week quits (those people still not smoking at 12 weeks) within the 40% most deprived areas, and to date have achieved 288.
- The team work towards meeting an Argyll and Bute target of 57 successful 12 week quits within the 40% most deprived areas. At the time of writing this report 29 quits had been achieved against this target. Whilst the team are very focussed on the target group, anyone wanting to stop smoking in Argyll and Bute will be supported. To date, the team have recorded 46, successful 12 week quits overall, however this does not include the clients they have supported in partnership with pharmacies through shared care.
- Shared care is the term used when pharmacies and advisors work in partnership to deliver co-ordinated care for clients. Pharmacies reported 42 successful 12 week quits overall, of which 21 were within the LDP standard. 17 successful 12 week quits were through shared care, 6 of which were within the LDP standard.
- The Public Health Scotland report for quarter three identifies that 9 out of 14 health boards have not met their Quarter three target for the LDP standard, reporting that Scotland achieved 67% of the annual LDP standard. NHS Highland was performing slightly behind this figure at the time the report was produced. These nationally set targets are derived to help us achieve a tobacco-free generation (a smoking population of 5% or less) by 2034 and forms part of the Scottish Government's strategy; Raising a Tobacco Free Generation : Our Tobacco Control Action Plan 2018

3.1.2 **Telecare**

Argyll and Bute HSCP Telecare Service continues to grow year on year. During the year 2019/10 we:

- Achieved virtual working across Argyll and Bute and Islands which supports some of Argyll and Bute's more rural and isolated settings.
- Developed a robust reporting suite of data to ensure our work streams provided early intervention for clients to prevent any delay or issues that would be a risk to our clients.
- Held workshops for Technology Enabled Care, Housing and Health to investigate a way to work together with all internal and external partners and reduce duplication –

Outcome being a TEC, Housing and Health Forum will be established. TEC and Housing colleagues are part of strategic developments around older adult care.

- The HSCP are part of exciting National discussions and Test of Change Groups to be part of shared learning across Scotland to ensure the HSCP are at the forefront of service redesign and opportunity to improve.
- We were successful in a bid for funding to roll out the use of activity monitoring "Just Checking" and a purchase of 2 years licenses for 48 units to support reablement.
- Achieved a full migration of Data into Carefirst and the archive of the old Telecare Database for a more visible data stream
- Developed the TEC Equipment Technician post and a plan for developing and implementing a full asset management service
- Increased the enhanced our use of different equipment and peripherals to enhance the service we provide.
- Developed consistent Telecare processes across all localities.
- Joined the Telecare Service Association (TSA) which is the representative body for technology enabled care. Their vision is that people can choose technology enabled care to enrich their lives.

3.2 National Health and Wellbeing indicator 2

People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

National Health and Wellbeing Indicator 2 aligns directly to the Argyll and Bute HSCP Strategic Plan area of focus:

Our Community teams work across disciplines to ensure that people with intensive needs are cared for within their homes, and that people with chronic conditions are managed within the community where possible. Over the last year we have worked hard to further develop our community care teams to ensure that reablement is at the centre of our work. This has shown to be effective in reducing the need for long term care packages and in ensuring that essential home care services are matched to needs. There will be further work to develop a consistent reablement approach as part of developments around community teams in 2020-21.

We have identified **6** targets by which we measure our performance in relation to National Health and Wellbeing Outcome 2. These are listed in **Appendix 1** and this year we have achieved the target in **1** of the **6** identified indicators.

This chapter describes the work we have done over the last year, and areas where we recognise that more work is still required in order to achieve our targets.

3.2.1 Reducing Unplanned Bed Days & Emergency Admissions

The main drive for the partnership has been a sustained focus with regards to reducing unplanned bed days and this has seen an improvement and reduction of 15% across mental health specialities. With regards to emergency admission and unplanned bed days across acute specialities both trends note a further reduction this year. Accident and emergency attendances have increased by 4% from the previous year, this increase could in part be attributable to increase attendance at A&E in the first few weeks of the COVID-19 pandemic.

The rate of emergency admissions has reduced against target and this has been supported with a further reduction in readmissions within 28 days. Trends in both these indicators note ongoing reductions for the most part year on year.

3.3 National Health and Wellbeing Indicator 3

People who use health and social care services have positive experiences of those services, and have their dignity respected.

National Health and Wellbeing Indicator 3 aligns directly to the Argyll and Bute area of focus:

Within Argyll & Bute Partnership it is important to us that our citizens have a positive experience when using our services. We endeavour to ensure we enable them to give feedback about their experiences of health and social care services in a range of ways. This feedback supports us to improve and develop services in line with the needs of our local communities. We have identified **5** targets by which we measure our performance in relation to **National Health and Wellbeing Outcome 3.**

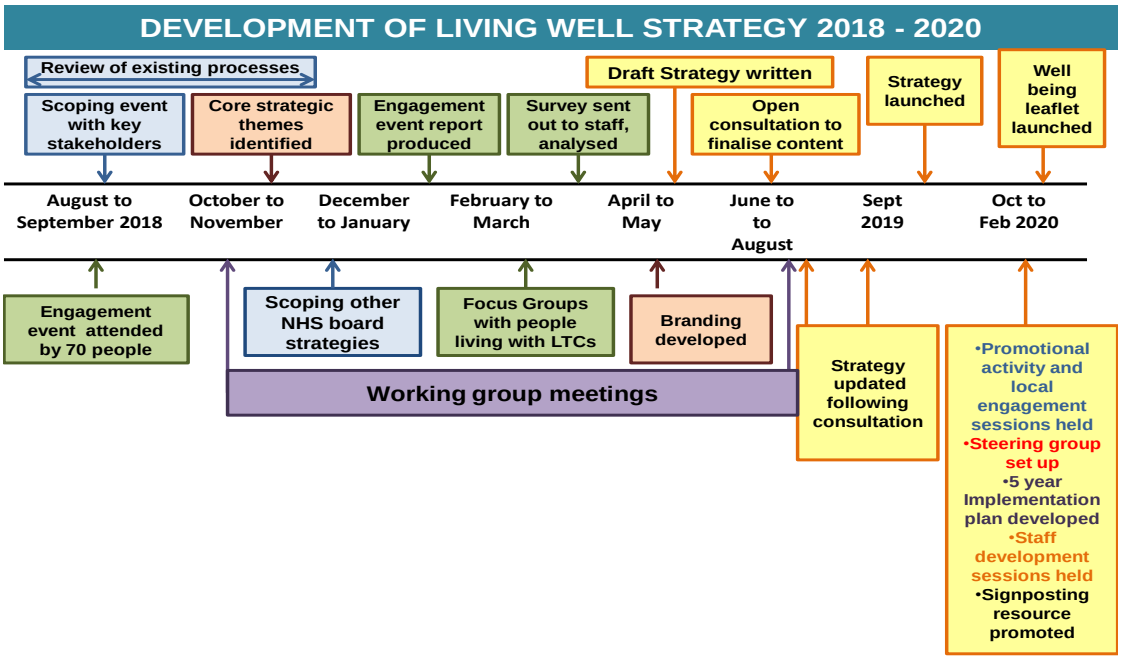
These are listed in **Appendix 1** and this year we have achieved target in **3** of the **5** identified indicators. This chapter described the work we have done over the last year and areas where we recognise that more work is required in order to achieve our targets.

3.3.1 Living Well Strategy

The Living Well strategy was launched at the IJB in September 2019 following extensive engagement with over 450 people, stakeholders, partners and staff during 2018. The draft strategy was developed and consulted on in June and July 2019 prior to its launch.

Progress includes-

- An overarching steering group linked to various related work across the HSCP and other partners.
- Development of a 5 year implementation plan
- 8 projects funded with small grants to support people in local communities to self-manage
- 4 reflective practice sessions delivered in partnership with the Health and Social Care Alliance.
- Type 2 diabetes framework action plan linked to the Living Well strategy
- Self-management course delivery continues through an Argyll and Bute Healthy Living Partnership made up of 3rd sector partners with HSCP representation and funded by the Alliance
- Two pain events planned by the Healthy Living partnership 1 in Inveraray was very well received by staff, 3rd sector and in particular people and their families living with chronic pain. The second in Dunoon was cancelled due to Covid 19 pandemic.



3.4 National Health and Wellbeing Indicator 4

Health and social care services are centred on helping to maintain or improve the quality of life of service users

National Health and Wellbeing Indicator 4 aligns directly to all our areas of focus.

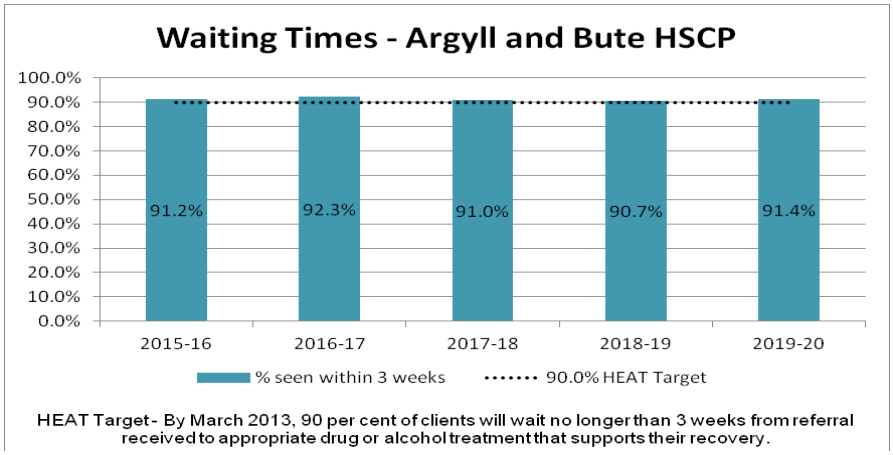
Within Argyll & Bute Partnership we recognise the importance of supporting people to maintain or improve their quality of life. We have identified targets by which we measure our performance in relation to **National Health and Wellbeing Outcome 4.**

These are listed in **Appendix 1** and this year we have achieved targets in **4** of the **5** identified indicators.

3.4.1 Alcohol and Drug Services

The Argyll & Bute Alcohol and Drug Partnership (ADP) have oversight of the delivery of the drug and alcohol treatment waiting times target and the Alcohol Brief Intervention target.

- Waiting Times Target – "*By March 2013, 90 percent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery."* Argyll and Bute HSCP has met or exceeded this target since 2015.



- ABI Heat Target – *"NHS Boards to sustain and embed alcohol brief interventions in priority settings (primary care, A&E antenatal) and broaden delivery in wider settings."* Argyll and Bute HSCP did not meet their part of the delivery target for Alcohol Brief Interventions (ABI) however, a new plan to increase ABIs in Argyll and Bute is being developed including:
  - Three community hubs have been setup across Argyll and Bute to offer Job Seekers, financial support, housing and/or general advice to people in the area who are in recovery. A fourth hub is in development.
  - A family's support group has been setup in Helensburgh with more to follow across Argyll and Bute.
  - Forty-four people were supplied with take home Naloxone last year, which is almost double the number from the year before. Plans are in place to increase

the number of people who will supply and carry Naloxone across Argyll and Bute. Argyll and Bute now have Intranasal Naloxone which will make this life saving medication easier to administer.

3.5 National Health and Wellbeing Indicator 5

Health and social care services contribute to reducing health inequalities

National Health and Wellbeing Indicator 5 aligns directly to the Argyll and Bute HSCP Strategic Plan area of focus:

Within Argyll & Bute Partnership we recognise the importance of supporting our service users to maintain or improve their quality of life. We have identified **5** indicators by which we measure our performance in relation to **National Health and Wellbeing Outcome 5.** These are listed in **Appendix 1** and this year **we have marginally missed both our targets in this area.**

This chapter describes the work we have done over the last year and areas where we recognise work is still required in order to achieve our targets.

3.5.1 Engagement

The Public Health team consolidated statutory engagement responsibilities developed in 2018-19 by leading and coordinating the HSCPs annual engagement plan. Highlights from this work included-

- Providing advice and support to a number of services to deliver their engagement activities such as the dementia service review and the care home review
- Our dementia redesign involved significant engagement from local communities and despite Covid-19, services are building on this and are developing longer term co-production approaches to dementia redesign
- Conducted a formal evaluation on feedback from people accessing HSCP services
- Provided professional advice to the HSCP on statutory responsibilities for equality and diversity impact assessment. Implemented a new assessment process in line with Argyll and Bute council's processes and accommodating the new responsibilities for Fairer Scotland.
- 7 conversation cafes were held as part of the new engagement process linked to the review of Locality planning Groups with a total of 183 people in attendance. 3 were cancelled due to Covid 19.
- Additionally as a result of our response to Covid-19, a unique partnership was formed with all care homes in Argyll and Bute whether internal or externally commissioned strongly supported by Scottish Care, known as the Care Home Task Force, this group is moving from a pandemic response to embedded within planning structures

3.5.2 Young People

- P7 Smoke Free Programmes includes 5 lesson plans delivered by teachers and a travelling theatre production delivering 9 interactive shows to 979 pupils across Argyll & Bute. Every primary school is Argyll and Bute is offered the Smoke Free Programme and secures an extremely high uptake.
- S3 health drama "You are not alone" is a travelling theatre production and forms part of an educational programme which includes lessons and meeting service providers. The aim is to improve pupil's knowledge of services and encourage them to access support. 2019 is the third year that all Argyll and Bute secondary schools have participated in the programme, reaching 755, S3 pupils. Smaller and remote schools were supported with travel and accommodation to reach one of the 7 schools used as venues
- Cool2talk was reviewed and a new delivery model is in place from April 2020. It will now be delivered by a third sector partner. Funding sourced from a number of partners, but will still be supported by the Public Health team

3.5.3 Sexual Health

- A new contract was awarded to Waverly Care as part of a Highland procurement process for BBV and LGBT support and services
- The CCard service giving young people access to free condoms has been included in the new contract with Waverly Care
- 2 Pride events were supported in Oban and Bute

3.5.4 Independent Sector Partners

Argyll & Bute HSCP commission a wide range of services from the independent sector, with 80% of all home care provision and 85% of care home placements fulfilled by the sector. The HSCP continues to work in partnership with these organisations and with Scottish Care who represent the voice of the independent sector. There is representation from Scottish Care Independent Sector Leads who sit on our Integrated Joint Board and on our Strategic Planning Group and we value their ongoing contributions.

We are committed to developing a program of works and consultations with the Scottish Care Independent Sector Leads and the providers they represent and recognise the importance of the sector and value the role they bring to the partnership. We look forward to working with them to develop and create opportunities for collaboration as we continue to develop services and workforce capacity and capabilities to meet our community's future needs.

3.6 National Health and Wellbeing Indicator 6

People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing

National Health and Wellbeing Indicator 6 aligns directly to the Argyll and Bute HSCP Strategic Plan area of focus:

Within Argyll and Bute HSCP, 17% of adults are reported as being providers of unpaid care.

We are committed to supporting carers of all ages across Argyll and Bute in their caring role especially by recognising the importance of their own wellbeing. We currently still have **1** indicator by which we measure our performance in relation to **National Health and Wellbeing Outcome 6**. This is listed in **Appendix 1** and this year we have marginally missed this target.

Below we describe our support to carers over the last year and areas where we recognise that more work is required in order to achieve our target.

3.6.1 Carers Strategy

The Carers Strategy was launched in April 2019. It has a detailed implementation plan that has progressed in some areas and focus is required on the areas that have not progressed.

Feedback from managers to Scottish Health Council highlighted that the informal tender process had been very difficult with communication and timescales leading to the contracts having to be accepted with limited time for discussion or negotiation. The feedback has identified other areas for consideration and these have informed the recommendations. The informal process was used for experience for the centres who will have to operate within a formal tender process for the next contract period. Progressing formal contracts for third sector providers for unpaid carer services was unknown territory for management and teams like finance and procurement and made more difficult by services being set up and run differently in each area. Carer services now have longer periods of contract security, the process was challenging but the fact that it has progressed formally is to be acknowledged but did distract from the work of the Carers Strategy implementation plan.

Sections of the implementation plan require operational capacity like training and education of HSCP teams and improving pathways for carer support in the localities. This capacity will come with recruitment of the Carers Officer and it is recommended that moving to a permanent post will assist recruitment and support long-term work to improve our unpaid carer support.

The HSCP established a Carers Act Implementation Group and last year this moved back to the Carers Partnership. It is acknowledged that the current Partnership has not had the

right representation or enough focus on continued implementation so it is recommended that the Carers Act Implementation Group is reformed and the HSCP will lead on progressing the implementation plan.

We currently have unpaid carer support commissioned across 6 services in Argyll & Bute;

North Argyll Carer Centre

North Argyll Crossroads

Dochas Centre (based in Mid Argyll)

Mid Argyll Youth Development Service

Cowal Crossroads

Helensburgh and Lomond Carer Centre

There are of course a range of other organisations who work with and support unpaid carers.

Recently our partners in the Scottish Health Council carried out informal consultation with our carer service managers to review progress towards implementation of the Carers Act. This has provided useful feedback to help focus future plans for the future.

3.7 National Health and Wellbeing Indicator 7

People who use health and social care services are safe from harm.

National Health and Wellbeing Indicator 7 aligns directly to the Argyll and Bute HSCP Strategic Plan area of focus:

We have identified **7** indicators by which we measure our performance in relation to National Health and Wellbeing Outcome 7 This is listed in **Appendix 1** and this year we have achieved **5** of the **7** identified targets. This chapter describe the work we have done over the last year to support the most vulnerable individuals within our communities and keep them safe from harm.

3.7.1 Adult Support and Protection Committee

The Adult Support and Protection Committee has benefitted from an improved performance data and analysis service provided to it, both in 'live' input to committee from Pyramid materials and to the Chair and Lead Officer. The refinement of both service data on adult protection referrals, service user group, geographical area, harm groupings, and on performance data on reporting timescales, activity completion and outcomes has been of considerable operational value to the partnership approach to protection.

The Performance team have assisted in preparation of material for the National Inspection of adult protection, and for statistical analysis for the Independent Convenors Biennial Report to the Scottish Government, and work progressing from the Committee to locality analysis and development.

3.7.2 Child Protection

Trauma Training

Argyll and Bute continue to be one of three areas in Scotland leading the way in developing a trauma informed workforce. As part of this we have developed and collated a range of easy to use on line learning materials for everyone in the children's services workforce to help support the different groups of staff who come into contact with children and families as part of their job. As we work through all the implications coronavirus many of us are also finding that these materials are is invaluable in helping support our colleagues, teams and communities through these difficult times.

Getting it Right for Every Child Leadership Programme

The GIRFEC Leadership Programme aims to increase capability and capacity around collective leadership in partnerships to drive forward integration and fully embed GIRFEC at the local level, using a 'place-based' approach, providing necessary support to leaders at all levels in their local partnerships, enabling them to apply learning to live situations as part of the 'day job'. A trial of the Programme in two partnership areas (Argyll & Bute, and Fife), and in addition, SG are working with local partnerships across Scotland to deliver a series regional leadership seminars to address common challenges, with a particular focus on collective leadership, integrated practice and GIRFEC. Four seminars have been delivered to date.

3.8 National Health and Wellbeing Indicator 8

People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do

National Health and Wellbeing Indicator 8 aligns directly to the Argyll and Bute HSCP Strategic Plan area of focus:

We have identified **3** indicators by which we measure our performance in relation to **National Health and Wellbeing Outcome 8** This is listed in **Appendix 1** and this year we have achieved **1** of the **3** identified targets

This chapter describes the work we have done over the last year to support our staff to deliver services across the communities of Argyll and Bute.

3.8.1 Workforce development

The Public health team are involved in workforce development at differing levels. This includes delivery and coordination of education and training and also supporting the health and wellbeing of staff.

- A new NES Map of Health Behaviour Change programme has been implemented with local trainers in place with 46 people trained between October 2019 to March 2020
- 2 events were held our Annual Health and Wellbeing development day focused on Health Behaviour change with a follow up day in February on developing a coaching model
- Monthly virtual education sessions were developed with a range of topics and are opened up to relevant staff groups
- We continue to deliver training on mental health first aid.
- As part of our SLA with Waverly Care they also delivered a range of training sessions across Argyll & Bute

3.8.2 Sturrock review.

In November 2018, the Scottish Government announced a fully independent external review into allegations of a bullying culture at NHS Highland which includes the Argyll & Bute Health and Social Care Partnership (HSCP), as an integrated arrangement under the direction of the Argyll & Bute Joint Board. The Review was commissioned following the public disclosure of concerns about bullying and harassment in September 2018.

The Sturrock Review was published in April 2019 and was based on engagement with 340 people across the NHS Highland area. One of the report's recommendations was that an

independent review of NHS Highland Culture in Argyll & Bute HSCP should be carried out, since only 6% of respondents to the Review were from Argyll & Bute, although they are around 15% of the colleague population.

In November 2019, NHS Highland Board commissioned Progressive Partnership Ltd to carry out a survey of NHS Highland colleagues working in Argyll & Bute and ensured the A&B HSCP were consulted upon the work being undertaken. The HSCP has around 1540 NHS Highland employees and 770 Council employees and the scope of the review did not include Council employees, so this report only covers two thirds of the HSCP.

Summary of findings:

- 68% (344) of the 508 respondents to the survey (which includes 62 former colleagues) reported experiencing bullying or harassment within the Argyll & Bute Health and Social Care Partnership (HSCP).

- 65% (291) of the 446 respondents who are still employed (i.e. current not ex-staff) reported experiencing bullying and harassment. This represents 19% of the current 1540 NHS Highland employees in the Argyll & Bute HSCP.

- 49% (167) of those 344 respondents who said they had experienced bullying reported experiencing issues within the last 6 months. This represents 11% of the current 1540 NHS Highland colleagues in the Argyll &Bute HSCP.

- 41% (140) of those 344 respondents who said they had experienced bullying reported that it happened/happens frequently. This represents 9% of the current 1540 NHS Highland colleagues in Argyll & Bute.

- It was reported that both managers and colleagues were responsible for bullying, although individuals were able to report bullying by more than one type of person, so it is difficult to assess this more specifically.

- Bullying was reported across all grades from the 344 who responded that they had experienced bullying and harassment (out of the 508 respondents from the target population of 1540).

- Respondents from Bands 1 to 4 (99 of the 160 respondents from this grade range, which is 62%) were significantly less likely than those in Bands 5 to 7 to experience this (191 of the 266 respondents from this grade range, which is 72%).

- Bands 1-4 also had greater confidence than Bands 5-7 that reported incidents would be treated seriously.

- Those working for NHS Highland within the Argyll & Bute HSCP for less than 2 years were least likely to have experienced bullying (42% which is 31 of the 73 respondents, versus 66% which is 100 of the 151 respondents with 3-10 years' service and 75% which is 212 of the 283 respondents with 10+ years' employment).

- Those working less than 2 years were also more confident that any issue they reported would be taken seriously (42% agreed which is 25 of the 60 respondents versus 24% which is 31 of the 131 respondents with 3-10 years' service and 25% which is 62 of the 244 respondents with 10+ years' service).

- 67% (129) of the 271 respondents who had experienced bullying and answered this question had reported it via one of the formal channels, although 61% (264) of the 435 respondents who answered this question (from the target population of 1540) believe there is a culture of discouraging reporting.

The findings are deeply concerning and we accept them fully and offer a sincere apology to every colleague who has experienced bullying or harassment. We would also like to thank those who responded for having the bravery to respond.

The main themes from the survey were in line with the Sturrock findings and are part of our ongoing programme and action plan to transform the culture to one where colleagues feel listened to, valued and respected. We have brought forward timings and increased resources as a result of the findings and address the themes of rurality and history within the Argyll & Bute HSCP.

We have also created **a 100 day plan** setting out 5 priority actions which we will continue to engage with colleagues and staff side on developing and delivering. Some of these were already part of our wider culture programme plans, but we have advanced the pace and resources on these. Others are new actions to address the themes that are specific to Argyll & Bute.

Progress with the plan will be tracked through partnership forum, leadership meetings and the Culture Programme Board. It is proposed there will be joint plan across both NHS Highland and Argyll & Bute only actions although they may be discussed or taken forward in different forums.

3.9 National Health and Wellbeing Indicator 9

Resources are used effectively and efficiently in the provision of health and social care services

National Health and Wellbeing Indicator 9 aligns directly to the Argyll and Bute area of focus:

We have identified **4** indicators by which we measure our performance in relation to **National Health and Wellbeing Outcome 9.** This is listed in **Appendix 1** and this year we have achieved **4** of the **4** identified targets.

This chapter describe the work we have done over the last year to support and encourage continuous improvement throughout services and directly with our staff.

3.9.1 How we Reduce Harm, Eliminate Waste and Manage Variation

The Highland Quality Approach (HQA) continues to be used as our quality and continuous improvement methodology. We are consistently trying to reduce harm, to eliminate waste and to manage variation.

3.9.2 Public Health

The key work of the Argyll and Bute Public Health team is aligned to not only the National Public Health Priorities but also all 9 National Health and Wellbeing indicators and additionally to the HSCP 7 areas of focus.

1. A Scotland where we live in vibrant, healthy and safe places and communities.
2. A Scotland where we flourish in our early years.
3. A Scotland where we have good mental wellbeing.
4. A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
6. A Scotland where we eat well, have a healthy weight and are physically active.

We have 3 indicators that we measure performance against alcohol brief interventions, waiting times and smoking targets. Of these we have not reached our target for 2 of them despite additional measure in place. We recognise further targeted work is required to ensure we achieve these targets next year.

While we recognise that there needs to be a focus on prevention of health and social care problems from arising. There also needs to be a focus on supporting people and their circle of support who have developed long term physical and mental health to better manage their

conditions. By targeting both pre and post long term conditions we will be better equipped to reduce demand on health and social care services.

Section 4: Financial Performance and Best Value

5.1 Financial Performance

Financial management and performance is regularly reported to the IJB during the financial year, for the financial performance during the year and also the budget outlook for future years. This includes the monitoring and development of the annual Savings Plan. More detailed monitoring is carried out monthly by the Finance and Policy Committee.

NHS Highland and Argyll and Bute Council delegate funding to the Integration Joint Board. The IJB then determines how to deploy these resources to achieve the objectives and outcomes in the Strategic Plan. The IJB then directs the Health Board and Council to deliver services in line with these plans.

This section summarises the main elements of our financial performance for 2019-20 and highlights the financial position and risks going forward into future years.

5.1.1 Financial Performance 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 subsequently 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.

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.

The main reason for the overall overspend was the failure to deliver all the agreed savings. 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.

The shortfall for Social Work savings is £3.212m. The 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 were paused in March due to work on the Covid response and restarted in late May. A Service Improvement Officer (SIO) post dedicated to tracking and progressing social work savings has 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.

Efforts to deliver savings were 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.

The table overleaf 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
COUNCIL SERVICES:				
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%**
HEALTH SERVICES:				
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%)**

The Scheme of Integration states that any overspend is funded from additional payments in-year by the IJB partners, i.e. Argyll and Bute Council and NHS Highland. The Health overspend of £1.280m is covered by brokerage from the Scottish Government in the first instance and this will require to be repaid unless the dispute with NHS GG&C is settled in our favour. It is expected that discussions will be held next year about a repayment schedule. At the earliest, repayment might commence in 2022-23.

The Council has allocated additional funding to the IJB to cover the social work overspend of £1.166m. This needs to be repaid to Argyll and Bute Council along with the repayment of the 2018-19 and 2017-18 overspends. The agreed schedule for repayments is set out overleaf:

	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 Outlook, Risks and Plans for the Future

The IJB has a responsibility to make decisions to direct service delivery in a way which ensure services can be delivered within the finite financial resources available.

Taking into account the estimated available funding and the pressures in relation to costs, demand and inflationary increases the budget gap for the Partnership for 2020-21 is summarised below:

	2020-2021 £m
Baseline Budget	278.9
Cost and Demand Pressures	4.8
Inflation (employee and non-pay)	9.3
Previously agreed savings	(1.3)
Total Expenditure	291.7
Total Funding	(286.3)
In-Year Budget Gap	**5.4**

There are significant cost and demand pressures across health and social care services and these are expected to outstrip any available funding uplifts and have a significant contribution to the overall budget gap. The main pressures relate to demographic and volume pressures including amongst other areas healthcare packages, growth in prescribing, growth in adult social care services, younger adult supported living services and acute health services. There are also significant costs of the uplift in the Living Wage rate, pay inflation costs for HSCP employees, inflationary increases for drugs and prescribing costs and for commissioned services.

A savings plan for the budget gap shortfall of £5.4m has been agreed by the Integration Joint Board comprising management / operational savings of £4.242 and policy savings of £1.463m along with a further investment of £0.318m to deliver financial sustainability.

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.

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.

The budget gap over 2020-21 to 2022-23 across each scenario is summarised in the table below:

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

The most significant financial 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. 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.

Another major risk is around uncertainties on funding for costs and undelivered savings resulting from the Covid-19 pandemic. In addition there are risks resulting from continued use of agency medical staff in psychiatry and for locum GPs and other agency staffing, potential for growth in high cost care packages, and the largely unquantifiable potential implications of the UK's withdrawal from the European Union.

5.2 Best Value

NHS Highland and Argyll and Bute Council delegate funding to the Integration Joint Board (IJB). The IJB decides how to use these resources to achieve the objectives of the strategic plan. The IJB then directs the Partnership to deliver services in line with this plan.

The governance framework is the rules and practices by which the IJB ensures that decision making is accountable, transparent and carried out with integrity. The IJB has legal responsibilities and obligations to its stakeholders, staff and residents of Argyll and Bute.

The Health and Social Care Partnership ensures proper administration of its financial affairs by having an appointed Chief Financial Officer (section 95 of the Local Government (Scotland) Act 1973). The Chief Financial Officer is required to keep proper accounting records and take reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board. A short summary against the 8 best value themes is given below:

<u>Vision and Leadership</u>

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 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.

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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.

Appendix 1- Health & Wellbeing Outcome Indicators

Please note for 2019/20 due to effect on data availability as a result of COVID 19 the most recent data reported is calendar year (2019) and not financial quarter as in previous years.

Outcome 1 - People are able to improve their health	2016/17	2017/18	2018/19	2019 Calendar Year	Target (CY)	Status	Trend
NI-1 - % of adults able to look after their health very well or quite well	96.0%	93.0 %	93.0%	93.0 %	93.0 %	●	⇒
NI-3 - % of adults supported at home who agree they had a say in how their support was provided	82.0%	76.0 %	76.0%	76.0 %	76.0 %	●	⇒
NI-4 - % of adults supported at home who agree that their health & care services seemed to be well co-ordinated	81.0%	72.0 %	72.0%	72.0 %	74.0 %	●	⇒
NI-16 - Falls rate per 1,000 population aged 65+	26	26	26	23	20	●	⇑
A&B - % of Total Telecare Service Users with Enhanced Telecare Packages				45.7 %	31.0 %	●	⇑
NI-13 - Emergency Admissions bed day rate	107,343	107,548	108883	109,759	123,200	●	⇑
Outcome 2 - People are able to live in the community	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar Year**	**Target (CY)**	**Status**	**Trend**
MSG 1.1 - Number of emergency admissions - A&B	8,716	9,046	9,003	8,902	8,509	●	⇑
MSG 2.1 - Number of unplanned bed days acute specialties - A&B	65,707	65,030	67,060	64,407	57,139	●	⇑
MSG 2.2 - Number of unplanned bed days MH specialties - A&B	13,034	13,755	14,623	13,835	15,896	●	⇓
MSG 3.1 - Number of A&E attendances - A&B	16,130	16,026	16,912	17,623	16,960	●	⇓
MSG 6.1 - % of population in community or institutional settings - A&B	2.2%	2.2%	2.2 %	2.1 %	2.0 %	●	⇒
A&B - % of LAC who are looked after at home or in a community setting				82.4 %	90.0 %	●	⇑

Outcome 3 - People have positive service-user experiences	2016/17	2017/18	2018/19	2019 Calendar Year	Target (CY)	Status	Trend
NI-2 - % of adults supported at home who agree they are supported to live as independently	84.0%	79.0 %	79.0%	79.0 %	81.0 %	●	⇒
NI-5 - % of adults receiving any care or support who rate it as excellent or good	82.0%	80.0 %	80.0%	85.0 %	80.0 %	●	⇑
NI-6 - % of people with positive experience of their GP practice	91.0%	85.0 %	85.0%	85.0 %	83.0 %	●	⇒
MSG 3.2 - % A&E attendances seen within 4 hours - A&B	95.0%	93.5%	93.4%	91.6%	95.0 %	●	⇓
CA72 - % LAAC >1yr with a plan for permanence	88.0%	100.0%	65.0%	85.2%	81.0%	●	⇑
Outcome 4 - Services are centred on quality of life	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar Year**	**Target (CY)**	**Status**	**Trend**
NI-7 - % of adults supported at home who agree their support had impact improving/maintaining quality of life	87.0%	74.0 %	74.0%	74.0%	80.0%	●	⇓
NI-12 - Rate of emergency admissions per 100,000 population for adults	12,145	12,617	12,678	11,353	12,241	●	⇑
NI-14 - Readmission to hospital within 28 days per 1,000 admissions	80.0	87.0	87.0	76.0	98.6	●	⇑
MSG 5.1 - % of last six months of life by setting community & hospital - A&B	90.0%	90.0%	90.0%	89.9%	88.2%	●	⇑
A&B - % of Waiting Time breaching >12 weeks				21 %	25 %	●	⇓
Outcome 5 - Services reduce health inequalities	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar Year**	**Target (CY)**	**Status**	**Trend**
NI-11 - Rate of premature mortality per 100,000 population	418	380	380	393	425	●	⇓
NI-17 - % of SW care services graded 'good' '4' or better in Care Inspectorate inspections	84.0%	86.0%	86.0%	84.1 %	83.0 %	●	⇓
NI-19 - No of days people [75+] spent in hospital when ready to be discharged, per 1,000 population	597 Days	625 Days	640 Days	540 Days	640 Days	●	⇑

CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS	95.0%	89.0 %	91.0%	92.5%	90.0%	●	⇑
AC21 <=3 weeks wait between SM referral & 1st treatment	93.0%	95.0 %	90.5%	91.3%	90.0%	●	⇓
Outcome 6 - Unpaid carers are supported	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar Year**	**Target (CY)**	**Status**	**Trend**
NI-8 - % of carers who feel supported to continue in their caring role	41.0%	33.0 %	33.0%	33.0%	37.0%	●	⇒
Outcome 7 - Service users are safe from harm	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar Year**	**Target (CY)**	**Status**	**Trend**
NI-9 - % of adults supported at home who agree they felt safe	84.0%	83.0 %	83.0%	83.0%	83.0%	●	⇒
CP16 - % of Children on CPR with a completed CP plan	91%	99 %	91%	89%	100%	●	⇓
CP43 - No of Child Protection Repeat Registrations - 18 months				0	0	●	⇒
CJ63 - % CPO cases seen without delay - 5 days	86.0%	94.0%	84.8%	95.6%	80.0%	●	⇑
A&B - % of Adult Protection referrals completed within 5 days				45.8 %	80.0%	●	⇓
A&B - % of Adult Protection referrals that lead to AP Investigation				12.5%	10.0%	●	⇑
A&B - % of complaints [Stage 2] responded within timescale				25.0 %	20.0 %	●	⇑
Outcome 8 - Health and social care workers are supported	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar Year**	**Target (CY)**	**Status**	**Trend**
NI-10 - % of staff who say they would recommend their workplace as a good place to work	71%	71%	71%	71%	67%	●	⇒
Health & Social Care Partnership % of PRDs completed	52%	30%	37%	37%	90%	●	⇓
SW only - HSCP Attendance	3.90 Days	5.70 Days	5.20 Days	5.23 Days	3.78 Days	●	⇓

Outcome 9 - Resources are used effectively in the provision of health and social care services	2016/17	2017/18	2018/19	2019 Calendar Year	Target	Status	Trend
NI-15 - Proportion of last 6 months of life spent at home or in a community setting	89.8%	89.6%	90.0%	91.0%	89.0%	●	⇑
NI-18 - % of adults with intensive needs receiving care at home	67%	67%	67%	68%	62%	●	⇑
NI-20 - % of health & care resource spend on hospital stays where patient admitted in an emergency	24%	22%	22%	22%	24%	●	⇒
MSG 4.1 - Number of DD bed days occupied - A&B	6,803	8,414	9,530	8,113	8,604	●	⇑

Appendix 2a: Adult Services – Inspection Reports for 2019/20

Internal Care Home Provision					
Service Provider	**How well do we support people's wellbeing?**	**How well is care and support planned?**	**How good is our setting?**	**How good is our staff team?**	**How good is our leadership?**
Ardfenaig	4	4	4	4	4
Eadar Glinn	4	3	4		
Gortanvogie	4	4	4	4	3
Struan Lodge	4	5			
Thomson Court	5	4			
Tigh a Rhuda	4	3	4	3	2
External Care Home Provision					
Service Provider	**How well do we support people's wellbeing?**	**How well is care and support planned?**	**How good is our setting?**	**How good is our staff team?**	**How good is our leadership?**
Ardenlee	4	4	4	5	4
Ardnahein	4	3	3	4	4
Argyle Care Centre	4	4			
Ashgrove	4	5			
Etive Care Home	4	3	4	4	4
Kintyre Care Centre	2	3	3	3	3
Lochside Care Home	4	4	4	5	4
Morar Lodge Nursing Home	5	4			
North Argyll House	5	4			
Northwood House	5	4			

Palm Court	2	2	4	2	2
Internal Home Care & Day Centre Provision					
Service Provider	**How well do we support people's wellbeing?**	**How well is care and support planned?**	**How good is our setting?**	**How good is our staff team?**	**How good is our leadership?**
ASIST	5	4	4	4	3

Service Provider	**Care & Support**	**Environment**	**Staffing**	**Management & Leadership**
Mid Argyll , Jura, Islay, and Kintyre Homecare	4	NA	4	4
Mull & Iona, Tiree and Colonsay Homecare	5	NA	4	4
Lynnside Day Centre	5	5	5	4
Struan Lodge Day Care	4	5	5	4
Thomson Court Day Care	5	4	5	4
Phoenix Resource Centre	5	4	5	5
Greenwood	5	NA	4	4
Community Resource Team	4	NA	4	3
Lochgilphead Resource centre	6	4	4	5
Lorne Resource Centre	4	4	4	3
Woodlands Centre	5	4	5	5

External Home Care & Day Centre Provision				
Service Provider	**Care & Support**	**Environment**	**Staffing**	**Management & Leadership**
Allied Health Care (Helensburgh & Cowal)	5		4	4
Allied (Isle of Bute)	5		4	4
Argyll Homecare	5		5	4

Care+ (Oban)	4		3	3
Careplus	5		5	5
Carers Direct	4		4	4
Carr Gomm Argyll & Bute	5		5	5
Oasis Day Centre	6	6	6	5
Cowal Care Services	6		6	5
Crossroads (Cowal & Bute)	5		5	4
Joans Carers	4		5	4
Mears A&B	5		5	5
Premier Healthcare	5		5	4
Crossroads North Argyll	5		5	4
Blue Triangle Oban Housing	4		3	3
Affinity Trust	5		4	5
Enable Scotland (Dunoon)	5		5	5
Enable Scotland (Helensburgh)	5		5	6
Enable Scotland (Lorn & Isles)	5		5	5
Enable Scotland (Helensburgh Day Services)	5	4	5	5
Mariner Homecare	5		5	5
South Peak	5	4	4	4
Maxie Richards Foundation	5		5	5
Beechwood	5			4
Oban Community Carers Ltd	5		5	4
ACHA Sheltered Housing Service	5		5	4
Cowal Care Services Home Care	6		6	5
Abbeyfield Helensburgh	6		5	6
HELP (Argyll & Bute) Ltd Housing Support Service	6		6	6

Appendix 2b: Children & Families Inspection Reports 2019/20

The latest inspection grading for Children and Families services registered with the Care Inspectorate are as below.

Children and Families - Quality Theme Care Inspectorate Grades (1-6)						
Care Inspectorate Number	**Name**	**How well do we support people's wellbeing?**	**How well is care and support planned?**	**How good is our setting?**	**How good is our staff team?**	**How good is our leadership?**
CS2005091229	Achievement Bute	5	5		5	5
CS2012307560	Cornerstone	5	5		4	4
CS2010249688	Ardlui Respite House – Sense Scotland	4	3			
CS2003000426	Helensburgh Children's Unit (Argyll and Bute Council)	4	4			
CS2003000461	Shellach View (Argyll and Bute Council)	5	5			
CS2003000451	Dunclutha Residential Home (Argyll and Bute Council)	5	5			
CS2006115758	Dunoon School Hostel (Argyll and Bute Council)	3	3	4	4	3
CS2006130205	Glencruitten Hostel (Argyll and Bute Council)	4	4	5	4	4
CS2004082322	Argyll and Bute Adoption Service	5	5		5	4
CS2004082341	Argyll and Bute Fostering Service	5	5		5	4

Appendix 3: Glossary of terms	
Advanced Nurse Practitioners (ANP)	**Advanced Nurse Practitioners** are Registered Nurses who have done extra training and academic qualifications to be able to examine, assess, make diagnoses, treat, prescribe and make referrals for patients who present with undiagnosed/undifferentiated problems.
Alcohol and Drug Partnership (ADP)	A multi-agency group tasked by the Scottish Government with tackling alcohol and drug issues through partnership working. There are 30 ADPs in Scotland.
Analogue to Digital	The Technology Enabled Care (TEC) Programme has been exploring the scope of benefits of switching the current Telecare provision from an analogue based system via traditional telephony connections, to a digital service.
Allied Health Professionals (AHPs)	**Allied Health Professionals (AHPs)** are a diverse group of professionals supporting people of all ages focusing on personal outcomes. They provide preventative interventions in such areas as supported self-management, diagnostic, therapeutic, rehabilitation and enablement services to support people to live healthy, active and independent lives. The Active and Independent Living Programme (AILP) supports AHPs, working in partnership with multi-disciplinary teams and agencies to improve the health and wellbeing of the population throughout the life-course. For the full list of AHP professions please see: https://www2.gov.scot/Topics/Health/NHS-Workforce/Allied-Health-Professionals
Alternative Care Pathways (ACP)	Community or primary **care pathways**; Self-**care** and are an effective **alternative pathway** of **care** for patients with long term conditions that enables health professionals to identify when referral to expert community teams may be a better option for the patient.
Anticipatory Care/ Anticipatory Care Planning	**An Anticipatory Care Plan** is a dynamic record that should be developed over time through an evolving conversation, collaborative interactions and shared decision making. It is a summary of Thinking Ahead discussions between the person, those close to them and the practitioner. More information is available on: https://www.gov.scot/publications/anticipatory-care-planning-frequently-asked-questions/
Attend Anywhere	**Attend Anywhere** is a web-based platform that helps health care providers offer video call access to their services as part of their 'business as usual', day-to-day operations
Beating the Blues	**Beating the Blues**® is a computerised cognitive behavioural therapy (CBT) programme for depression and anxiety.
Benchmarking	The process of comparing quantitative or qualitative information, often related to practices, performance or prices, against a point(s) of reference. A point(s) of reference might be, for example, an agreed standard, established targets, or the performance of other organisations.

CareFirst information system	**CareFirst** is a web based, multi modular Case Management system commonly used by local authorities for recording care arrangements, statutory interventions and related events pertaining to Social Care Service Users.
Cardiopulmonary resuscitation (CPR)	**Cardiopulmonary resuscitation** is an emergency procedure that combines chest compressions often with artificial ventilation in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest.
Child Protection Register (CPR)	In Scotland the **child protection register (CPR)** is a confidential list of all children in the local area who have been identified as being at risk of significant harm. It allows authorised individuals to check if a child they are working with is known to beat risk.
Chronic Obstructive Pulmonary Disease (COPD)	**Chronic Obstructive Pulmonary Disease** (**COPD**) is an umbrella term used to describe progressive lung diseases including emphysema, chronic bronchitis, and refractory (non-reversible) asthma. This disease is characterized by increasing breathlessness.
Cognitive Behavioural Therapy (CBT)	**Cognitive behavioural therapy (CBT)** is a talking therapy that can help you manage your problems by changing the way you think and behave. It is most commonly used to treat anxiety and depression, but can be useful for other mental and physical health problems.
Core and Cluster Housing	The term 'cluster accommodation' refers to shared accommodation, in which people have their own private bedroom, or other single person accommodation units, but they share communal facilities such as kitchens, bathrooms and so on
Health and Social Care Partnership (HSCP)	**Health and Social Care Partnerships, (HSCPs**) are the organisations formed as part of the integration of services provided by Health Boards and Councils in Scotland. Each partnership is jointly run by the NHS and local authority. HSCPs manage community health services and create closer partnerships between health, social care and hospital-based services.
Information Services Division (ISD)	**The Information Services Division (ISD)** is a division of National Services Scotland, part of NHS Scotland. ISD provides health information, health intelligence, statistical services and advice that support the NHS in progressing quality improvement in health and care and facilitates robust planning and decision making.
Integration Authority (IA)	The Public Bodies (Joint Working) (Scotland) Act 2014 requires councils and NHS boards to work together to form new partnerships, known as integration authorities (IAs).

Integration Delivery Principles	The integration planning and delivery principles are the lens through which all integration activity should be focused to achieve the national health and wellbeing outcomes. More information is available on: https://www2.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Principles
Integration Joint Board (IJB)	The Argyll and Bute Integration Joint Board is responsible for the planning, performance, resourcing, and operational management of health and social care services delivered through the Argyll & Bute Health & Social Care Partnership (HSCP).
iMatter	**Imatter** is a staff experience continuous improvement tool designed with staff in NHSScotland to help individuals, teams and Health Boards understand and improve staff experience.
Interagency Referral Tri-partite Discussions (IRTD)	Interagency planning and decision making procedures for responding to allegations or concerns about children at risk.
Just Checking	**Just Checking** is an activity monitoring system that helps people live in their own homes for longer by showing family and professionals their day-to-day capabilities — or where support is needed.
Lean	**Lean Process Improvement** is the process of continually reviewing a process identifying waste or areas in a process map that can be improved. It is an ongoing feedback process of loop that over time improves the business through better processes.
Local Intelligence Support Team (LIST Team ISD)	**Local Intelligence Support Team (LIST Team ISD)** have staff with a wide skill set who can assist GP Clusters and Practices to gain a better understanding of their own data and with data linkage give a broader picture of how patients are interacting across a complex landscape. Profiling local populations, projecting future demand and looking at alternative models of service delivery and care can help find potential answers to complex problems
Locality Planning Group (LPG)	A **Locality Planning Group (LPG)** brings together NHS and Council staff, community members, carers, representatives from third and independent sectors and community based groups. These individuals collectively work together to improve the health and wellbeing of the community in which they live. LPGs develop a locality plan, influence priorities in their local area, agree mechanisms for all members to contribute to the delivery of actions at a local level and review and regularly report progress to the Strategic Planning Group.

Looked After Children (LAC)	Under the Children (Scotland) Act 1995, **'looked after children'** are defined as those in the care of their local authority – sometimes referred to as a 'corporate parent'.
National Health and Wellbeing Outcomes (NHWBO)	The **National Health and Wellbeing Outcomes** are high-level statements of what **health** and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across **health** and social care.
NHSGGC	This refers to **NHS Greater Glasgow and Clyde** from whom we buy acute health services.
Options Appraisal	**Options Appraisal** is a technique for setting objectives, creating and reviewing options and analysing their relative costs and benefits.
Out of Hours Services (OOH)	Across Scotland, NHS Boards provide **Primary Care Out of Hours (OOH)** services for patients' when their registered GP practice is closed.
The Partnership	**The Partnership** means the Health and Social Care Partnership, also referred to as the HSCP.
Psychological Therapies	A range of interventions, based on psychological concepts and theory, which are designed to help people understand, and make changes to, their thinking, behaviour and relationships in order to relieve distress and to improve functioning.
Reablement	**Reablement** is a short and intensive service, usually delivered in the home, which is offered to people with disabilities and those who are frail or recovering from an illness or injury.
Scotland Excel	**Scotland Excel** is the Centre of Procurement Expertise for the local government sector and offers training and provides assessment, consultancy and improvement services to help councils transform their procurement capability.
Scottish Children's Reporter Administration (SCRA)	**The Scottish Children's Reporter Administration (SCRA)** is a national body focused on children and young people most at risk. SCRA was formed under the Local Government (Scotland) Act 1994 and became fully operational on 1st April 1996**.**
Self-Directed Support	**Self-Directed Support** is a way of providing social care support that empowers individuals to have informed choice about how support is provided to them with a focus on working together to achieve individual outcomes.
Self-management	**Self-management** is the name often given to a set of approaches which aim to enable people living with long term conditions to take control and manage their own health and put them in the "driving seat" of their care.

SOURCE Team ISD	The Source Tableau Platform is a tableau visualisation tool with interactive features aimed at Health and Social Care Partnerships (HSCPs) or Integrating Authorities (AI). It contains a wide range of information on health activities, expenditure and linked data to support HSCPs with understanding local activities, decision making, and planning and performance management.
Strategic Planning Group (SPG)	The Strategic Planning Group is responsible for advising the Integration Joint Board, the development and review of the HSCP Strategic Plan and Commissioning Plan ensuring the alignment of service strategies. This group is also responsible for monitoring progress against the strategic priorities and National Health and Wellbeing Outcomes (NHWBO).
SWOT analysis	SWOT Analysis is a useful technique for understanding your Strengths and Weaknesses, and for identifying both the Opportunities and the Threats of particular options
Wellbeing Monitoring System (Activity Monitoring System)	These systems are designed to automatically check your wellbeing on a regular basis. Some rely on you pressing a button once or twice a day. If you do not press the button a call centre will ring you to check you are ok. Just Checking is an example of one type of activity monitoring system.

If you would like a copy of this document in Gaelic or another language or format, or if you require the services of an interpreter, please contact Argyll and Bute Health and Social Care Partnership on 01546 605664 or email nhs.abhscp@nhs.net

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

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A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

INTEGRATED JOINT BOARD

Date of Meeting: **Wednesday 25 November 2020**

Title of Report: **Annual Chief Social Work Officer Report 2019/2020**

Agenda item:

Presented by: **Julie Lusk, Head of Adult Services and Chief Social Work Officer**

The Integrated Joint Board is asked to:

- Note and endorse the contents of the Chief Social Work Officer Annual Report for 2019 to 2020.
- Acknowledge the efforts of social work and social care staff across all sectors, as well as unpaid carers in continuing to support the people of Argyll and Bute.
- Note that the approved report will be forwarded to the Scottish Government.

1. EXECUTIVE SUMMARY

The report presents the Argyll and Bute Chief Social Work Officer report for the period 1st April 2019 until 31st March 2020. The report provides oversight and accountability within the local authority for all social work and social care services, delegated to the Integrated Joint Board. Following consideration of the report it will be submitted to Scottish Government.

Social work and social care services are key to delivering the Strategic Plan.

2. INTRODUCTION

The Chief Social Work Officer has a statutory requirement to produce an annual report providing an overview of social work services for Argyll and Bute. The Chief Social Work Officer also has a responsibility to report directly to elected members, Chief Officer and Chief Executive in respect of any significant, serious or immediate risk or concern arising from statutory responsibilities within her professional remit.

For the purposes of this report it should be noted that for the reporting period 2019 to 2020 the Chief Social Work Officer was Alex Taylor who has since retired.

Key highlights of service achievements for the reporting year 2020 – 2021 will also be included.

The report details arrangements within Argyll and Bute Council to enable the Chief Social Work Officer to fulfil the responsibilities outlined in Section 5 (1) of the Social Work (Scotland) Act 1968 (as amended).

3. DETAIL OF REPORT

The report highlights the progress of the delivery and performance of social work services during 2019 – 2020. The report highlights performance information and also challenges for the year and provides highlights and areas for development for the forthcoming year.

The report provides acknowledgement to the early stages of the Coronavirus pandemic and this will be feature more prominently in next year's annual report. It should be noted that the Scottish Government agreed to a shorter report for 2019 - 2020 given the ongoing impact of Coronavirus and the changes that this has required to service delivery. Current priorities for recovery in response to Coronavirus are included and remain a prominent feature moving forward in line with the changing directions in relation to policy and legislation as this arises.

4. RELEVANT DATA AND INDICATORS

Throughout 2019/20, our workforce have continued to deliver and provide high quality, flexible services to children, young people and adults who need additional support. Examples of innovative practice and developments to improve outcomes for people using our services are highlighted in the report. As mentioned earlier this year's report comes at a very difficult time and reflects the challenges faced by the citizens of Argyll and Bute and also our staff as a result of working through the pandemic. Performance data is provided and reflects the close partnership working with our performance team who support the delivery of this report.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The report links in to the Local Outcome Improvement Plan and Strategic plan. The report further links to the policies and legislation that surround children's, adults, justice, learning disability, mental health and older adults care. These priorities further include the underpinning human rights principles across all services. Our priorities also include maximising inclusion and reducing inequalities and empowering people to be part of communities that are strong, resilient and citizen led.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

There are no financial implications arising directly from this report.

6.2 Staff Governance

There are no staff governance issues arising directly from this report.

6.3 Clinical Governance

Issues of risk in relation to services and/or service delivery will be raised through the Clinical and Care Governance Committee and any other forums as required.

7. EQUALITY & DIVERSITY IMPLICATIONS

There are no equality and diversity implications/

8. RISK ASSESSMENT

No risk assessment required

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Not applicable for this report.

10. CONCLUSIONS

The members of the Integrated Joint Board are asked to note and acknowledge the work undertaken by social work services delegated to the IJB and the content of the report. It will subsequently be presented to the full Argyll & Bute council for approval and submission to the Scottish Government.

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Argyll and Bute
Health and Social Care Partnership
Chief Social Work Officer
Annual Report 2019/20

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Chief Social Work Officers Report

Introduction

Welcome to the annual Chief Social Work Officer report for Argyll and Bute for the year 2019/2020.

This report comes at a time of change for Argyll and Bute with the retirement of our previous CSWO Alex Taylor, the introduction of a new children and adult services restructure and the shift to moving from locality teams to that of a full Argyll and Bute service delivery model.

The report is also a shortened version of the standard annual report. This is in line with information shared from the Office of the Chief Social Work Advisor to all Chief Social Work Officers. The report will focus on the areas of Governance and Accountability, Service Quality and Performance, Resources, Workforce and Coronavirus (COVID-19). An overview of our challenges will also be provided all in the context of social work service delivery across our remote, rural and Island communities. It is also important to share the areas that we have identified as requiring improvement and highlight the work of our ongoing culture review.

Whilst the majority of the work detailed in the report pre-dates COVID-19, the challenges and impact that the virus has had across our communities, teams and staff will be noted.

Governance and Accountability

Role of the Chief Social Work Officer

The recently appointed Chief Social Work Officer for Argyll and Bute is also Head of Adult Services. This portfolio includes direct responsibility for Mental Health, Learning Disability, Addictions and Transitions.

The Chief Social Work Officer is a member of the Senior Leadership Team and has specific accountability for the delivery of social work and social care services ensuring that the statutory duties of the profession are delivered across children's, adults and justice services.

Partnership working with a wide range of multi-agency professionals including the Chief Officer, Chief Executive, Elected Members, health and social care managers and practitioners are all crucial to the role. This ensures that appropriate advice, guidance and support is given to ensure that services are delivered safely and professionally.

The CSWO is a member of various key groups and committees within the organisation. Clear governance and reporting arrangements are in place. The CSWO provides professional advice and guidance on all social work matters and provides

assurance that social work services are being delivered to the best standards and within the required statutory and policy guidelines. Regular performance reporting around risk management is also provided with the CSWO specifically reporting through the Public Protection Chief Officers Group. The CSWO is the MAPPA (Multi-agency public protection arrangements) lead officer and is a member of the Adult Support and Protection and Child Protection Committees. The CSWO further reports to the IJB on key changes and developments regarding social work profession and any polices and legislative changes as part of the professional accountability to the role as well as leading on the performance and development of the social work workforce in line with the SSSC standards and guidance of the profession.

Service Quality and Performance

Service quality and performance is managed on an ongoing basis and in several ways. This is in line with the discharge arrangements of the CSWO and the requirement to manage the performance and quality of social work services being delivered. For example, the introduction in January this year of a more robust supervision template for staff, a planned self-evaluation based audit for Learning Disability Services and a review of the Social Work Training Board to ensure a robust analysis of statutory training requirements and support for staff to gain positive post qualifying learning in line with their continuous professional development.

Another example of performance improvement is through the restructure of the management team. The shift to an Argyll and Bute wide service model of delivery will enable streamlined reporting, improved communications across teams and the ability to gain a balcony/dancefloor overview of social work staffing and resources. The need to make any improvements to support staff particularly in more remote areas as well as ensuring equality of services across Argyll and Bute will be developed under the new model and collaborative plans are underway already to support this.

Since the start of 2020 we have worked robustly to address a backlog of social work complaints to the team. The nature of the complaints were mostly in relation to service requirements and in particular a delay in responding to complaints. This has been a priority area and the robust approach taken to review all complaints and the reinforcement of staff adhering to complaint timescales, has been positive and has seen the outstanding complaints reduce. However, we will keep complaints and our response to them under review in the forthcoming year.

Given the recruitment of two new Heads of Service in November and December 2019 and the recent appointment of one of the Heads of Service as CSWO a more robust overview is being given to performance and service delivery and there is a planned shift in priority with the rest of the SLT to enhancing the priorities for health and social care delivery for the forthcoming year. I look forward to providing a more rigorous

overview of performance and delivery and more succinct examples and outcomes within the next CSWO report for 2020-2021.

Adult Care – A performance overview

Similar to other Health and Social Care Partnerships, Argyll and Bute faces pressures of demographic change and financial constraints, resulting in pressure on services throughout the health and social care system. Effects of these pressures include an increased demand for services across the area in relation to readmissions to hospital, delayed discharge, and extended stays.

Our work has benefitted from pilot activity both locally and elsewhere. NHS Scotland is operating a pilot of the Buurtzorg principles (a self-managing and joined up neighbourhood model) with NHS Highland. Similarly process improvement work in Mid-Argyll has tested some of the approaches needed to introduce a single point for access to services. In the short term the localities have expressed an immediate need to develop multi-disciplinary Community Teams and 'Single Point of Access' to the services they offer. This should better integrate services from the point of view of the customer, while ensuring sufficient flexibility is available to meet the needs of individual agencies. This work will be developed as we progress through 2020-2021.

Care at Home

Within Argyll and Bute 75% of the localities now have fully implemented the New Model of Care in partnership with our local Care at Home providers. Previously Care at Home services were commissioned on a spot purchase basis and were time and task focused, which can on occasion inhibit providers having consistency in service planning and cause concerns regarding compliance with employment law. The New Model of Care has implemented an outcome focused model that offers additional flexibility to service users and can respond to changing priorities at short notice. The services are commissioned in blocks of hours, in mapped areas and advising on guide times.

Care Homes

The provision of the Care Homes, whether it is in-house or in partnership with independent providers and/or Housing Associations requires ongoing assessment and engagement. Nationally we know that recruitment and retention of staff in care homes is a significant challenge, which is further emphasised by the rurality of Argyll and Bute. Also, it is recognised that the number of older people is set to rise significantly in the coming years; with the steepest rises being in the over 75 year age group. Giving the challenges the HSCP developed a Care Home & Housing Steering Care Homes & Housing Steering Group in July 2018 to look to assess and project the future need of Care Home and Housing for older people in Argyll and Bute for the next

5-20 years. The development of the care home modelling tool has been central to the work undertaken to calculate the potential future demand for 24 hour care, and the development of options to meet that demand. Demand for care home places is projected to increase by 85% over the next 20 years. The number of funded places in January 2019 was 483, and this could increase to 894 by 2038 if no changes are made to care delivery models.

Delayed Discharge

Reducing unnecessary delays in hospital remain a priority for Argyll & Bute HSCP. There have been significant challenges in terms of staff shortages in care at home services, lack of capacity in care homes and insufficient social work staff to complete timely assessments which reflects the issues over Scotland. This has been further complicated by a number of complex patients requiring specialist resources out with Argyll and Bute HSCP. There has been challenges in the provision of care home and care at home services in a large geographical rural area, which has resulted in private services becoming unsustainable and closing. Reablement teams have become embedded within adult services to support patient on discharge to reach as full a recovery as possible. The continued aim is to ensure that there is a single point of access for teams that are multi-disciplinary to improve their effectiveness in order to avoid delays and duplications to facilitate a safe discharge or prevent admission. Further work is required with regards to using “just checking” to support higher risk discharges. This will be progressed through 2020-2021

Adult Support and Protection

Adult Support and Protection (ASP) remains a key priority and under integration Argyll and Bute HSCP has improved the continuity of care and outcomes for service users, as there is a greater sharing of knowledge and experience in this area.

The adult protection committee regularly engages with practitioners through case study and research presentations, hearing the real story of protection and support. Seminars and development of activity in multi-agency groupings on Care Home support, on financial harm, and forthcoming developments on self-harm and hoarding, as well as examination of issues arising in Significant Case Review has sharpened the focus on practice and standards. The training and staff development activity continues to be a challenge as does reach into health services and community support, within our remote and rural environment.

Mental Health

In line with the Scottish Government Mental Health Strategy 2017-2027 Argyll and Bute HSCP recognise the importance of prevention, early intervention and physical wellbeing with regards to good mental health. With the new structure new embedded we are keen to develop the vision for our mental health services across Argyll and

Bute and bring this into full alignment with the Strategy requirements. This will form part of our ongoing work for 2020-2021.

Adults with Incapacity Act (Scotland) 2000

In Scotland, the number of individuals that were on a guardianship order on 31 March 2020 were 15,973 compared to 13,501 in 2018 (MWC statistical monitoring report). The most common primary diagnosis was Learning Disability (49%) and dementia/Alzheimer's Disease (36%) (19/20)

Argyll and Bute HSCP have 195 guardianship orders (2019-20) which is 58.9 per 100,000 this picture has increased from 23 guardianship orders in 2010-11 to that of 43 orders in 2019-2020. Of the 43, 17 were local authority guardianships and 26 were private applications

In Argyll and Bute HSCP 40% of private applications, 52% of local authority applications were due to Dementia and 50% of private, 28% of local authority was due to Learning disability (19/20)

Mental Health (Care and Treatment) (Scotland) Act 2003

A Mental Health Officer (MHO) has the duty under section 231 of the Act to provide a social circumstances report. The Mental Welfare commission report (statistical information report 2018-19) report that Argyll and Bute HSCP completed 50% of social circumstances reports. We are aware that this is an area that requires improvement. Some key changes have been made, we were delighted to be awarded funding from the Scottish Government during 2019 to fund a MHO placement and a configuration of the Social Work Training Board budget now ensures that we have at least two places available to develop our MHO workforce given the rural complexities to recruitment.

We have temporarily introduced a Team Leader (who is also a MHO) to oversee the work of the MHO teams across Argyll and Bute and as well as providing leadership for the team, quality assurance and performance improvement work is underway across the service. The aim for 2020-21 is that there will be a 20% increase in the completion of SCR's.

Mentally Disorder Offenders

Argyll and Bute HSCP MHO team are working alongside forensic services and inpatient (low/medium/state hospital) to support 7 people who have significantly complex mental health needs. The further development of an existing forensic pathway again in partnership with NHSGG&C and NHS Highland will provide assurance to the Restricted Patients Unit at the Scottish Government that Argyll and Bute are able to manage these complex cases in line with human rights principles and strategic requirements.

Jean's Bothy

Jean's Bothy is a new community mental health and well-being hub in the Helensburgh. It is the result of a co-production model with service users, Argyll and Bute Health and Social care partnership, Enable Scotland. The ministry of defence and the third sector interface. The Bothy was successful in receiving a significant grant from the Big Lottery Fund which has allowed the partnership (through Enable) to employ a full-time member of staff to develop the project. This has been supported by a redesign of how mental health support services were delivered in Helensburgh with the aim to roll this out, prior to the project we supported 14 people on an outreach basis for community mental health support. The Bothy now has 154 members which reflects the success of the re-design. It is hoped that further funding will be received to roll out this model over the Argyll and Bute HSCP.

Learning Disability, Autism and Transitions

Within the restructure we have created the post of a Service Manager for Learning Disability, Autism and Transitions. The HSCP has recognised the need for improvements in the Learning Disability Service and how services are delivered in line with the Keys to Life Strategy and also the Coming Home report.

Work is also underway to support the repatriation of individuals who are currently placed out with the Argyll and Bute area. This is not without its challenges as it brings with it the requirement for additional specialist resources and provision, however, we remain committed to exploring and developing services to meet these identified needs. To this end we are working with housing and third sector partners including Scottish Autism and Cornerstone to support this work. An example of this is the development of an Autism Toolbox which is being used in schools and our ongoing work with Cornerstone on a 10-bed resource in Garelochhead. Work is also underway with Scottish Autism to develop a resource in Helensburgh.

The Argyll and Bute Autism Strategy Group was restarted in January 2020 and the group has been tasked to review the delivery and progress of the Implementation Plan. One area of progress has been the adult diagnostic and signposting service, for which a new Autism practitioner post is currently being advertised. This post will work alongside the existing co-ordinator and consultant psychiatrists. It is anticipated this post will maximise the availability of appointments and ensure diagnosis and signposting is at an optimum across Argyll and Bute.

Carers

The Carers (Scotland) Act 2016 came into force on 1st April 2018 introducing new rights for unpaid carers and new delegated duties which have been transferred from Argyll and Bute Council and NHS Highland to the Health and Social Care Partnership. The new Act formalises the need for unpaid carers to be recognised and supported in continuing in their caring role as long as they wish to do so and to have a life alongside their caring role. All carers who reside in Argyll and Bute will be able to access some

form of support no matter if they meet eligibility criteria or not. Access to services such as information and advice from local councils and local carer support services/Carers Centres. Argyll and Bute launched a five year Carers Strategy and Implementation plan was launched earlier this year.

Alcohol and Drug Partnership

Within Argyll and Bute the Alcohol and Drug Partnership (ADP) provides strategic direction to reduce the level of drug and alcohol problems amongst young people and adults in the community works to prevent and support recovery from the harmful use of alcohol and drugs. The ADP worked collaboratively with statutory, voluntary and private sectors and engages with the wider community to deliver services.

Argyll and Bute Addiction Team (ABAT) is a multi-disciplinary team primarily focussing on supporting recovery. The team offer a wide range of services and supports to individuals and their families and the team also work in partnership across the HSCP supporting mental health, justice and children's services.

ADDACTION are commissioned by the Alcohol and Drug Partnership to deliver Recovery Support services across Argyll and Bute to those with a substance use issue and their families. ADDACTION offers one to one, group work, peer support, harm reduction advice, needle exchange service, DTTO (Drug Treatment and Testing Orders for the courts) and advice/support to relatives and family members.

Children & Families and Justice Social Work

The Children, Families and Justice Service includes Social Work, Youth Justice, Child Health, Paediatric Allied Health Professionals, Child and Adolescent Mental Health (CAMHS) and Maternity Services. Over the past year the Children and Families Management Team have undergone a management restructure, the new model aligns management, professional and clinical leadership and strengthens oversight of the services and the accountability of managers and staff. The service is underpinned and delivered in line with the Getting it Right for Every Child (GIRFEC) Framework.

GIRFEC Collective Leadership Programme

Argyll and Bute were one of two partnerships selected to be part of the Scottish Government test phase of the Getting it Right for Every Child (GIRFEC) Collective Leadership Programme.

The programme commenced in August 2019 and worked with leaders across children's services to examine the content, structure and delivery of GIRFEC. To understand how systems were currently operating, the partnership required to undertake a range of supported evaluation interventions. The purpose of the supported evaluation was to provide a detailed analysis and understanding of how well GIRFEC was embedded across the partnership, drawing on evidence from partners and a wide range of practitioners, children, young people, parents and carers on their perspective of the children's services system. Whilst the supported evaluation

identified key areas for improvement under this auspices of collective leadership, unfortunately progress with this has currently been postponed due to COVID 19.

CAMHS

CAMHS in Argyll and Bute is under immense pressure resulting in a failure to meet 18 week waiting times target. The 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 the CAMHS team experiencing significant staffing issues.

COVID-19 resulted in a change to the way staff made contact and communicated with children and young people. Using the NHS 'Near Me' platform was both successful in some areas, and challenging in others. The main challenges included access to IT equipment and poor broadband connections in some areas. Feedback from children and young people on using virtual/on line platforms has been mixed. Some welcomed this approach and others prefer the face to face contact.

Argyll and Bute have been successful in recruiting to the Scottish Government funded School Counselling posts. It is anticipated the new service will commence in January 2021.

Corporate Parenting

Corporate Parenting and the current duties of Corporate Parents can be traced back to the publications Extraordinary Lives (2006), We Can and Must Do Better (2007), These are our Bairns (2008) and more recently the Children and Young People (Scotland) Act 2014. Corporate Parents now have a legal duty to work together to combat the stigma and redress the numerous disadvantages care experienced children and young people face in life. In Argyll and Bute we aim to do this by bringing our key improvement priorities together within our Corporate Parenting Plan, central to this is:

- Preventing vulnerable children and young people being accommodated
- Improving health and wellbeing outcomes
- Improving attainment and achievement
- Improving the availability of appropriate accommodation for care leavers
- Delivering a whole system approach to Youth and Justice
- Continuing to improve permanence outcomes
- Improving participation and engagement with children and young people

The Corporate Parenting Board has continued to make good progress across all our priority areas this year. To strengthen the strategic leadership of Corporate Parenting, a Corporate Parenting Plan Management Group comprised of the corporate Chief Officers provides executive level oversight and support to drive the achievement of the plan.

During the past year, in conjunction with the Life Changes Trust and Who Cares Scotland, we have appointed a Participation Co-ordinator and a care experienced Participation Assistant under our Modern Apprentice Scheme.

Two of our Children's Houses remain graded 5 (Very Good) and the third at 4 (Good). Adoption and Fostering services are also graded 5 (with 4 for Management and Leadership) and we will continue to strive for improvement and excellence.

Good progress has been made with regard to securing our care experiences children's futures. We have continued a number of Tests of Change through the CELCIS Permanence and Care Excellence (PACE) programme to achieve improved outcomes for care experienced children, with four multi agency groups using formal improvement methodology to improve the timely achievement of permanence for those who need it. Key areas of work were;

- Considering plans for permanence at an earlier stage by reviewing all children on a CSO over 24 months and ensuring children do not remain on orders longer than necessary
- Ensuring plans for permanence are confirmed within 30 weeks of becoming looked after and accommodated
- Improving our approach to Legal meetings to reduce delay
- Speed up the process for lodging applications in court

We have successfully embedded our Kinship Panel which has been welcomed by our Kinship Carers and Professionals and is demonstrating that with a dedicated panel, we are securing children with their families sooner while ensuring ongoing support and review. We continue to see a rise in the proportion of care experienced children and young people living with wider family members.

We have fully embraced our commitment to Continuing Care and are registered as an Adult Service with the Care Inspectorate to be in a position to support our young people in their foster or residential placements until 21 years of age. The Through and Aftercare services continue to develop partnership arrangements based on the principles set out in The Children and Young People (Scotland) Act 2014. To underline this process there is a continued focus on the developments surrounding the messages from the Scottish Care Leavers Covenant.

This resource was created in response to the council's commitment to our young people who opt for ongoing care within existing resources. The Core and Cluster model has been successfully piloted in Helensburgh to provide a supported stepping stone towards independence.

Staff from Through and Aftercare services are well represented at the Corporate Parenting Board and are strong advocates for identified services that have grown from the direct work carried out with young people in our communities, supporting around 100 care experienced adults at any one time.

In Argyll and Bute we particularly welcome the outcome of the Independent Care Review and the Promise which sets the challenges and will form the foundation for our work over coming years.

As we moved into the initial stages of coronavirus restrictions at the end of the reporting period we brought in emergency measures to ensure families, staff and carers are supported and kept safe, in most instances this meant initially moving most visits and meetings to virtual platforms.

Contact agreements were reviewed with families and carers on a case by case basis to ensure compliance with the national guidelines and to ensure the protection of families, staff and carers. In most instances this meant implementing virtual contact.

Child Protection

The past year saw a continued focus on the Child Protection Committee's interagency priority of "doing the basics right", in support of this we have provided supervision training for Practice Leads and continued to focus on improving the quality of risk assessments and plans. This has been underpinned by key practice developments, in particular developing our systematic use of the National Risk Assessments Framework in a 15 partnership with Herriot Watt University, expanding use of the Neglect Tool Kit and embedding Chronologies in day to day practice.

Initial quality assurance work confirmed that we continue to make sustained progress in these areas.

The services key strengths are

- The wellbeing of children in need of care and protection continues to improve.
- Children and young people enjoy positive and caring relationships with staff and carers.
- Children and young people were respected and listened to at both operational and strategic levels.
- Overall, processes for recognising and responding to children and young people in need of protection are well established.
- Children and young people in need of care and protection benefit from well-managed, independently chaired reviews and review meetings providing quality assurance and accountability, adding to the prospect of better outcomes.

As with all other areas of Scotland, COVID-19 restrictions created significant challenges. Multi agency operational management groups were established to coordinate initial responses along with a commitment to maintain core CP services. Initially, most visiting and monitoring moved to virtual arrangements, all CP plans for children on the register were reviewed and updated to reflect the regulations and guidance and PPE were made available where there was a need for face to face interviews. All vulnerable children not receiving social work support, were reviewed by education staff to ensure sufficient supports were made available.

Initial indications were that while aspects of direct work had to be put on hold, core CP services were maintained and children closely monitored and in the initial phase most

families coped very well. Overall levels of CP activity and new referrals dropped in March and this will continue to be monitored by the CPC as the virus progresses.

Justice Social Work

The Justice Social Work Service has introduced a new structure with resources being shifted towards provision of operational responsibilities. This has led to a number of staff changes and vacancies throughout the year, however all posts, apart from one, have been successfully recruited to. Due to the COVID-19 outbreak, recruitment was halted. It is anticipated that this post will be filled in the coming months which will lead to an increased resilience in service delivery across Argyll & Bute.

The opportunity was taken with the introduction of the new structure to refocus the service priorities, methods of working and vision for the service moving forward. This has created a renewed focus on a number of key areas of practice, including audit, completing a training needs analysis, realigning various roles and duties, and practice and skills development for staff. A model of peer supervision has also been introduced to ensure that staff feel part of a 'team' rather than isolated practitioners in their localities. This has also increased staff confidence, improved practice and consistency of service delivery across the localities.

One key area of practice development over the past year has been the development of improved assessment and interventions for perpetrators of domestic abuse. This links with national Community Payback Order Guidance, the Equally Safe Plan and Violence against Women and Girls strategy which outlines the requirement to deliver robust, high quality and evidence based interventions for perpetrators of domestic abuse. Justice Social Work remains a key partner in Argyll & Bute's Violence against Women and Girls Partnership, with the responsibility for this area of work transferring to the Service Manager Justice. This has been further strengthened with the Justice Service Manager now attending 'L' Division MATAC monthly meetings. The focus on victims of domestic violence continues to be developed and Argyll & Bute's MARAC is now a well-established multi agency partnership having been operational since May 2019.

The service continues to provide statutory supervision to offenders via Community Payback Orders (CPO) and assists community reintegration and rehabilitation from prison via post release supervision. The service also provides assessment reports to the Courts and Parole Boards and participates in the Multi Agency Public Protection Arrangements (MAPPA) which aim to manage the risk posed by violent and sexual offenders. The service works with other agencies, both within the HSCP and beyond, including Police Scotland, the Scottish Prison Service, NHS Highland and Greater Glasgow and Clyde and a range of third sector providers.

The Community Justice Partnership has seen partner agencies working together to deliver on the Community Justice Outcome Improvement Plan. The main focus for 2019/20 was on improving the pathways from custody to the community, community sentences and improving access to Diversion from Prosecution. Improvement work has taken place within Justice Social Work Service over the past year with a renewed focus on the quality of assessments and intervention work being delivered by the Community Payback Officers for diversion cases, which takes cognisance of the new

Diversion from Prosecution Standards. In relation to the custody to community work stream, a small grant was obtained from the CORA Foundation to enable Sisco to undertake lived experience consultation with service users to ensure that any change in service provision would meet the needs of those returning to the community from short term custodial sentences and improve the provision and take up rates of voluntary Throughcare. This work stream was due to report in July 2020, however due to COVID-19 this has been extended to December 2020.

Unpaid Work

The Community Payback Order (CPO) requirement for unpaid work continues to be offered by Justice Social Work and services have been developed to meet the needs of individuals within the available resources. Consultation and agreement with local communities and organisations continues with good publicity, projects and placements being realised. An example of one project that was commenced in 2019 was working in partnership with the Friends of St Conan's Kirk in Loch Awe.

Service Quality and Performance statistical data– including delivery of statutory services National & Local Outcomes

93% of adults tell us that they are able to look after their health well or quite well

Please note for 2019/20 due to effect on data availability as a result of COVID-19 the most recent National Health and Wellbeing Outcome Indicator and IJB Performance Scorecard data reported is calendar year (2019) and not financial quarter as in previous years.

Snapshot of key HSCP performance success for 2019/20:

IJB Performance Scorecard Measure	2019 Calendar Year Performance	Target
NI-1 - % of adults able to look after their health very well or quite well	93.0 %	93.0 %
NI-3 - % of adults supported at home who agree they had a say in how their support was provided	76.0 %	76.0 %
A&B - % of Total Telecare Service Users with Enhanced Telecare Packages	45.7 %	31.0 %
NI-13 - Emergency Admissions bed day rate	109,759	123,200
MSG 2.2 - Number of unplanned bed days MH specialties - A&B	13,835	15,896
NI-5 - % of adults receiving any care or support who rate it as excellent or good	85.0 %	80.0 %

NI-6 - % of people with positive experience of their GP practice	**85.0 %**	**83.0 %**
CA72 - % LAAC >1yr with a plan for permanence	**85.2%**	**81.0%**
NI-12 - Rate of emergency admissions per 100,000 population for adults	**11,353**	**12,241**
NI-14 - Readmission to hospital within 28 days per 1,000 admissions	**76.0**	**98.6**
MSG 5.1 - % of last six months of life by setting community & hospital - A&B	**89.9%**	**88.2%**
A&B - % of Waiting Time breaching >12 weeks	**21 %**	**25 %**
NI-11 - Rate of premature mortality per 100,000 population	**393**	**425**
NI-17 - % of SW care services graded 'good' '4' or better in Care Inspectorate inspections	**84.1 %**	**83.0 %**
NI-19 - No of days people [75+] spent in hospital when ready to be discharged, per 1,000 population	**540 Days**	**640 Days**
CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS	**92.5%**	**90.0%**
AC21 <=3 weeks wait between SM referral & 1st treatment	**91.3%**	**90.0%**
NI-9 - % of adults supported at home who agree they felt safe	**83.0%**	**83.0%**
CP43 - No of Child Protection Repeat Registrations - 18 months	**0**	**0**
CJ63 - % CPO cases seen without delay - 5 days	**95.6%**	**80.0%**
A&B - % of Adult Protection referrals that lead to AP Investigation	**12.5%**	**10.0%**
A&B - % of complaints [Stage 2] responded within timescale	**25.0 %**	**20.0 %**
NI-10 - % of staff who say they would recommend their workplace as a good place to work	**71%**	**67%**
NI-15 - Proportion of last 6 months of life spent at home or in a community setting	**91.0%**	**89.0%**
NI-18 - % of adults with intensive needs receiving care at home	**68%**	**62%**
NI-20 - % of health & care resource spend on hospital stays where patient admitted in an emergency	**22%**	**24%**
MSG 4.1 - Number of DD bed days occupied - A&B	**8,113**	**8,604**

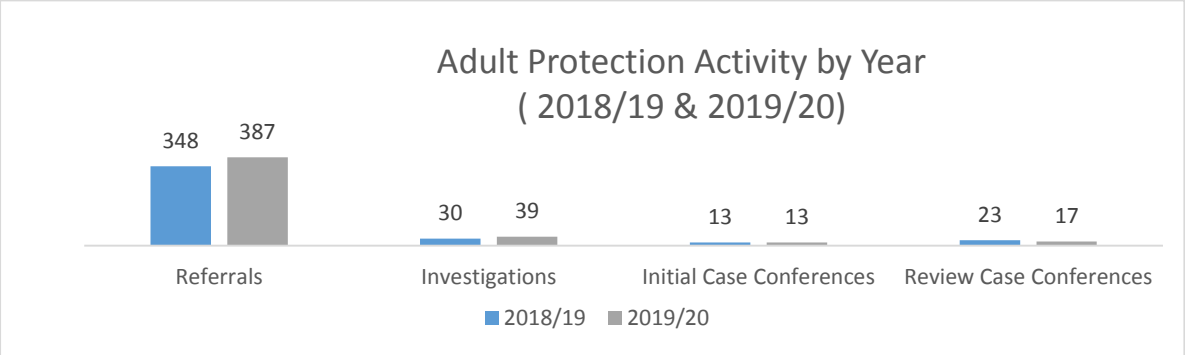
Source: Pyramid IJB Scorecard data as at Sep 2020

Early Intervention

83% of people supported at home told us that they feel safe

Adult Protection

Across 2019/20 there were 387 Adult Protection referrals, representing an increase from 348 in 2018/19 with 30% coming from the Police. Of all referrals, 54% identified an adult as being at risk (i.e. met the 3 point test) and 11.9% led to further Adult Protection activity. There were 39 investigations during 19/20, however no Protection Orders were recorded as having been granted during this reporting year.



Data collected since the implementation of the Adult Support and Protection (Scotland) Act 2007 shows the adult protection referrals trend to reflect a generally consistent level of annual activity, although 2018-20 period does report a decrease of 10.8% compared with previous biennial period, and analysis of this trend will continue. The impact of COVID-19 on referrals has been limited.

The partnership has continued to use various methods to understand and develop adult protection practice including:

- analysed quarterly performance data
- shared case studies where adults were at risk of harm
- discussed training requirements for the HSCP and partner agencies
- Contributed to multi-agency learning events, financial harm, trafficking, domestic violence and older adults, hoarding and self-harm
- Disseminated information to staff though newsletters and locality meetings, including the independent Convenor (Locality Forums are held in the four administrative areas)
- Updated all policies, procedures and guidance

Activity has also been on improvement areas:

- identified the gaps in our adult protection electronic paperwork, and produced a new suite of forms including risk assessment and chronology

- developed daily, weekly, and monthly statistics so that we can monitor any variances in adult protection activity
- listened to the needs of staff and organised events which reflect the gaps in their learning
- visited each area team and listened to the challenges they face in delivering adult protection in rural locations and 23 inhabited islands
- responded to the COVID-19 pandemic supporting staff, providing guidance, becoming part of the caring for people tactical group
- considered the increased adult protection concerns for those who are shielding or subject to domestic abuse

In terms of analysing outcomes, we monitor quarterly data and have now added live information to our Pyramid system so that when completed the committee will be able to view the data live.

Adult Support and Protection Large Scale Investigation

During the first quarter of 2020, the HSCP led a large scale investigation into an older adult care home. The detail will not be replicated however the process was reflected upon in terms of the application of the procedures and the organisation of the investigation. This was the first LSI which had been undertaken in many years within the HSCP. Our learning from this process is as follows:
Our key learning Care Homes:

- Prevention of an LSI means early identification of issues with care homes-our assurance process through the multi-agency care home assurance meeting could have this oversight. This is in place and robust.

- Care Home support through local visiting professional groups can also play a part in this process-however this needs to be a sustainable process.

- Building a strengthened network of care home support is important and can be co-ordinated by the Care Home Task Force-promotes good practice.

- The HSCP needs to have a commissioning strategy for care home beds and where there are concerns consider the ability of the home to manage new admissions particularly residents with complex needs.

Wider Recommendations:

- LSI procedures need reviewed and training for Managers

- Quality Assurance processes re care homes need formally built in

- Risk assessment and care planning is key

- Dissemination of learning in terms of care homes and our own processes

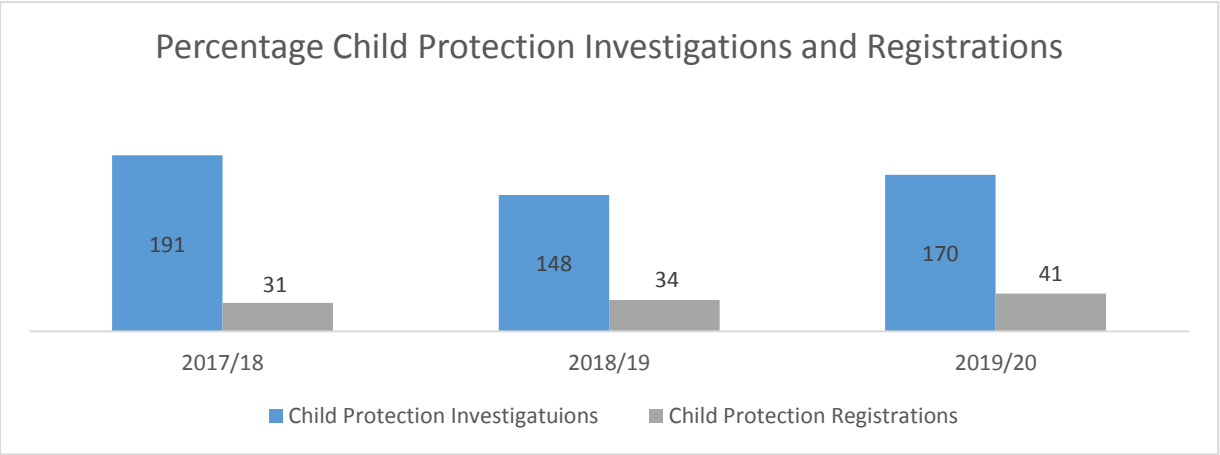
- Review communication strategy for families during an LSI offering various ways to communicate this should be integrated into procedures

- Excellent partnership working particularly with the Care Inspectorate this can be reflected within our assurance processes

Child Protection

Performance with regards to the number of child protection investigations across the previous 3 years notes an overall 11% reduction from 17/18 (191) to 19/20 (170).

This reduction has not been seen across the three year periods with regards to the number of investigations which are converted to child protection registrations. The trend across the registration data notes over the three year period an increasing performance trend with a median conversion rate of (35) per year.



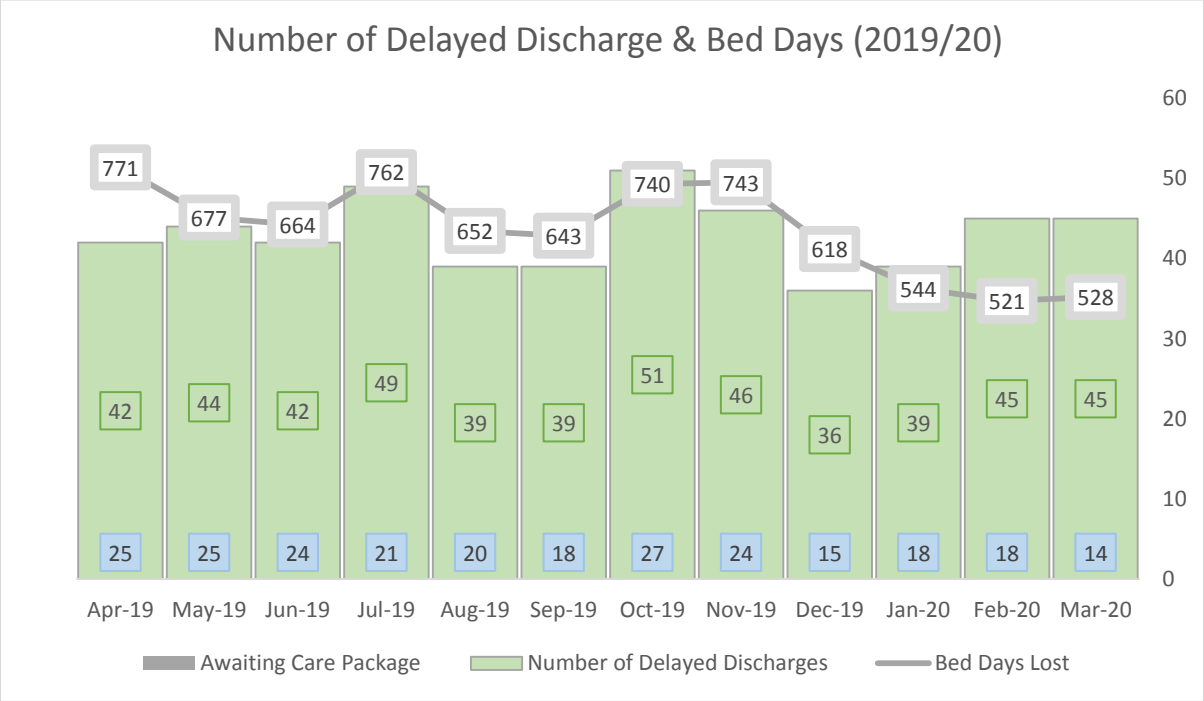
Argyll and Bute Child Protection Committee (CPC) is committed to the continuous improvement of our interagency child protection arrangements which are underpinned and informed by a robust cycle of self- evaluation activity. Two events took place in 2018 and 2019 and were well attended by a broad range of professionals involved in child protection service delivery. Outcomes included:

- Overall people were confident in child protection when sharing information and GDPR had no effect on this;
- Multi agency relationships are improving and collaborative work is embedded in practice;
- Changes to the CPC website, including a staff message board, have improved accessibility to information.

The CPC continues to use data to identify and respond to emerging trends or changes. In 2020 we are in the process of applying the National Minimum Dataset to our existing indicators on Pyramid and have developed a workbook format to present and analyse this data. The CPC has held 2 development sessions for members focussing on National Guidance for CPC's in Scotland and how we communicate better with frontline staff. Before the COVID-19 crisis, CPC delivered a wide range of training programmes, some of which were already online. As we move through the pandemic, CPC is considering alternative platforms for delivering training.

Delayed Discharge

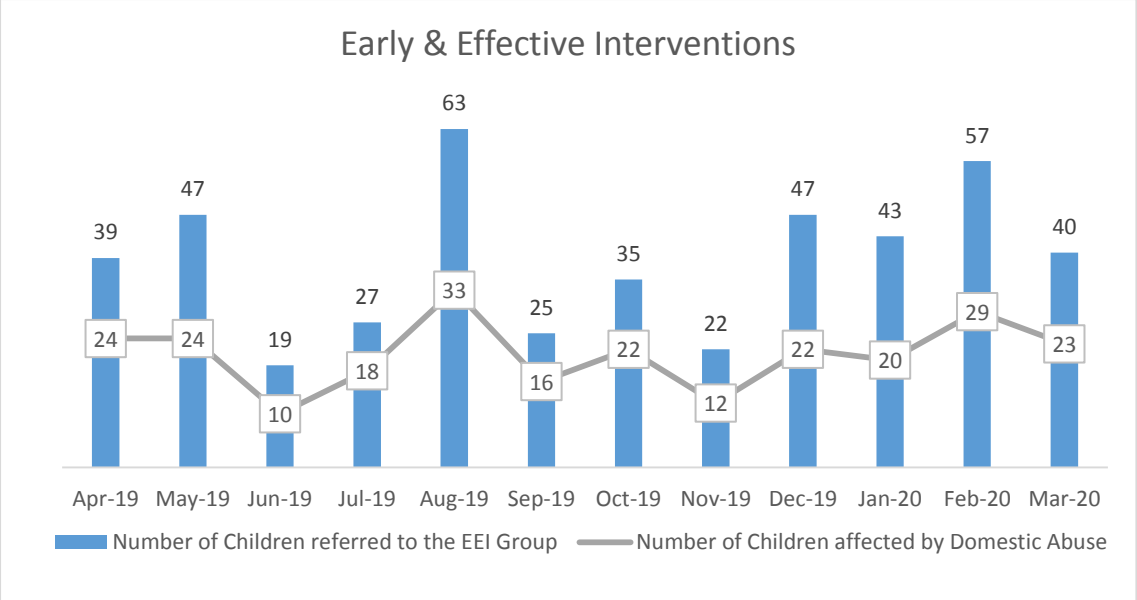
The total number of patients delayed has increased from 453 previous year to 517 in 2019/20. With regards to bed days lost, there has been a 17.5% reduction from 9530 previous year to 7863 in 2019/20. Average delay period has fallen concurrently, with 21 days previous year average and 15 days in 2019/20 reflecting more DD patients are being delayed less, with 25% of all DD patients discharged between 3-14 days.



Source: Pyramid data as at May 2019 & MSG4 Bed Day data ISD publication dated May 2019

Children & Families Early Intervention Services

Performance with regards to referral to the EEI group across the year notes a significant increase in trend of referral numbers (median 38) the largest number of referrals reported across the year was Aug 2019 (63). Total referrals across the year reports a 250% increase against previous reporting period with (464) recorded in 19/20 compared to (132) in 18/19. The number of children referred affected by Domestic Abuse again shows an increased median trend (21) across the total number of referral. Statistically there appears to be a direct link with an increase in referrals and those referrals involving domestic abuse with 55% of EEI referrals citing Domestic Abuse.



Justice Services

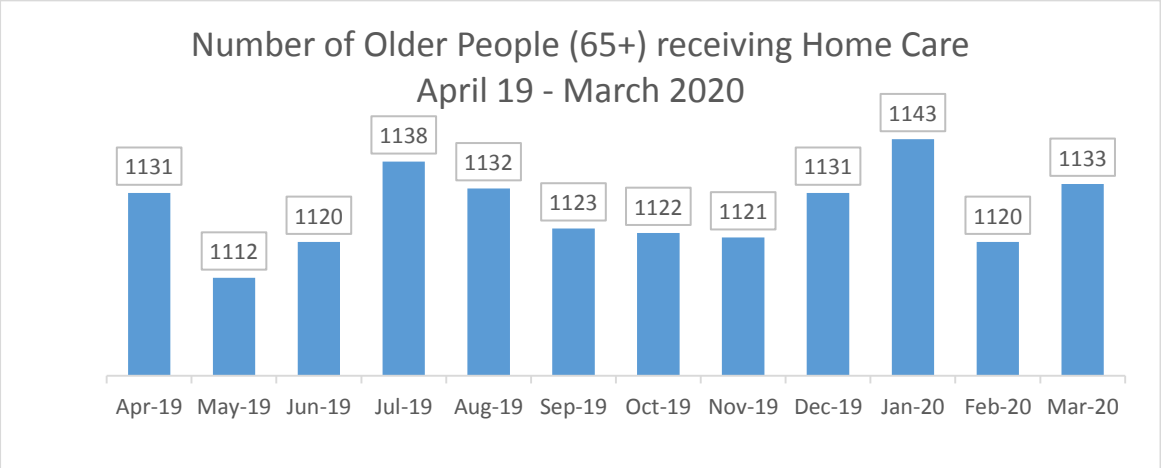
Since the implementation of the new model for community justice on 1st April 2017, the governance arrangements of Justice Services in Argyll and Bute have changed. Justice Strategic Planning and service delivery is now the responsibility of local Community Justice Partners which include the Argyll and Bute Council and Argyll and Bute Community Planning Partnership.

With regards to those subject to Community Payback Orders performance across the year has seen a steady and gradual reduction in the percentage of orders seen within 5 days. Although there has been a reducing yearly data trend, overall performance remains above the 80% target.

Personalisation of Services and Coproduction

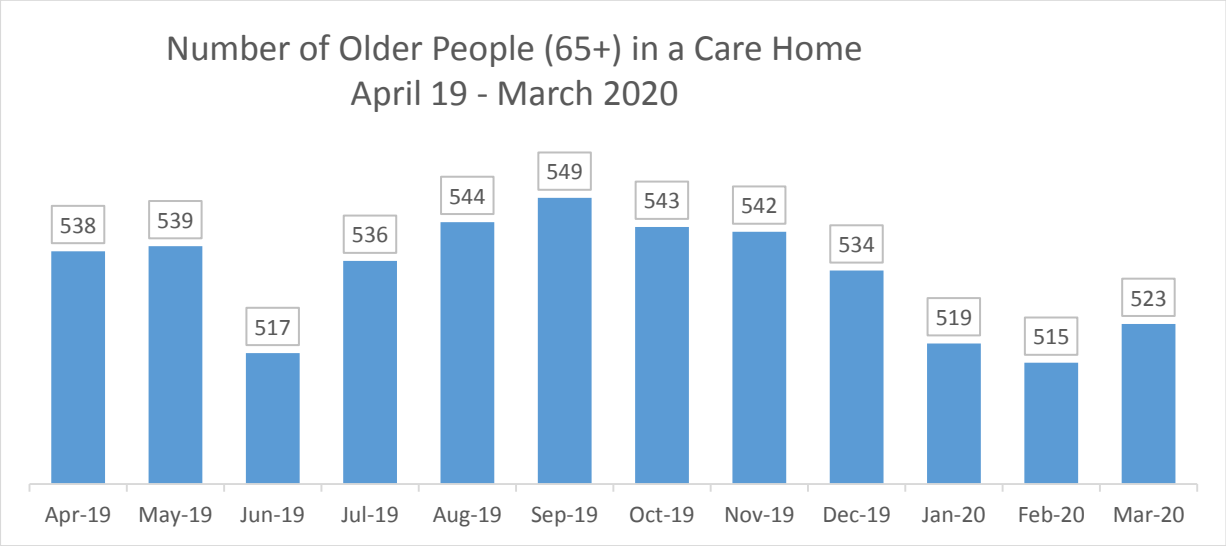
Homecare

Argyll and Bute Social Work services continue to support older people to live at home and previous years' data has indicated year on year increases in the number of people aged 65+ directly in receipt of homecare. Personal Care as a proportion of all homecare remains high at 98%.

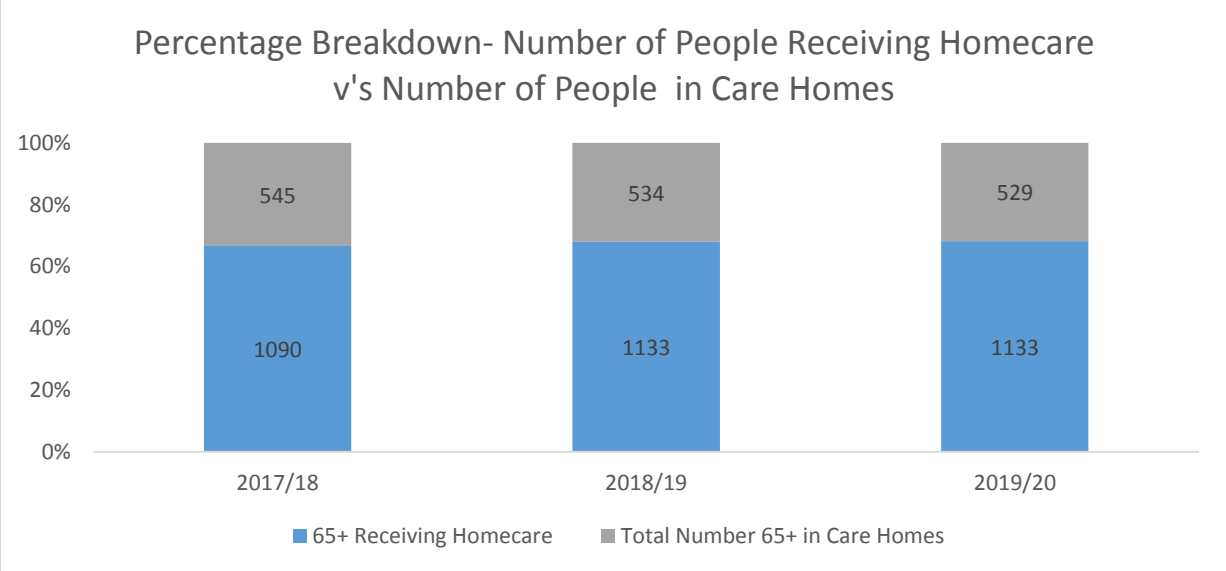


Residential Care

Over the last year the numbers of those supported in care homes has again decreased slightly to 523, representing a 2.1% decrease across the 2 year period from 2018/19. The falling trend across this data could be indicative of successful implementation of strategies to maintain support to people to remain in their own homes as demonstrated in the relatively consistent levels outlined above.



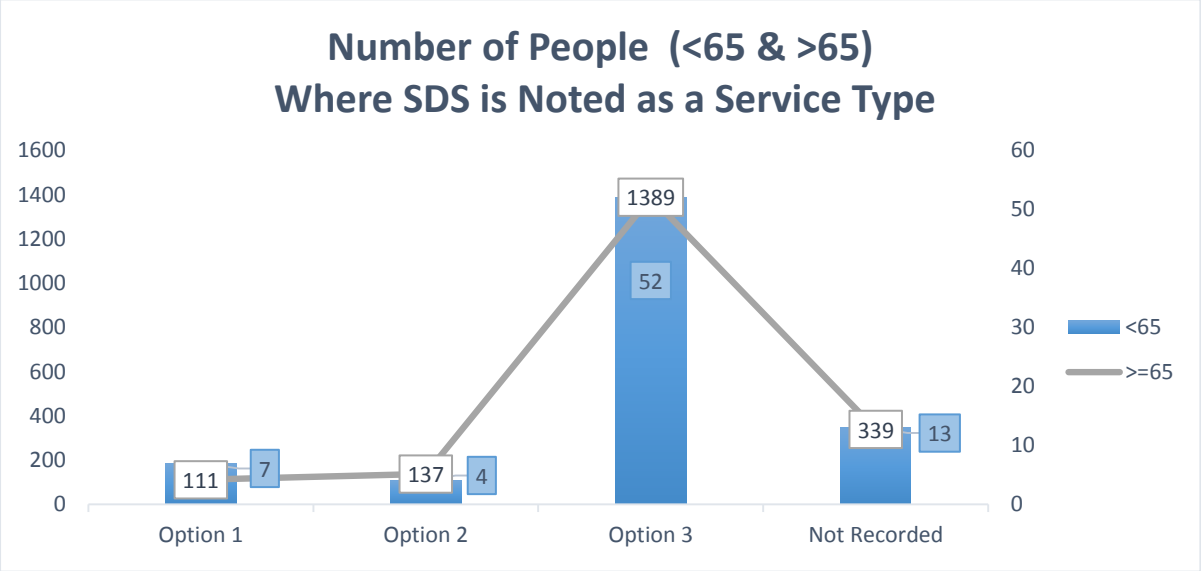
The proportion of care at home provision in terms of Personal Care remains high compared to that given in a residential setting.



Self-Directed Support

Self-Directed Support (SDS) enables people to be in control of and direct how, when, in what way and by whom, they are supported. During 2018/19 there were 4421 adult service users known to have been supported by a social work team, of which 1700 were assessed for SDS. The numbers selecting Option1 (direct payment) fell from

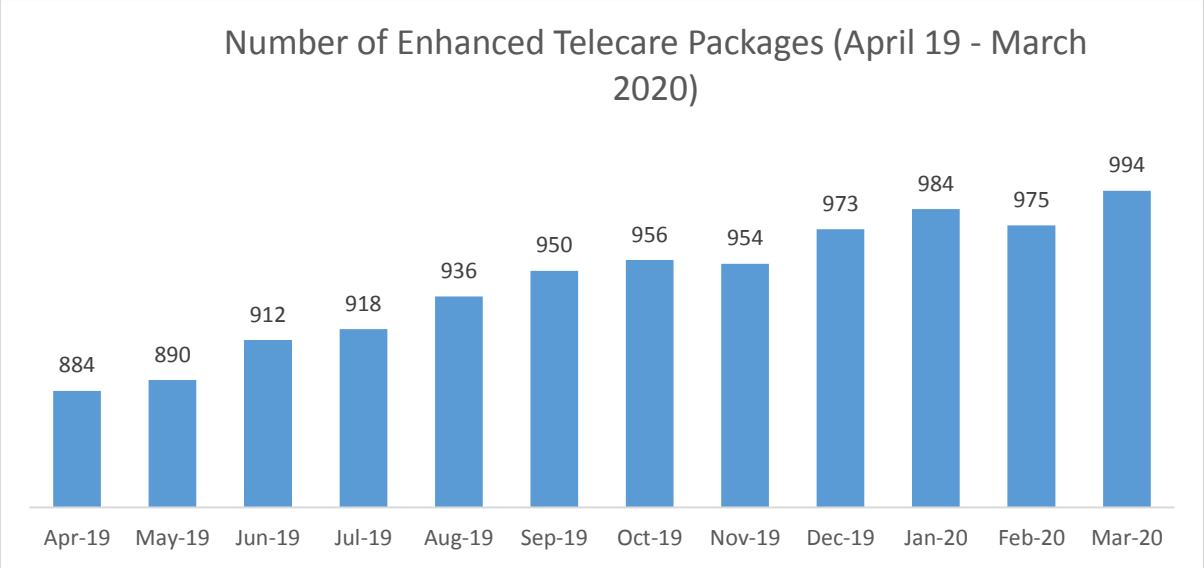
123 to 118. The largest population across both those under and over 65 year age groups note that Option 3 (Council provided services) remains the most popular, statistically this equates to 84.7% of the total across the three options excluding those not recorded. In addition across the three options as a percentage of the total (excluding not recorded) those under <65 years of age account for 4% of the total population, the 65+ age group account for 96% of SDS use across the HSCP.



Source: Carefirst Service Agreement data as at May 2019

Technology Enabled Care

The number of enhanced telecare packages within Argyll and Bute continued to rise across 2019/20 and monthly service user numbers greatly exceed those of the previous financial year's monthly totals. Enhanced Telecare packages offer a range of sensors; alerts and reminders that play a key role in enabling people remain safely in their own homes and communities. Some packages can be remotely monitored via web-based technology, reassuring relatives or alerting professional carers to specific needs e.g. wandering.

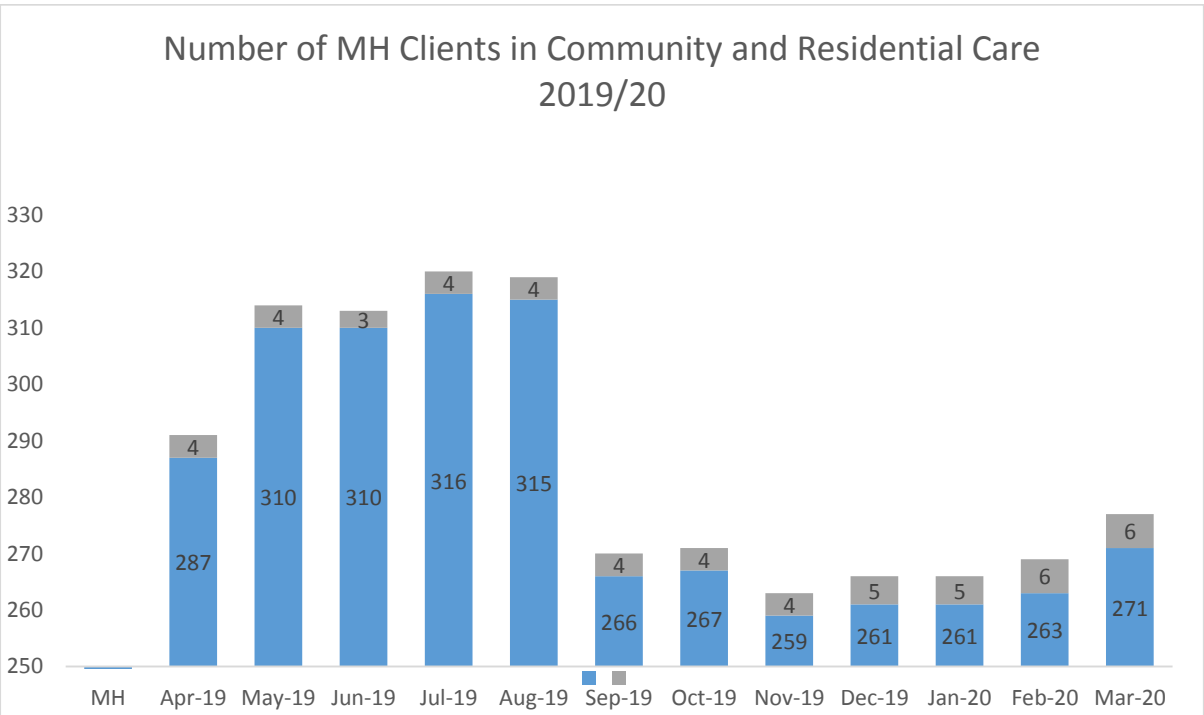


Alcohol and Drugs

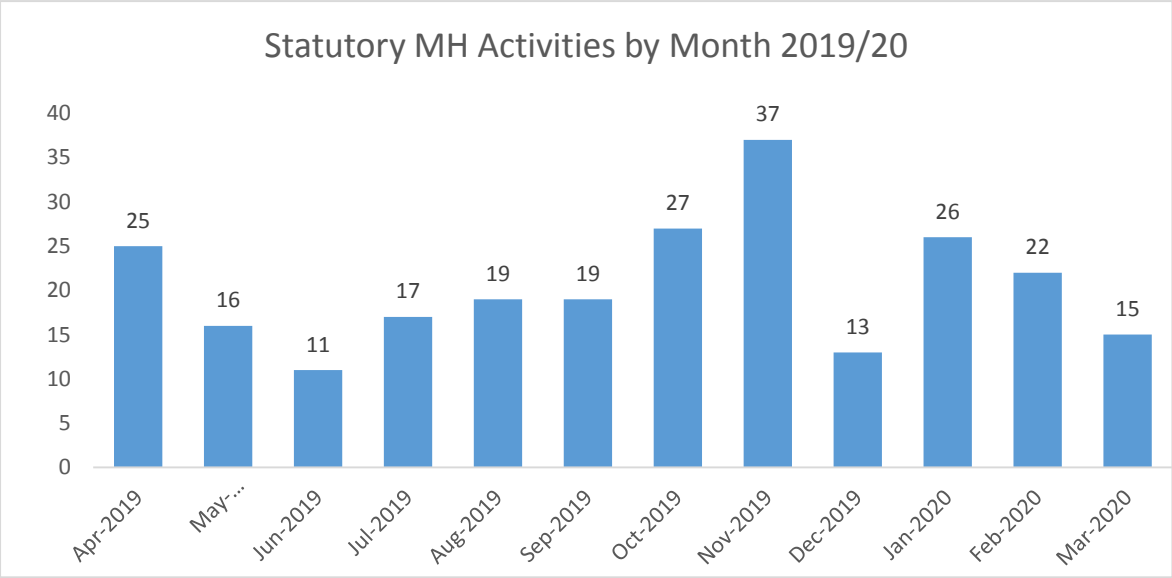
In relation the national referral to treatment standard for alcohol (December 2018) the Argyll and Bute Alcohol and Drugs Partnership saw 90.5% of people referred and treated within 0-3 weeks raising to 98.3% within 5 weeks. This is against the Scotland Average of 93.9% for 0-3 weeks and 97.3% within 5 weeks. This is an area that will require an overview across all services during 2020/2021.

Mental Health

The number of Mental Health Service Users being supported in the Community has fluctuated slightly but remained relatively constant across 2019/20 with 97.8% of Mental Health patients supported in a community setting as at the 31st March 2020.



Overall there were 247 Statutory MH Activities recorded across the FY. Rates of Detention for period April 2019 to March 2020 under the Mental Health (Care and Treatment) (Scotland) Act 2003 are consistent with those recorded in previous financial year and are as outlined below.



Resources

Financial Overview

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. 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.

Workforce

Argyll and Bute HSCP will continue to progress active recruitment plans in order to recruit the best possible social workforce to the area. Some of the most remote communities and the Islands continue to face pressures. Some areas for development for us include social work recruitment days, an overview of our social work training board and the continuation of grow your own social workers and dedicated mental health officer training. Consideration is also being given to the National Joint Investigative Interviewing programme with early discussion with COSLA, West Dunbartonshire and Police Scotland on how we can roll this model out across Argyll and Bute. This programme introduces a new approach to joint investigative interviewing for staff in Scotland and all related work in respect of protecting children and young people.

In 2019-2020 we had three candidates on the social work course and they are due to qualify later this year. We were very grateful to receive funding from the Scottish Government to fund a Mental Health Officer post and this means that we have one MHO due to qualify later this year and a new candidate in training. Adult Protection and Child Protection training events continue with an overview of both Committees. (All training has been impacted on due to Covid-19).

We continue to work with the SSSC to support all of our staff maintain and gain their professional registration status. We are currently working with staff to gain their registration in housing support and care at home in line with the December 2020 deadline.

COVID 19

Like other HSCP areas Argyll and Bute has been impacted on by COVID-19. Staff mobilised quickly to respond to the impact of the virus in terms of service delivery and also to ensure that our most vulnerable children and adults were supported through continuing with visits, use of technology to maintain an overview of families and also by undertaking reviews. This ensured that care needs and protection requirements were upheld. Throughout the pandemic our frontline social workers and social care workforce have been working from planned team “bubbles” to ensure a balance between service delivery, risk and social distancing. Staff have worked from home and the results of a recent survey by the Chief Executive indicates that this has been positive with staff advising that they have coped well to develop their working practice to suit the balance of blended working. Staff working from home have continued to have access to support and regular formal supervision.

Staff have worked with our Caring for People Team to support families and communities in line with humanitarian approaches to care and support. This has been a very successful piece of work.

COVID-19 fatigue has been noted and staff have been encouraged to take annual leave to have a break and rest. The majority of staff have been taking their leave but for some, particularly those staff who have been shielding there will be a need for annual leave to be taken into the next annual leave year. This will have to be planned in partnership with team leads in order to ensure a level of safe staffing. In Argyll ad Bute we have also worked in partnership with our human resources and organisational development team and also our mental health teams to ensure a fast track tier process for staff experiencing difficulties.

Care Homes, Care at Home and Day Services have like other areas been pressured by COVID-19 demands and regulations. Testing and PPE have been particularly challenging given the nature and pace of change that has been observed as we have progressed through the Pandemic.

During the Pandemic we have maintained a strong links with our Care Inspectorate Strategic Inspector and this has provided assurance to him that Argyll and Bute have managed to continue our service provision and overview of risk across all of our social work and social care services.

We were expecting an increase across Child Care, Adult Support and Protection and Mental Health referrals. The expected increase has not been to the level that we anticipated, however this does not mean that we reduced our vigilance around these areas and maintain strong collaborative relationships with Police Scotland and other key partners locally to remain alert to any elements of hidden harm across all services.

Key Priorities for Recovery in Response to COVID-19

At this point in time we need to maintain our current work arrangements to ensure risk is maintained for our staff and that we are adhering to Scottish Government guidelines. We look forward to a point that we can make plans in line with recovery for making definitive working arrangements for staff.

Winter Planning and the implementation of the flu vaccine programme remains a high priority for us as well as a robust overview and support to care homes.

We will maintain an overview of legislative developments and in particular to those areas where we have noted some delays. For example, Court limitations around the progress for Guardianships and permanence planning. We are aware that service demands will increase as we progress and our teams will be monitored to ensure work capacity is available to support the increase.

We continue to have daily huddles in Argyll and Bute to keep a close overview of areas and service specific teams. This is very positive and also aids as a communication channel for staff to hear about developments and also as a way of bringing any pressure areas to the huddle in order that we can respond quickly. We have maintained this through the Pandemic and will continue to do so as we move forward. We will continue to monitor our ability to achieve our set financial savings targets given that demands for social services will increase as we move through the winter. We will support service users by linking to our caring for people groups, education, housing

and other colleagues to ensure that any families or individuals that do find themselves in hardship are fully supported.

Finally we will continue to ensure that our care planning and reviews are undertaken in order that any shift in the balance of care that is requires is undertaken quickly. This will ensure that services are provided timeously and carer's needs are fully considered during this significantly challenging period.

Challenges ahead

The Pandemic in general, the nature of the spread and continued learning about COVID-19 for us all will mean that we will need to continually navigate the fluidity it brings. We need to progress our recovery planning whilst keeping a firm view of the nature and behaviour of the Pandemic and continue to respond as best we can.
We will definitely continue to find the financial challenges a pressure and the ability to reach financial targets that were set prior to COVID-19. Future targets will also be challenging as we prepare for the year ahead. We are also aware of the financial implications of the Scottish Child Abuse Inquiry and that this may also have an impact on our budgets.

The sustainability of care homes and care at homes remains challenging as will the increased demands for services and the legislative and protection elements to our role. Care Home managers are under extreme pressure given the level of scrutiny in particular that they face.

We need to keep our Strategic priorities for service redesign and transformation of services in view, given the changes we need to make to ensure services are fit for purpose and deliver to the needs of the population across Argyll and Bute. The modernisation of social care will play a large part of this work.

We are expecting some significant changes to legislation in 2020 and we will need to ensure that we have the workforce and financial backing to deliver and sustain these. National developments of matters such as the Review of Adult Social Care, Mental Health legislation, Self - directed support, the Care Review and the inclusion of the United Nations Convention on the Rights of the Child (UNCRC) are all complex areas for development that will require the CSWO overview and a continuation of our views across National Forums.

Throughout Argyll and Bute we have been involved in the Culture review that has originated from NHS Highland and so we are working across all the teams to support the shift to a more positive culture. We are achieving this through training on Courageous Conversations to support staff speak up and speak out in a more confident manner. Further team development and training plans are also in place.

Priorities for 2020/21

Recovery planning for Covid-19 will be the main priority for all services.
The implementation of the new restructure for adult and children's services and to recruit to any gaps.

The development of Learning Disability Services and the implementation of the Learning Disability strategy to support the vision and priorities for the area. This will include Autism and Transitions and the development of a pathway from children to adult's services.

Redesign of Mental Health Services to include the implementation of a Forensic Psychiatry pathway and Peri-Natal pathway across Argyll and Bute. A more integrated approach to the delivery of mental health services is planned.

Support to Care Homes and the development of Care at Home services will continue to be progressed.

The GIRFEC Leadership programme will progress across all services and any learning arising from this will be implemented.

To support the workforce in terms of more robust training and development including leadership and management and to support the progress of a more health and care integrated service with a clear understanding of roles and responsibilities. To support staff by ensuring that they have robust leadership and management structures in place and that they have access to regular quality supervision and career development opportunities.

To support the work of the Chief Officer with the progression of the Culture review in line with NHS Highland and for Argyll and Bute to be positive work environment.
To undertake a review of the current out of hours social work system which is not fit for purpose and in the long term unsustainable. Proposals to develop this are being planned for 2020/2021.

We will also await the outcomes for the development of new and updated legislation to support our workforce and of the impact of the National Care review and the UNCRC across our services.

Conclusion

COVID-19 still reigns over us and continues to place us under pressure as we continue to support the needs of service users across Argyll and Bute whilst maintaining staff safety. No-one is clear about how the next few months or years will impact on us but we remain positive that by continuing to maintain an overview of services and support and look out and be kind to each other we can sustain the pace that we are working at.

As newly appointed CSWO I look forward to the next year and to have the opportunity to support and lead our social work workforce and represent Argyll and Bute not only in the CSWO group at Social Work Scotland but also in the National Forums with representatives from the Scottish Government and partners. In this context I am not only privileged to represent my CSWO colleagues across Scotland but also as the CSWO for Argyll and Bute.

I look forward to being part of a Senior Leadership Team in Argyll and Bute who will strive to make the transformational changes that are required to enhance and support the residents of Argyll and Bute across all of our services in whatever capacity.

Julie Lusk
Chief Social Work Officer and Head of Mental Health, Addictions, Learning Disability, Autism, Transitions and Physical Disability Services.

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A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

INTEGRATION JOINT BOARD

Date of Meeting: 25 November 2020

Title of Report: Alcohol & Drug Partnership Annual Report

Presented by: John Owen, Chair, Argyll and Bute Alcohol and Drug Partnership

The Integration Joint Board is asked to:

- Discuss the detail of the Annual Report and highlight any specific actions they would like to see the ADP take in relation to its content.
- Approve the report for publication

1. EXECUTIVE SUMMARY

1.2. The Argyll & Bute ADP Annual Report introduction, by Independent Chair of the ADP, John Owens, highlights the achievements and plans for the coming year. The Terms of reference are presented to give readers an understanding of the membership and protocols of the ADP. The annual report provides detail of several key pieces of work including the Recovery Oriented System of Care, which is required by the Scottish Government, and examples of service practice around treatment and recovery.

1.3. The ADP reports against two national targets

1) Waiting Times – 90% of people seen within three weeks of referral. This target has been met.

2) Alcohol Brief Interventions – the target of 1028 ABI per year hasn't been met. A plan to increase delivery within Hospitals and Primary Care is included.

1.4. Work with young people and families reported and provides details on school-based support work and work done by the family support groups.

1.5. Details of positive work around the inclusion of representatives with lived and living experience as well as the first Peer Led Recovery Advocacy Service in Scotland are given.

1.6. Work undertaken in conjunction with the Community Justice Partnership to increase support for people coming out of prison or Police Custody is highlighted.

1.7. Details of the ADP finances are presented at the end of the report.

2. INTRODUCTION

The Alcohol & Drug Partnership is a Strategic partnership with direct reporting responsibility to the IJB. The ADP are required to submit an Annual Report to the Scottish Government, using their specified proforma, annually in October detailing action undertaken in the preceding financial year.

In line with the reporting requirements, the Scottish Government report was approved by the HSCP Chief Officer and the Chair of the ADP in late October 2020. The report presented today is adapted from the Scottish Government Report and provides more detail and specific examples of good practice in Argyll & Bute.

3. DETAIL OF REPORT

3.1 Argyll & Bute ADP presents its Annual Report. The introduction, by Independent Chair of the ADP, John Owens, highlights the achievements over the last 12 months and sets out the plans for the coming year in the context of Scottish Governments Rights, Respect and Recovery Strategy. The Terms of Reference are presented to give readers an understanding of the membership and protocols of the ADP. The document then goes on to highlight several key pieces of work.

3.2 The report notes the requirement for each ADP to have a Recovery Oriented System of Care (ROSC in place). Argyll & Bute ADP have developed a ROSC with support of Scottish Drugs Forum which aims to put people at the centre of service delivery and link services together with the aim of the best placed service meeting the needs of the people in recovery. The next page gives some examples of Treatment and Recovery practice from Argyll & Bute Addiction Team (ABAT) and We Are With You (WAWY). It also presents a list of (some of) the treatments and interventions available in Argyll & Bute.

3.3 Details of national targets the ADP has to report on are presented on the next page. As noted previously these are:

1) Waiting Times – 90% of people seen within three weeks of referral to the service. The partnership have consistently met this target for several years.

2) Alcohol Brief Interventions – the HSCP target for delivery of 1028 ABI per year hasn't been met in recent years. The ADP intends to work with ABAT and HSCP staff to increase ABI delivery in hospital settings and is currently looking at options for re-introducing a Local Enhanced Service for GP's.

3.4 The report presents details of the Trauma Informed Approaches used by both ABAT and WAWY to ensure services are sensitive to the needs and experiences of people. It then presents information regarding the use of Residential Rehabilitation by services in Argyll & Bute. It notes different approaches used to identify and support people with problematic alcohol use.

3.5 The report moves on to look at the support offered to young people in Schools in partnership with the Education Department. A series of graphs provide details on the type of support/education and the breakdown of

those using the service. A list of other school-based work supported by the ADP is also included.

3.6 The school-based work links into the ADP approach to Getting It Right for Everyone, and the following provides more detail on the – school-based work. It also highlights plans for a Needs Analysis which will support the future delivery of services for young people affected by their own or someone else's alcohol and/or drug use. There is then a brief introduction to Family Support group work the ADP has supported and a list of media campaigns we have highlighted to partners.

3.7 The ADP has worked hard to get to a point where people with lived and living experience of drug and alcohol use and harm are represented in the ADP. The annual report looks at the range of activities and developments to involve people with lived and living experience in the planning and delivery of services in Argyll & Bute. As a direct result of the engagement work the ADP has undertaken Argyll & Bute has become the first area in Scotland to establish a peer led Recovery Advocacy Service in partnership with Lomond and Argyll Advocacy Service and others.

3.8 Another example of good practice is the Helensburgh & Lomond Family Support group. Their brilliant work has been driven by volunteers in the Helensburgh & Lomond area and has had a major impact on families and individuals in recovery. Their story is presented for the reader. Alongside the Family Support group, work with the Recovery Communities across Argyll & Bute helps support the recovery of many people. The wide range of work they deliver is highlighted within the annual report.

3.9 The ADP Coordinator has worked in partnership with the Community Justice Partnership Lead Officer over the last year to look at developing more integrated pathways for people leaving custody and returning to the community.

4. RELEVANT DATA AND INDICATORS

Waiting Times – In 2019/20 services (ABAT and WAWY) met the waiting times target of 90% of people seen within 3 months.

Alcohol Brief Interventions - In 2019/20 the ADP/HSCP delivered 209 ABI against a delivery target of 1028.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The annual report includes information on the ADPs two national targets, Waiting Times and Alcohol Brief Interventions (ABI). The ADP has consistently met the Waiting Times target but, in recent years, there has been a significant drop in ABI delivery. The decision to remove the payment for GP delivery of ABI was taken in light of a reduction in funding from the Scottish Government to ADPs. The anticipated increase in ABI deliver across other sectors did not happen. The ADP has agreed funding of a nursing post to lead on the embedding of ABI within the HSCP and is currently considering introducing a new GP Local Enhanced Service for ABI.

6. GOVERNANCE IMPLICATIONS

None

6.1 **Financial Impact** – ADP 2019/20 funding by source and expenditure are detailed at the end of the report. The Scottish Government has committed to funding alcohol and drugs interventions through the ADP structure, however, there is a Scottish Parliamentary election due to take place in May 2021 and there can be no certainty of funding priorities beyond this date.

6.1 **Staff Governance –** No implications

6.2 **Clinical Governance** – No implications

7. EQUALITY & DIVERSITY IMPLICATIONS.

Not required for this document

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Data protection has been considered in the writing of the annual report.

9. RISK ASSESSMENT

Not required for annual report

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Not required for annual report (however there are details of ADP involvement and engagement work within the report).

11. CONCLUSIONS

The ADP Annual Report details actions across a range of priority areas in line with the Scottish Governments reporting requirements. It highlights good practice in advocacy, involvement of lived and living experience and family support. The report also indicates where the ADP need to improve, specifically on delivery of Alcohol Brief Interventions and the design of future services for Children and Young People. The annual report shows that the ADP has been able to deliver across a wide range of priorities within the budget allocated by the Scottish Government, NHS Highland and Argyll & Bute Council.

12. 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	

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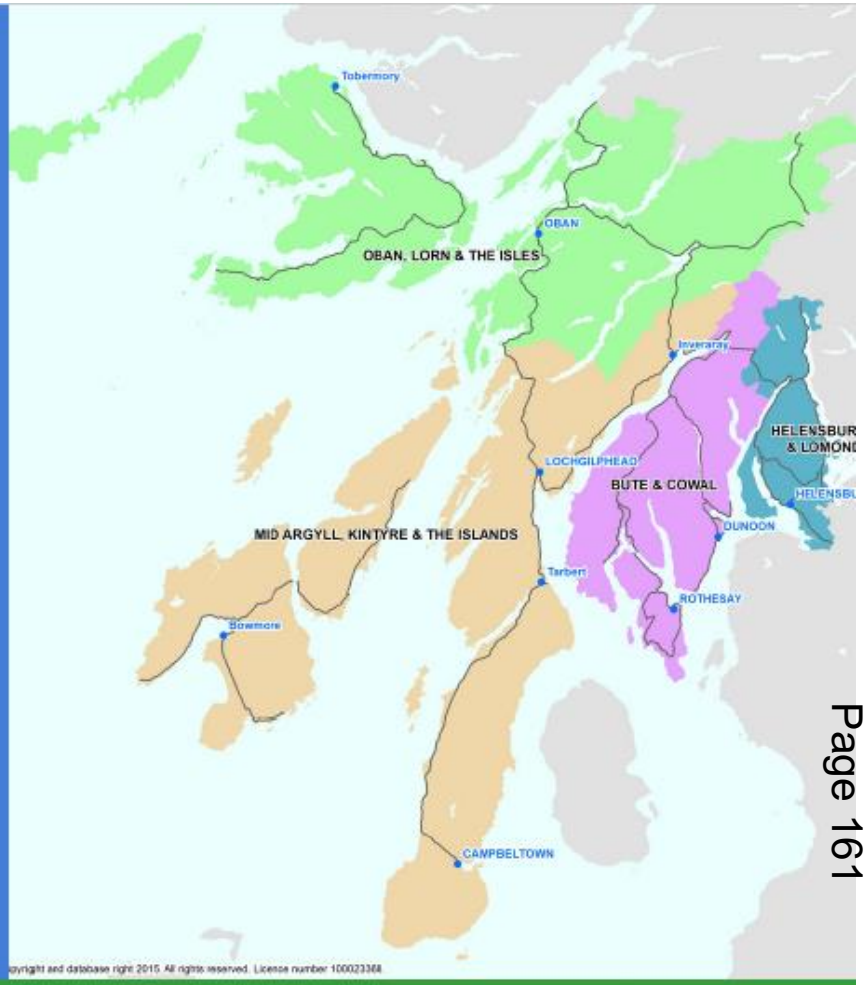
Annual Report

2019 -2020



Argyll and Bute Alcohol & Drug Partnership

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A&B HSCP Transforming Together

Argyll & Bute Health & Social Care Partnership

INTRODUCTION

John Owens - Argyll & Bute ADP Independent Chair

I am pleased to again, this year, provide a foreword to the Argyll and Bute Alcohol and Drug Partnership Annual Report. It has been a privilege to carry out the duties of chair and to witness the progress made through cooperation and collaboration across the partnership to tackle and ameliorate the impact of alcohol and drugs on the lives of individuals, families and communities across Argyll and Bute.

The revised Scottish Government Strategy for Alcohol and Drugs – Rights, Respect and Recovery – is now embedded in our services and approaches across the area and is challenging and encouraging new ways of responding to old problems. RRR's success will ultimately be the delivery of a culture change and a paradigm shift in how we perceive and support individuals and families impacted by drugs and alcohol, bringing openness and respect, with access to supports being non-stigmatising. It will also see drug and alcohol services linking seamlessly with universal and targeted services avoiding a referral-on culture.

Aligned to this strategic shift has been the strengthening of our governance arrangements and improved linkages with the Integrated Joint Board (IJB) and the Health and Social Care Partnership (HSCP) and its lead officers as well as the improved coherence with the priorities of the Chief Officers' Group for Public Protection. The Partnership continues to play an active role in the Community Planning Partnership and Community Justice Partnership and contributes to the overarching Local Outcomes Improvement Plans.

The continued investment from the Scottish Government, Highland Health Board and Argyll and Bute Council has greatly assisted in consolidation and service improvement and ensures the necessary infrastructure across the recovery continuum.

I believe the current partnership is the strongest it has ever been and has achieved a well balanced mix of Statutory, Commissioned, Third Sector and Community representatives who fully understand the challenges of our agenda and have a desire to step out of their own institutionalised or personalised perspectives to create a shared definition and understanding of our localised task and to devise a realistic action plan to improve health and wellbeing across the area.

The report sets out progress to date and I am very proud of the great work done by partners and local networks to enable us to provide a positive report again this year. Much remains to be done and the continued rise of drug and alcohol related deaths remain a constant reminder that these tragic deaths are not inevitable and with concerted community effort we can reverse the numbers. We need to, at the same time, ensure that our practices and approaches are trauma informed and are person-centred whatever the age of the individual.

The report's sections link directly to Rights, Respect and Recovery and I believe provide an accurate picture of the Partnership's progress in articulating a local action plan across the key objectives:

- Education and Prevention;
- Recovery Oriented System of Care (ROSC);
- GIRFEC and Whole Family; and
- Paradigm shift in Justice.

I have great pleasure in commending the report to you and I extend my gratitude to you for your interest, your support and your contribution to the work of the ADP.

John Owens
Argyll & Bute ADP Chair

ALCOHOL & DRUG PARTNERSHIP

- Share experiences and learning on alcohol and drug matters in order to support the HSCP in effective strategic planning
- Contribute to relevant local, regional and national consultation responses or events
- Inform engagement on alcohol and drug matters within their area to assure the community voice is heard
- Participate in learning opportunities to maximise individual member contributions
- Contribute to needs assessment processes to better understand local priorities and service delivery.

TERMS OF REFERENCE

MEMBERSHIP

- Independent Chair
- Public Health Specialist
- Lived Experience Representatives x 2
- Family Support Representatives x 2
- Third Sector Representatives x 2
- Housing Representative
- Scottish Fire and Rescue Representative
- Police Scotland Representative
- Statutory Provider Representative
- Non-Statutory Provider Representative
- Child Protection Representative
- Adult Protection Representative
- Education Representative
- Young People Representatives x 2
- Other HSCP staff as required

ADMINISTRATION

Recording of meeting activity will be in action note format issued within 2 weeks of the meeting. Ratification/agreement will take place at the following meeting.

CHAIR

Chair: Independent Chair by appointment.
Co- Chair: Other member by election

AGENDA & PAPERS

The agenda and the papers for meetings will be issued 2 weeks prior to each meeting.

QUORUM

Fifty percent of all members should be in attendance.

LOCATION

Wherever possible meetings will be held in venues which support video or telephone conferencing.

FREQUENCY

The ADP met 11 times in 2019-20r

ROSC in Argyll & Bute

The ADP worked in partnership with Scottish Drugs Forum to create a ROSC centred around the ten identified areas of need for positive recovery. The model, using an easily read visual score, gives an indication of the type of support on offer from each partner and holds details of organisations who could support in one or more of the identified needs areas.

A tiered partnership and referral system supports the smooth transition between services for people in recovery.

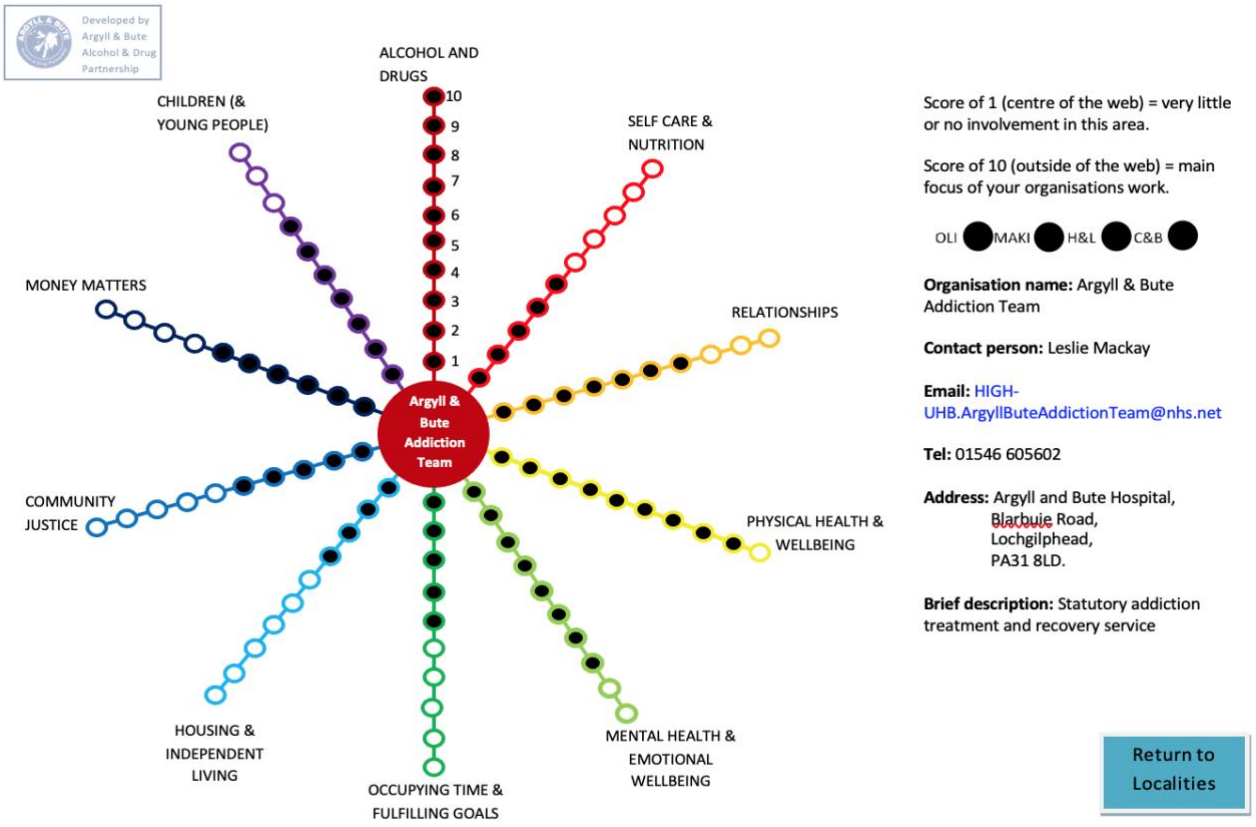
During 2019/20 the ADP worked with the Third Sector Interface (TSI) to promote the ROSC.

It was widely promoted by SDF to other ADPs. We continue to receive positive feedback regarding our model and are looking at ways that this can be adapted to work more effectively across a wide range of needs.

RECOVERY ORIENTED SYSTEMS OF CARE

Distinguishing features of a ROSC include:

- being person-centred
- being inclusive of family and significant others
- keeping people safe and free from harm
- the provision of individualised and comprehensive services (inc. housing & education)
- services that are connected to the community
- services that are trauma-informed



Some of the Treatment and Recovery Support options in place in Argyll & Bute

- Same day prescribing of Opioid Substitute Therapies (OST)
- Methadone
- Buprenorphine and naloxone combined (Suboxone)
- Buprenorphine sublingual
- Naltrexone
- Injecting Equipment Provision (IEP)
- Mutual Aid Partnership (MAP)
- Art Group
- Fitness sessions
- Social gatherings

TREATMENT AND RECOVERY

As part of the Argyll & Bute Addiction Team (ABAT) a Substance Misuse Liaison Service was initiated to improve access to treatment. Pathways have been developed within A&E departments for access to the substance misuse liaison nurse for people presenting with drug and/or alcohol problems. This has worked in tandem with the new Emergency and Urgent Mental Health Service as some of the presentations to their service have also required input due to substance misuse.

The Substance Misuse Liaison Service nurse has access to the weekly Non-Fatal Overdose (NFOD) report. He attempts to follow up with individuals who are either not known to service or not currently on caseload. Those already known are immediately followed up. Both groups are offered Naloxone training and supply. The liaison nurse provides A&E departments with immediate access and Naloxone training/supply.

We Are With You (WAWY) actively promote their service to all GPs & partner agencies. They have developed new ways to reach individuals and families who need support using telephone and video appointments.

Both ABAT and WAWY have staff trained to distribute Naloxone to individuals & their family members. Both teams also provide Injecting Equipment Provision (IEP) utilising outreach and click & collect approaches.

WAWY introduced online Mutual Aid Partnership (MAP) group sessions three times per week. They also offered safe distanced walk & talk sessions with people who are unable to engage by phone/digital. Where required they carried out doorstep welfare checks when they were unable to make remote contact with people.

The ADP's ROSC approach encourages all services to work in partnership with a wide range of local and national service providers to ensure individuals get the best service possible.

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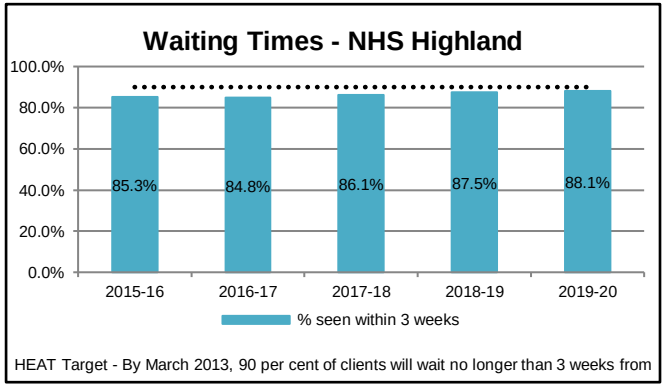
Background and Recovery Plan for ABI Delivery

Argyll & Bute ADP made the decision in 2016 to end the Local Enhanced Service with GP's. This taken against a backdrop of reduced funding to ADPs, high costs of the service (around £72 per ABI) and not meeting the target. Agreement was made to transfer responsibility for the delivery of ABIs to the HSCP. A number of attempts were made to support services to deliver ABIs, however, this never resulted in the expected embedding of ABI delivery within services. External agencies were also engaged to deliver ABIs with limited success.

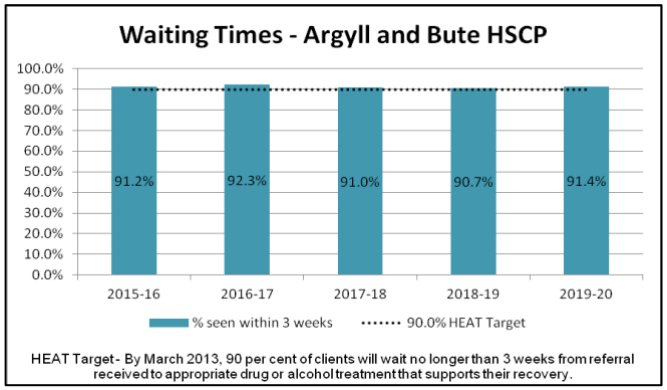
The ADP recently agreed funding of an Alcohol Liaison Nurse post to support delivery in priority settings. In addition, the ADP are currently considering approaching GP leads with a view to introducing a new LES for ABI.

ADP TARGETS

The ADP is responsible for reporting against two national targets, Alcohol & Drug Service Waiting Times and Alcohol Brief Interventions. The Argyll & Bute figures form part of the NHS highland return. Historically Argyll & Bute services have performed well against the waiting times target and have met the target of 90% seen within three weeks of referral for the past five years.

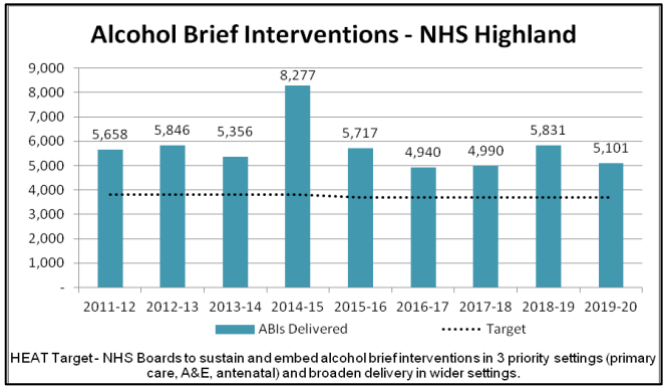


HEAT Target - By March 2013, 90 per cent of clients will wait no longer than 3 weeks from

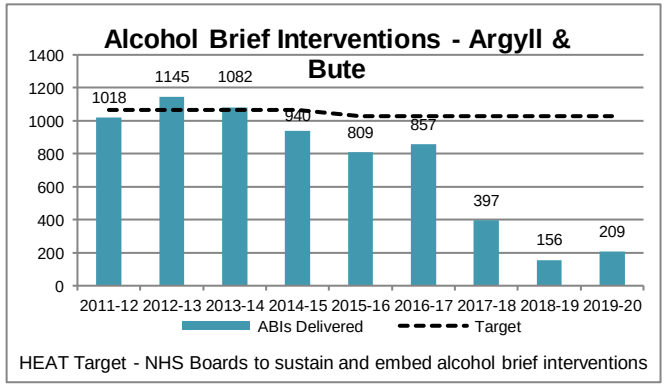


HEAT Target - By March 2013, 90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.

Argyll & Bute have had less success with the Alcohol Brief Interventions target and have, in recent years, failed to meet this target.



HEAT Target - NHS Boards to sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.



HEAT Target - NHS Boards to sustain and embed alcohol brief interventions

APPROACHES AND REHABILITATION

Alcohol Screening and Intervention approaches

- Alcohol related cognitive screening (e.g. for ARBD)
- Community alcohol detox
- Inpatient alcohol detox
- Alcohol hospital liaison
- Access to alcohol medication (Antabuse, Acamprase etc.)
- Alcohol Brief Intervention (ABI) in priority settings
- ABIs in non-priority settings

More work is required to improve delivery across all areas. As such the ADP is looking at additional investment including a new post to prioritise this work.

TRAUMA-INFORMED APPROACH

ABAT - Trauma has been recognised as a significant concern amongst individuals accessing drug and alcohol services and as such this has been taken into account in all our contacts. This recognition can inform the individuals requirements in accessing treatment services, for example, recognition that the gender of the worker can be a barrier.

We Are With You (WAWY) staff are all trained in Adverse Childhood Experiences (ACEs). WAWY launched a new training programme for all staff which establishes a three-phase approach to the delivery of Trauma Informed Care.

RESIDENTIAL REHABILITATION

ABAT – As available funding is limited for residential rehabilitation it is expected that any individual being considered for rehab has engaged with services, has been unable to manage their recovery in the community setting and will commit to engaging in follow up with community services following their placement. ABAT service will refer to either Phoenix Futures in Glasgow or Kings Court, Tighnabruich. ABAT supported 5 people to start residential rehab placement. 2 male and 3 female.

WAWY - 5 service users, 4 male and 1 female, accessed residential rehab for alcohol and/or drugs in Beechwood House, Turnaround and Jericho House with support from both ABAT and Criminal Justice.

SCHOOL SUPPORT

- Work with the education department to provide school based support and education services in all ten Secondary Schools across Argyll & Bute
- Fund Cool2Talk as an opportunity for early intervention and prevention
- Fund and support the S3 Drama which covers a wide range of issues including alcohol use. The pupils have a chance to ask questions of service providers and get to know which services are in their area, how to access them and what type of support they can expect from them.

Figure 1: Pupils receiving 1:1 support in school year 2019-2020

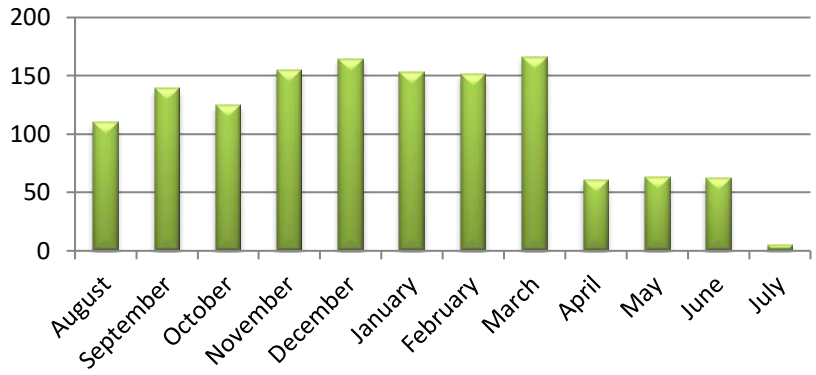


Figure 2 Interactions

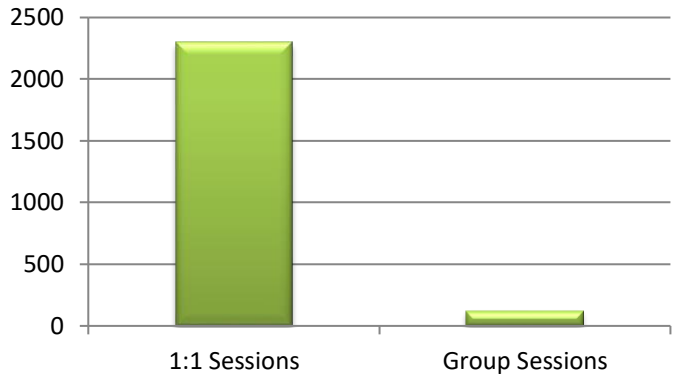


Figure 3: Ages of pupils receiving 1:1 support

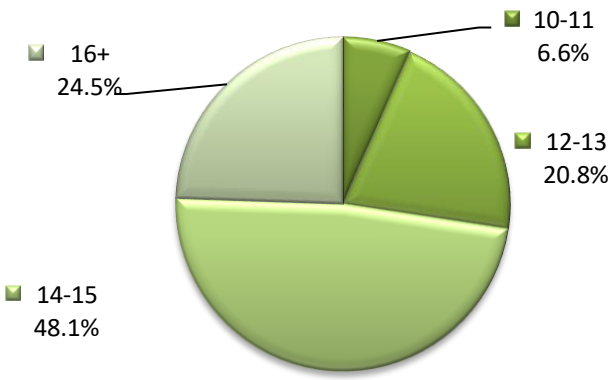
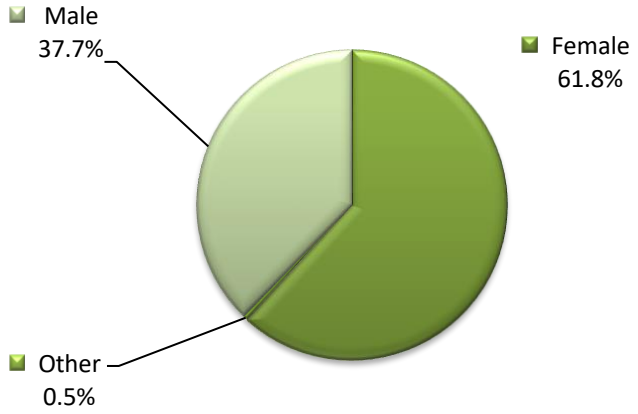


Figure 4: Gender of pupils receiving 1:1 support



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Social Media Campaigns Supported by the ADP

- Recovery Walk 2019
- Alcohol Awareness Week 2019 HIV Test Week 2019
- World Aids Day 2019
- Human Rights Day 2019
- Dry January 2020
- Time to Talk Day 2020
- Random Acts of Kindness Day 2020
- Sober Spring;
- World Health Day 2020
- International Overdose Awareness Day 2020
- World Maternal Mental Health Day 2020
- Clear Your Head Campaign 2020
- Infant Mental Health Awareness Week 2020
- Carers Week 2020
- Find the Missing Millions Campaign for World Hepatitis Day 2020;
- NHS Inform Covid 19 Alcohol Advice campaign 2020

GETTING IT RIGHT FOR EVERYONE

Support for Children and Young People

The existing school-based support service continued to deliver throughout 2019/20. A review of this service was undertaken in 2018 and concluded, while there was a difference in approach to the delivery of support between the service providers the level of service for the most part met the Care Inspectorate Outcomes. There was evidence that the interventions resulted in improvements in young people's lives and had a positive impact on families. The feedback was shared with service providers in order that they could learn and develop their service provision.

The ADP has worked in partnership with Aberdeenshire ADP to develop criteria for a Needs Analysis in relation to the needs of children and young people around alcohol and drugs. The Needs Analysis will allow the ADP to map and match current service, identify service gaps and adapt or commission new services to meet the identified needs of young people across all communities. The commissioning of the Needs Analysis has been delayed due to the Covid-19 pandemic. In response to this, it is anticipated a desk based, remote Needs Analysis will be commissioned in 2020/21.

Support for Families

Scottish Families (SFAD) have worked closely with the ADP Support Team to train and support volunteer family members to provide Family Support groups in Argyll & Bute. The group in Helensburgh and Lomond has been a great success with very strong links to the recovery community in the area. This model was replicated in the Cowal, Bute and Oban areas but with less success. The learning from this will be used to establish more sustainable family support post Covid-19 restrictions.

INVOLVING PEOPLE WITH LIVED AND LIVING EXPERIENCE

For people with lived experience :

- Feedback/ complaints process
- Focus groups
- Lived/living experience group/ forum
- Board Representation at ADP

For Family Members:

- Questionnaires/ surveys
- Focus groups
- Lived/living experience group/ forum
- Board Representation at ADP

Argyll & Bute ADP has worked with a number of partner agencies to identify and support people with lived and living experience and their families. As a result of the extensive work, involving local services and national organisations we now have people with lived experience and families members sitting as equal members of the partnership. This has been a very good example of strong partnership working which has helped build relationships and partnership between people with lived experience and services. It has also provided an opportunity for building better pathways into and out of services. The partnership approach started with the creation of an involvement strategy which set out the guiding principles on which all involvement has been built.

In 2018 we engaged Scottish Drugs Forum (SDF) to lead on the implementation of the involvement strategy. In 2019 SDF establishment of a Recovery Steering Group which brings together people with lived experiences to highlight the needs and challenges faced by those in recovery and the recovery community in Argyll & Bute.

The ADP has also initiated Scotland's first peer led Recovery Advocacy programme. This has been developed by a partnership of Scottish Recovery Consortium, Lomond & Argyll Advocacy Service and REACH Advocacy. The project has trained up three members of the recovery community to SVQ level 3 in advocacy. Two of these individuals have now gaining employment as part of a new Recovery Advocacy Service (within LAAS). We Are With You also run a volunteer programme throughout Argyll and Bute which helps people with lived experiences gain qualifications and, in turn, aims to help them back in to employment.

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ADVOCACY

A First for Argyll & Bute

With four people completing their training as Lived Experience Advocates earlier this year Argyll & Bute became the first area in Scotland to establish an advocacy service for people in recovery delivered by people with experience of recovery.

Scottish Recovery Consortium aim to establish a National Network of Peer Advocacy Services and will look to Argyll and Bute as a model of good practice. The combination of national and local based partners helped secure the funding for this project and it is hoped the establishment of a National Network will help develop and support this service as we move forward.

Argyll & Bute ADP recognised that there was a need for advocacy services specifically tailored to people affected by their own or someone else's alcohol or drug use. A partnership was established by the ADP involving Lomond & Argyll Advocacy Service, Scottish Recovery Consortium and Reach Advocacy to train people with lived experience as Peer Advocates. The partners successfully recruited and trained 4 individuals from across Argyll and Bute as Lived Experience Advocates. All four successfully completed the Reach Advocacy Rights Based Approach SQA Advocacy Award.

With the support of the ADP LAAS secured funding to establish a Recovery Advocacy Project with three Lived Experience Advocacy Workers based in Helensburgh, Dunoon and Oban. The service will offer individuals, who are struggling with complex issues and seeking recovery, one to one Rights Based Approach Independent Advocacy. It will enable them to have purposeful & meaningful conversations with a range of services, which may include their GP, Housing Services, Community Learning, Criminal Justice, Debt Advice and Welfare Rights. This service will support people, who often feel marginalised and struggle to overcome many hurdles and barriers, to feel better connected to services, their communities and have real and significant opportunities to explore recovery. It will ensure the voices of people in recovery are heard, respected, valued and included in order that we can tailor necessary and vital services to best support them.

Prior to the Covid lockdown LAAS started setting up regular Advocacy Drop Ins at all Recovery Cafes across Argyll & Bute. LAAS will continue to work in partnership with SRC, Scottish Families and Recovery Cafes, and will have the Scottish Governments Strategy. "Rights, Responsibilities and Recovery", embedded into our work.

HELENSBURGH & LOMOND FAMILY SUPPORT

What Do Family Support Group Offer?

- Focused groups which acknowledge and accept the experiences of each member
- Lived experience forums that can help build better services for people in recovery and their families.
- An equal voice on the ADP through their own dedicated ADP Representative
- Whole Family support aimed at supporting the needs of partners, parents and children as well as the individual in recovery

Argyll & Bute's first Family Support group was established, with the support and funding from the ADP, in Helensburgh in October 2018 by two family members with experience of caring for and living with someone with drug and/or alcohol dependency issues. With their support a second group was established in Dunoon.

The Helensburgh group meets weekly and provides an opportunity for every member to talk about how their week has been with their loved ones either as an open update to the group or in a 1to1 discussion. All the group members report that the group has helped them make significant progress within their lives. There has also been an opportunity for them to take part in CRAFT training (Community Reinforcement And Family Training) free of charge. CRAFT is a comprehensive behavioural programme that teaches families to optimise their impact while avoiding confrontation or detachment. The group also attended the 2019 Recovery Walk in Inverness and the Connecting Families event in Dunoon, hosted by Scottish Families, which gave them the chance to meet other family groups within Argyll & Bute. They also hosted a Christmas Dinner and night out.

In March, with additional funding from the ADP, the group hired another room within the building and create a space for children affected by a parent or siblings alcohol or drug use. They used this space to support activities including homework groups and arts and crafts. Although the Covid-19 pandemic has forced the closure of the church hall the family support group continues to provide one to one support to members and have established a regular socially distancing walking group and small meetings for lunch in local restaurants. They have received donations of bags of shopping and have been distributing these to, incredibly grateful, group members. They plan to continue meeting and supporting members in whatever safe way they can and are all looking forward to a time when they can return to hosting their regular meetings in the Church Hall.

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RECOVERY COMMUNITIES

Recovery Communities in Argyll & Bute

- Oban
- Helensburgh
- Dunoon
- Mid Argyll/Kintyre

Activities include:

- Support meetings
- Indoor and outdoor activities
- Arts & Crafts
- Quizzes
- Cooking
- Hot food available
- Hairdressing
- Growing veg
- Meeting other groups
- Local campaigns
- Music groups
- Outings
- Christmas party
- Support members to attend the Scottish Recovery Walk

The Recovery communities in Oban, Helensburgh, Dunoon and Mid Argyll/Kintyre all expanding their membership. The communities are primarily led by people with lived experience and all have people with lived experience involved in the programming and organisation of the regular activates.

Oban successfully introduced a Green Shoots project which supports people to grow fruit and vegetables, build their produce knowledge and learn gardening skills. Oban and Kintyre both have weekly music groups which are open to anyone with an interest in taking part or learning new skills.

Argyll & Bute recovery communities have historically been independent of one another; however, their links have been strengthened through the creation of a Recovery Steering Group supported by SDF as part of the ADP's Involvement Strategy. The Recovery Steering Group aims to represent all of the Recovery Communities and develop a collective voice on their behalf.

The ADP Support Team provided financial support and, along with several ADP partners, worked with each of the recovery communities supporting them to offer programmes including recovery cafes, group meetings and voluntary opportunities.

The lockdown has seen a move to online meetings and support as well as the establishment of walking and talking groups in some areas. Recovery Groups and meetings offer a vital element of support to a vulnerable, and often hidden, population within our communities. The inability to gather as a result of the Covid-19 pandemic will have a profound impact on these groups and the people who rely upon them for support.

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POLICE CUSTODY TO COMMUNITY PATHWAY

The ADP, in partnership with Community Justice, Criminal Justice, Police Scotland and We Are With You, established a Police Custody to Community pathway for people who wished to speak to a member of staff from We Are With You.

The offer of support is not limited to those with identified needs associated with their use of alcohol or drugs but, by using the ADP ROSC, can link into a wide range of services and opportunities. We Are With You function as a first point of contact and link people into the appropriate service

PUBLIC HEALTH APPROACH TO JUSTICE

The ADP Coordinator and Community Justice Coordinator have worked closely to ensure there is a shared approach to supporting people within the criminal justice system. This has included joint working on strategic planning and development of approaches. The Community Justice Coordinator secured funding through the Scottish Governments Drug and Alcohol National Funding Programme to undertake an analysis of the experiences of people leaving prisons and moving back into the community. How smooth, or otherwise, is their transition into services in Argyll & Bute. The findings from this will be used to redesign and develop more effective pathways which ensure people don't fall through the gaps when leaving prison.

The Custody to Community Pathways for people leaving Prison and returning to Argyll & Bute are aimed at ensuring all are provided with Naloxone on liberation. As there is no prison in Argyll & Bute, and people can be held in a range of prisons, the work to ensure an equitable approach has involved discussing between the Community Justice Coordinator and a number of Prison Governors.

Where required, prior to liberation, the prison addiction staff contact the Argyll & Bute Addiction Team in order to continue with any clinical treatments in the community. This approach has worked well for the continuation of prescribed methadone and buprenorphine.

ADP FUNDING

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	972,277
2019/20 Programme for Government Funding	
Additional funding from Integration Authority	820,232
Funding from Local Authority	
Funding from NHS Board	355,931
Total funding from other sources not detailed above	
Carry forwards	
Other	
Total	2,148,440

Total Expenditure from sources	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	49,835
Community based treatment and recovery services for adults	1,272,642
Inpatient detox services	
Residential rehabilitation services	
Recovery community initiatives	418,772
Advocacy Services	30,000
Services for families affected by alcohol and drug use	
Alcohol and drug services specifically for children and young people	69,000
Community treatment and support services specifically for people in the justice system	
Other	248,674
Total	2,088,923

If you require this document in large font or in an alternative format please contact us in any of the following ways:

In writing: Argyll and Bute Alcohol & Drug Partnership
Comraich, Blarbuie Road
Lochgilphead, PA31 8LB

Telephone: 07815160219 or 01546 604948

Email: nhsh.argyllandbuteadp@nhs.scot

https://www.facebook.com/ArgyllandButeADP/

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Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item :

Date of Meeting: 25th November 2020

Title of Report: Children and Young People's Services Plan 2020 – 2023

Presented by: Patricia Renfrew

The Integration Joint Board (IJB) 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 for the period 2020 - 23
- Once approved by the Integration Joint Board and Council approve the publishing of the Children and Young People's Services Plan
- Once approved by the Integration Joint Board and Council the submission of the Children and Young People's Services Plan to Scottish Government
- Note that Argyll and Bute's Children's Strategic Group will oversee the delivery of the outcomes identified in the plan with annual performance and progress reports to be presented to future meetings of the Community Services Committee and the Integration Joint Board

1. EXECUTIVE SUMMARY

Part 3 of the Children and Young People (Scotland) Act 2014 introduces the requirement for Argyll and Bute Council and NHS Highland to prepare a Children and Young People's Services Plan to cover the period 2020 to 2023.

1.2 The Children and Young People's Services Plan has been prepared to share the local priorities for achieving Argyll and Bute's vision for all children and young people and makes clear what services and partners need to do together to achieve them. The plan provides a framework for professionals, parents, carers and volunteers working with children and

young people helping to shape and improve the services provided in Argyll and Bute.

1.3 The Children and Young People's Services Plan 2020 – 23 will replace the 2017-20 Children and Young People's Services Plan and is the key strategic plans with the aim of delivering the priorities and local outcomes for children and young people articulated in the Argyll and Bute Local Outcome Improvement Plan (LOIP).

2. INTRODUCTION

2.1 This report introduces member to our new Children and Young People's Services Plan. The requirement to produce the plan is laid out in Part 3 of the Children and Young People (Scotland) Act 2014.

2.2 The responsibility for preparing children service's planning rests with the local authority and its relevant health board who are considered jointly and equally responsible, with other members of the Community Planning Partnership and some national public bodies either consulted with, or obliged to participate at various stages of the plan's development and review.

2.3 The preparation of Argyll and Bute's Children and Young People's Services Plan has been overseen by Argyll and Bute's Children's Strategic Group, chaired by Joanna MacDonald, Chief Officer, Argyll and Bute HSCP. The plan will cover the time period 2020 - 2023 replacing the 2017 – 2020 Plan.

2.4 The plan reflects our strategic priorities for children and young people having taken time to consider Scottish Government's expectations and aspirations in relation to the Children and Young People (Scotland) Act 2014.

3. DETAIL OF REPORT

3.1 Argyll and Bute's Children and Young People's Services Plan has been prepared in partnership with our children and young people and the range of agencies and services who support them. The plan sets out the shared local priorities for achieving Argyll and Bute's vision for all children and young people and makes clear what services and partners need to do together to achieve them. The plan provides a framework for professionals, parents, carers and volunteers working with our children and young people helping to shape and improve the services we offer.

3.2 This Children and Young People's Services Plan, while acknowledging the provision of universal services, focuses on services that target the most vulnerable and disadvantaged children who require care and support from

a number of agencies, including education, social work, health, Police, Scottish Fire and Rescue, Third Sector children's services and other partners.

3.3 This plan builds on the work described in the previous 2017 – 20 Plan and has been informed by what children, young people and families have told us about their needs and experiences. As a consequence of what we have learned, we have committed ourselves to work in partnership to continuously improve how we coordinate and deliver our universal and targeted services to ensure children and families get the help they need when they need it.

3.4 The outcomes and actions included within the plan were identified after thorough engagement and consultation with practitioners, young people and their parents who attended a programme of focus groups held across Argyll and Bute.

3.5 The Children and Young People's Services Plan is the core plan for the multi-agency delivery of children's services in Argyll and Bute. It is one of the key strategic plans developed and implemented on behalf of NHS Highland, Argyll and Bute Council and the Community Planning Partnership, with the aim of delivering those priorities and local outcomes articulated in the Argyll and Bute Local Outcome Improvement Plan (LOIP).

3.6 The Children and Young People's Services Plan is underpinned by the Getting It Right for Every Child framework. This ensures that we link the outcomes set out in the plan with both the Argyll and Bute Local Outcome Improvement Plan (LOIP) and the relevant National Performance Framework.

3.7 The implementation if the plan will be overseen by Argyll and Bute's Children's Strategic Group. Argyll and Bute Council and NHS Highland have a duty to report annually on the performance and progress in delivering the plan. The review must: (a) establish if services are being delivered in line with the plan's aims and objectives; (b) ascertain what impact, if any, the services covered by the plan are effectively safeguarding, supporting and promoting the wellbeing of children; and (c) identify ways in which either delivery and/or the plan may be improved (to better meet current aims and requirements). The review must be published and shared with the Scottish Government.

4.0 CONCLUSION

4.1 The Children and Young People's Services Plan presented to the IJB has been prepared in compliance with the requirements set out in the Statutory Guidance accompanying the Children and Young People (Scotland) Act 2014.

4.2 The purpose of the Children and Young People's Services Plan is to:

- Provide a clear statement of direction and vision for children's services over the life of the Plan.
- Produce a statement of purpose and intent that provides a basis for meaningful engagement with partner agencies over the co-ordination of work and appropriate allocation of resources.
- Provide a planning framework agreed by all partner agencies that will be used to develop, monitor, review and improve how we deliver services to children and families in Argyll and Bute.
- Provide leadership and support to operational staff by delivering a coherent and rational framework that clarifies the structure, direction, purpose and priorities to be taken forward.
- Show how children's services in Argyll and Bute are working to meet national and local legislation and policy.

4.3 The plan is the overarching strategic planning document for integrated children services in Argyll and Bute with a range of existing plans feeding into it.

5.0 GOVERNANCE IMPLICATIONS

5.1 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 (second edition) January 2020.

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 (second edition) January 2020.

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.

Patricia Renfrew
Head of Service Children, Families and Justice (Interim)
7th October 2020

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Argyll & Bute CHILDREN & YOUNG PEOPLE'S SERVICE PLAN 2020-2023

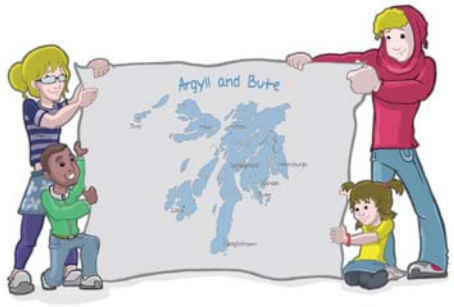
Our Vision

Working together to achieve the best for children, young people and families

getting it right for every child

argyll and bute community planning partnership

Contents



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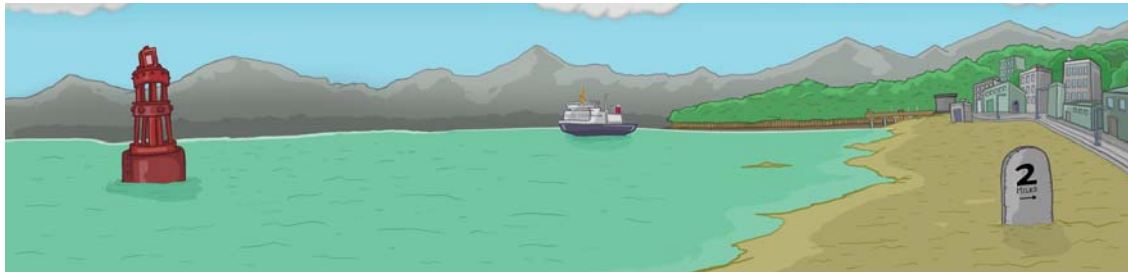
Introduction



We want our children and young people to have the best possible start in life and for Argyll and Bute to be one of the best places in Scotland to grow up.

The Argyll and Bute 2020 - 2023 Children and Young People's Service Plan builds on the work we have undertaken in the previous plan which commenced in 2017 and has been developed by our understanding of the needs of our children and young people.

Within our new plan the main focus is on promoting children and young people's wellbeing underpinned by Getting it Right for Every Child (GIRFEC) and by adopting preventative approaches dedicated to the needs of children and young people at the earliest possible time. Recognising the importance of children and young people achieving and maintaining good physical and mental health and wellbeing is also paramount.

The Children and Young People's Service Plan has links to a number of other plans, including the Local Outcome Improvement Plan (LOIP). The Joint Strategic Needs Assessment provides the foundation for this work and also underpins the Children and Young People's Service Plan and the Argyll and Bute Corporate Parenting and Child Protection Plans.

We also want to make sure children's rights are respected and promoted and are at the centre of what we do. That's why a big part of this plan will be about the United Nations Convention on the Rights of the Child becoming fully a part of Scots law. We want to make things better for children who are care experienced and for young people who are helping to care for family members.

This work will also be reflected in our Outcome 4 of the Single Outcome Agreement (SOA) for the period 2020-23 which sets out set out the agreed priorities for the Community Planning Partnership (CPP) for this period.

We recognise that investment in our children and young people is one of the most valuable long-term investments that we can make. By investing our shared resources in the delivery and development of services that focus on prevention and early intervention, we can ensure that children and young people's needs are met at the earliest opportunity and they are supported to achieve their full potential.

The plan provides a framework for professionals, parents, carers and volunteers working with our children and young people helping to shape and improve the services we offer.

The partnership is fully committed to delivering the Children and Young People's Services Plan. We thank all partners for their contributions to the plan and for their ongoing commitment to working together to achieve the best possible outcomes for our children and young people.

Pippa Milne
Chief Executive
Argyll & Bute Council

Pamela Dudek
Chief Executive
NHS Highland

Argyll and Bute Children and Young People's Service Plan 2020-2023

The Children and Young People's Service Plan 2020 -23 sets out our joint vision, our priorities and the outcomes we will strive to achieve for Argyll and Bute's children and young people over the next three years. It has been developed collaboratively with partners involved in the delivery of services for children and young people across Argyll and Bute and has been informed by input from the most important partners to the plan, our children and young people.

Argyll and Bute's vision commits partners to **'work together to achieve the best for children, young people and families'**. In order to realise this vision this Children and Young People's Services Plan is underpinned by the Getting it Right for Every Child (GIRFEC) framework. The strategic priorities also firmly align with Outcome 4 in the local Single Outcome Agreement (SOA) and the National Performance Framework (NPF).

Vision for Argyll and Bute

In our vision we state what we want the future to look like for children, young people and their families, for all those who use services as well as all those who work in the services or who come into contact with service users in Argyll and Bute.

The shared language of GIRFEC and the promotion of wellbeing has been adopted by all partners. This approach ensures delivery of real improvements and provides opportunities for all children to "grow up loved, safe and respected so that they realise their full potential", which is reflected in the National Performance Framework. This approach firmly puts the child at the centre and recognises that every child grows up to become healthy, happy and part of the local community (Appendix 1 provides more detailed information on our vision)

Our vision aligns with our aim of making Argyll and Bute the best place to grown up by:

- **Providing children and young pople with the opportunity to have a good quality of life including good mental and physical wellbeing**
- **Delivering high quality universal services for everyone**
- **Delivering better targeted services for vulnerable children**
- **Respecting, protecting and fulfilling children and young people's rights**
- **Tackling child poverty and inequality**
- **Supporting family wellbeing**
- **Understanding and addressing the influence and impact of trauma and adverse childhood experiences**
- **Improving outcomes for care experienced children, young people and adults**

Children's Rights - United Nations Convention on the Rights of the Child (UNCRC).

The Scottish Government are taking steps to ensure that children enjoy their rights, which includes implementing the UNCRC and incorporating it into Scots law.

The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill was introduced to the Scottish Parliament on 1 September 2020.

The Bill will transform the way we listen to children and take their rights into account. By directly incorporating the UNCRC into Scots law will mean children and young people are involved in the decisions that affect their lives and that children's rights are always respected, protected and fulfilled by public authorities. Where necessary, children will be able to go to courts to enforce their rights.

By adopting the GIRFEC approach we already use the UNCRC as a framework to ensure that we consider children's rights whenever we take decisions, and to help provide every child with a good start in life and a safe, healthy and happy childhood.

National Performance Framework (NPF)

The NPF sets out the Government's vision for Scotland and its overarching approaches and priorities that apply across all of the GIRFEC Wellbeing Indicators and outcomes for children, young people and families.

The 11 national outcomes are all interlinked and actions taken to drive progress on the NPF are crucial to improving the lives of children and young people. Focusing on the national wellbeing outcomes for children, young people and families will provide clarity about what we need to do to make Argyll and Bute the best place to grow up and help achieve the Government's vision.

The wellbeing indicators and outcomes for children, young people and families relate to the articles set out in the UN Convention on the Rights of the Child (UNCRC) and incorporate the eight aspects of wellbeing set out in the GIRFEC approach, summarised as SHANARRI (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included).

Where are we now?

An understanding of the needs of our children and young people within the context of their local community has informed this plan through consultation with several groups and the use of specific documents as follows:

- **Joint Strategic Needs Assessment**
- **SALSUS and the Health and Wellbeing Survey**
- **Consultation with families**
- **Consultation with groups of children and young people**
- **Participation in GIRFEC focus groups**
- **Building on actions and performance from the 2017 – 20 Children and Young People's service plan**
- **Findings from the Independent Care Review**

This process has enabled the strategic children's services group to make an appraisal of the current needs of the children, young people and their families, what achievements we have made, what we need to do now and in the future. The exercise has been critical in identifying the key strategic priorities required to focus on over the next 3 years.

Community Planning Partnership (CPP) - area profile and local context

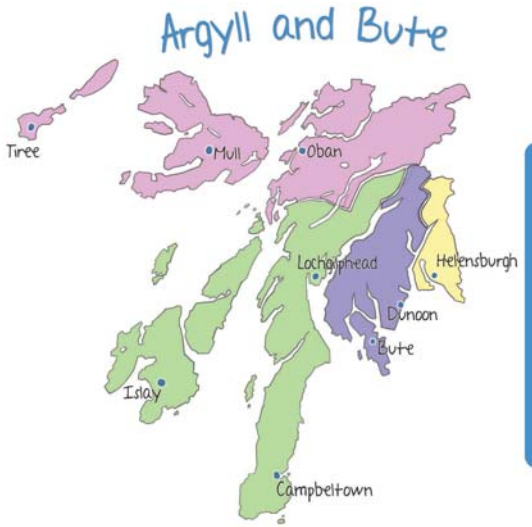
Covering a land area of 690,899 hectares, Argyll and Bute is the second largest local authority by area in Scotland after Highland. Argyll and Bute has the third sparsest population of Scotland's 32 local authorities, averaging just 13 persons per square kilometre. We have 23 inhabited islands, more than any other Scottish local authority and around 4% of Argyll and Bute's population live on these islands. One in five of the population is aged between 0 and 19 years.

Community Planning Partnership (CPP) - area profile and local context

The size of the local authority area and our population dispersion means that multiple facilities for service delivery are needed to ensure services are delivered close to users and communities. The distance between main settlements and use of ferry services create challenges in terms of reliability, time and the cost of travel.

Services are directed through four main areas:

- Helensburgh and Lomond
- Mid Argyll, Kintyre and Islay
- Oban, Lorn and the Isles
- Bute and Cowal



Population

- Total population 85,900 (2020)
- Male 42,700
- Female 43,100
- 25% of population is 65+
- Under 18 years population 14,566

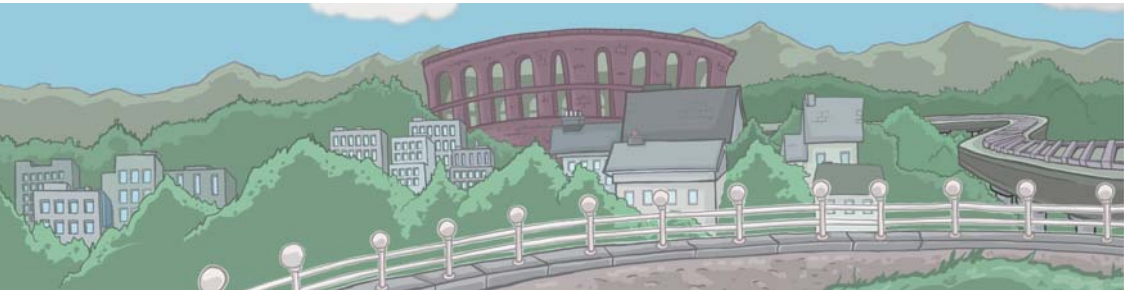
(Source: NOMIS official labour market) statistics 2020)

Key Facts

How do we compare to the rest of Scotland:

- Less children looked after by the local authority
- Higher rate of looked after children at home.
- More babies being breastfed at 6-8 weeks
- Below the comparator for children at a healthy weight in primary 1
- Above for our immunisation for MMR at 24 months
- Higher number of children referred to the Children's Reporter for offences
- Less women smoking during pregnancy
- Good child dental health in Primary 1 and 7

Child poverty



The latest statistics for child poverty in Argyll and Bute (Source: End Child Poverty) that 20.4% of children in our area are in low income households – a total of 3,176 in 2015. This is measured after housing costs. The Child Poverty (Scotland) Act 2017 received royal assent on 18 December 2017. It sets targets for child poverty for Scotland for 2030 to have less than 10% in relative poverty (measured as in a household with less than 60% median UK equivalised income for the year), and less than 5% in absolute poverty, combined low income and material deprivation or persistent poverty.

The results for Argyll and Bute from the SIMD 2016 shows

- 41,738 people live in the 53 data zones (38%) that are amongst the 15% most access deprived data zones
- 13 of Argyll and Bute's data zones – more than 10% – are in the 1% most access deprived data zones.

The most access deprived data zone in Scotland covers the islands of Coll and Tiree. All of the data zones that are in the 15% most Overall, Income, Employment and Health deprived data zones in Scotland are in our main towns. Conversely, Access Deprivation is most pronounced in our rural areas.

As a result of COVID 19:

- Children already living in poverty are likely to experience a greater impact with potential for child poverty to become more ingrained. For already vulnerable families, the situation is likely to further compound family stress and trauma
- The number of children now likely to experience poverty will increase as a result of either temporary or longer term loss of family income. This in turn will create additional demand on a range of public services including housing, childcare, rights and advice services

Joint Strategic Needs Assessment (JSNA)

http://healthyargyllandbute.co.uk/local-information/local-area-data/

http://healthyargyllandbute.co.uk/needs-assessments-2/

Gathering the views of children, young people and families about their experiences of using services is paramount in children's service planning. Partners also share a wealth of data and performance management information about provision, need and impact of the services, all of this provided the strategic children's service group with evidence of the current and future needs across the different age ranges and localities and this supported us to identify the strategic priorities for the plan. These priorities are fluid and can be modified over the three year period ensuring resources are directed with the aim of achieving measurable change and reducing any outcome gaps. The plan has also been structured to ensure the priorities align clearly with the SOA – Outcome 4 and the NPF, ensuring we have an all encompassing and comprehensive Children's and Young People's Service Plan.

Summary - Scottish Schools Adolescent Lifestyle and Substance Use and Well-being Survey (SALSUS-2018)

In 2018 a total of 1,568, 13 and 15 year old pupils were eligible to take part in the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) which informs progress towards Scottish Government policies to reduce the harms from smoking, drinking and drug use among children and young people. Argyll and Bute also modified the survey to include additional lifestyle behaviour questions with a particular focus on mental health and well-being.

Smoking	Alcohol
Reduction noted in the number of 13yr olds reporting 81% they had never smoked - down against the national trend. This is offset with an 11% increase in the number at this age who said that they had ever smoked - up locally and against the national data across the same population.	44% of the 13yr old respondents noted that "they had had an alcoholic drink (a 'proper alcoholic drink – a whole drink, not just a sip') increase of 13% locally and a 8% increase against the national data
	78% of 15yr olds respondents noted that "they had had an alcoholic drink (a 'proper alcoholic drink –a whole drink, not just a sip') increase of 8% locally and 7% against the national data
Increase 10% locally and nationally 5% with regards to the number of 13yr olds who felt it was 'okay' for someone their age to 'try smoking to see what it's like'	11% increase in the number of 15 year olds said they had drunk alcohol in the week prior to the survey, this was accompanied by a 9% increase against the national data
Increase in the number of 13 (14%) and 15 year olds (13%) trying e-cigarettes locally	A 15% reduction on the number of 13yr old respondents reporting that they had never been drunk is offset by a 15% increase in this population who say that they had ever been drunk
With an associated 3% increase in the number of 13yr olds using e-cigarettes once a week or more and 4% increase in 15yr olds	There was a combined 19% increase in the number of 15yr olds reporting that they had been drunk more than ten times and that they had managed to buy alcohol

Drugs

- 90% of 13yr old respondents had never tried any drugs
- 37% of 15 year olds felt it was 'okay' for someone their age to 'try taking cannabis to see what it's like', this is a substantial increase locally of 21%
- 12% of 13 year olds felt it was 'okay' for someone their age to 'try taking cannabis to see what it's like', this is a local increase of 10%
- A 15% increase locally of 13 year olds reported they had been offered drugs, equating to 26% of the respondent population
- A general increase in the number of 13 (13%) and 15yr old (12%) respondents noting they had been offered cannabis [the most commonly offered drug]
- 26% of 13 year olds reported they had been offered drugs
- 19% of 15 year olds obtained their drugs from an older friend on the last occasion they took them a substantial reduction of 32% locally from 2013

Mental Health

- 37% of 13yr olds and 45% of 15yr olds had an overall borderline / abnormal score
- 29% increase in both 13 and 15yr olds had a borderline/abnormal score for emotional symptoms

Feedback from Young People

As part of developing our plan we asked young people what mattered to them, the following key areas were identified:

What Matters To Me

- Being respected and treated equally
- Our voice being listened to
- We have opportunities to be healthy, both our physical and mental health

What We Are Doing Well...	Even Better If...
Providing clubs and opportunities to take part in different activities	We had opportunities to access good support for mental and emotional health
Working to ensure young people have a voice	People act on the feedback we provide
Providing support for young people	Increased youth opportunities
Providing young people with education	We made sure children and young people's rights are upheld

Key Achievements to date

The following section highlights a selection of key achievements across the children's services partnership throughout the 2017 – 20 Children and Young People's Service Plan.

Early Intervention and Support

Implementation of the 3-18 Numeracy and Mathematics strategy and Stages of Early Arithmetical Learning (SEAL) approach have progressed well and schools trained in SEAL have recorded a notable increase in attainment and this has been reflected in the National Improvement Framework (NIF) data.

Implementation of the 3-18 Literacy strategy and P1 guidance and training has developed confidence and increased understanding in practitioners' ability to approach early literacy in a way that has a positive impact on pupils' achievement and wellbeing.

Breastfeeding rates at 6-8 weeks are continuing to improve with the percentage of children exclusively breastfed at 6-8 weeks sitting at 37%, this exceeds the national target of 32%.

Mental Health and Well-being

The blending together of two programmes has resulted in a higher number of families attending Incredible Years (IY) 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 IY 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 to promote innovative practice; one test involved developing a GIRFEC infomercial with children and young people and the other was the development of a tool to gather the views of parents following Child's Planning Meetings.

Substance Misuse

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

The annual S3 Health Drama was delivered for the third year running to all S3 pupils and addressed a number of health topics relevant to young people. It included 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 now more aware of young people's services across Argyll and Bute.

Priorities

Our CYPSP and the CPP Outcome 4 priorities are underpinned by GIRFEC and supported by a number of key delivery plans and performance measures relating to improvement activities that are likely to make the most positive difference to the wellbeing and life chances of our children and young people.

CYPSP Priority 1: By ensuring strong, respectful collaborative leadership and communication through the GIRFEC approach we are *getting it right* for our children and young people

Children's services are delivered through integrated systems and strong, respectful collaborative leadership is an essential component of this. Getting it right for every child (GIRFEC) is the golden thread that encompasses all our partnership working, it provides a shared approach and framework for professional standards.

The GIRFEC collective leadership approach supports a coordinated leadership method of working, underpinned by the GIRFEC multi-agency practice model.

The following high level multi-agency objectives support this:

- The GIRFEC collective leadership approach will facilitate transformational change across children's services ensuring partners have increased knowledge and understanding of collective leadership
- Improved partnership approach to service delivery will result in better outcomes for children, young people and their families
- Children's services workforce plans reflect the collective leadership approach
- Ensure that children and their families are fully engaged with collective decision making and able to contribute to their support and learning

CYPSP Priority 2 - Our children and young people have access to early help and support.
Outcome 4 priority – Child Poverty

Effective early help is essential to improve the life chances of children, young people and their families. The aim of the early help and support priority is to build capacity in communities that will prevent crime, support education, and keep children, young people and their families healthy and safe.

The following high level multi-agency objectives support this

- Children and young people are supported with dietary choice to maintain a healthy weight and increase physical activity
- Families are supported and signposted to ensure uptake of welfare benefits and healthy start vitamins and vouchers
- Pre-school children meet their developmental milestones before starting school
- Children and families are provided with effective support to maximise income and help reduce the adverse impacts of growing up in poverty
- Children and young people are support to make informed choices about sexual health
- Partners work together and actively seek out and listen to the views and experiences of children, young people and their families. The feedback identifies key areas for improvement to ensure their health and wellbeing needs are focused on
- Partners work together to ensure Breast Feeding Communities are developed and sustained in the community.

CYPSP Priority 3 – We improve the mental health and well-being of our children and young people.
Outcome 4 priority – Engagement

Our key focus is to improve the lives of children and young people by supporting them to achieve the best possible outcomes for their emotional wellbeing and mental health. Developing a new culture around children and young people's emotional wellbeing and mental health that supports and enables resilience, whilst ensuring access to specialist services, when needed, is fundamental.

The following high level multi-agency objectives support this:

- The development of additional support for new mums where we know many experience a range of mental health needs and challenges that can be supported in universal services while some mums will benefit or require specialist help and intervention. These to be informed by attachment led practice and trauma informed approaches to understanding need
- Ensure that children and young people are able to access early mental health, wellbeing and counselling support at school and communities
- Argyll and Bute have a trauma informed children and young people's workforce with consideration of needs at the point of transition into adult services
- The partnership will improve assessment pathways for children, young people and their families with neuro-developmental conditions
- Children and young people will have access to mental health and wellbeing programmes and supports to enhance prevention and early intervention while providing more specialist support where required
- Through access to advocacy services children and young people will be supported to build healthy relationships embedding trauma informed principles across our services

CYPSP Priority 4 – We ensure our children and young people's voice is heard.
Outcome 4 priority - Children's Rights

"Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously"

(UN Convention on the Rights of the Child Article 12)

Not only do children and young people have a basic human right to express their views on matters which are important to them, but also that their views are actively sought out, listened to, and acted on to make a difference to improve children and young people's lives.

The following high level multi-agency objectives support this:

- The Young People's Advisory Panel will work to ensure that all children and young people are actively engaged and involved in the development of future services
- The multi-agency focus across schools and communities for children and young people will ensure maximum impact in key areas such as; good mental health and wellbeing, personal skills, leadership, team building and communication
- Partners will ensure that children and young people have equal and equitable access to real and meaningful outcomes
- Feedback from children and young people will ensure multiagency service delivery and support is focussed on what really matters to them

GIRFEC - Leadership and Communication

Partners will embrace transformational change to improve service delivery resulting in better outcomes for children, young people and their families

Objectives (High Level/ Multi-agency)

- The GIRFEC collective leadership approach will continue to drive forward our commitment to transformational change across children's services ensuring partners have increased knowledge and understanding of their roles and responsibilities in delivering collective leadership.
- Further developing our partnership approach to service delivery will result in better outcomes for children, young people and their families.
- Children's services workforce plans are immersed in the collective leadership approach
- Ensure that children and their families are fully engaged with collective decision making and able to contribute to their support and learning

Multi-Agency Requirements (Expectation of key multi-agency partners)

- Partners design and deliver services in line with local priorities and systems
- Partners are fully engaged in GIRFEC collective leadership
- Partners continue to develop our GIRFEC practice to ensure it meets local needs and priorities
- Partners promote and celebrate collective successes, ensuring that children, young people and their families are engaged with shared learning and are able to identify what works.

Outputs (What are we going to deliver as multi-agency partners)

- We have a shared understanding of local systems and processes
- We can evidence collective leadership approaches and developments across the partnership
- Partners will work together to deliver transformational change in children's service practice
- Partners will ensure the rights of the child are embedded in the new leadership culture and future service transformation

Performance and Improvement

Short-term Outcomes expected at 12 months	**Mid-term Outcomes** expected at 24 months	**Long-term Outcomes** expected at 36 months
Improvement programmes are designed around key priorities identified in the GIRFEC support evaluation	Evidence of improvements in GIRFEC practice and delivery of services are embedded in children's services	Transformational change is embedded across children's services
Partners work collectively to review current systems and processes and reduce bureaucracy	Streamlined systems and process result in partners having the 'One Child, One Assessment and One Plan' approach to service delivery	Improved service delivery and better outcomes for children, young people and families
The voices of children and young people are evident in all aspects of children's service delivery	Feedback on successes and what is not working	Children and young people report they contribute, participate and engaged in children's services activity

Early Help and Support

Children and young people's views and opinions inform future development and improvements

Objectives (High Level/ Multi-agency)

- Families are supported and signposted to ensure uptake of welfare benefits and health start vitamins and vouchers.
- Pre-school children meet their developmental milestones before starting school
- Children and families are provided with effective support to maximise income and help reduce the adverse impacts of growing up in poverty
- Children and young people are supported to make informed choices about sexual health
- Partners work together and actively seek out and listen to the views and experiences of children, young people and their families. The feedback identifies key areas for improvement to ensure their health and wellbeing needs are focused on
- Partners work together to ensure breast feeding communities are developed and sustained in the community
- Children and young people are supported with dietary choice to maintain a healthy weight and increase physical activity

Multi-Agency Requirements (Expectation of key multi-agency partners)

- Partners need to ensure services for children and young people promote shared ownership
- Partners shift from single agency working to working co-productively in the community
- Partners work together to identify pre-school children requiring support early
- Partners embrace the role of the Named Person and Lead Professional in the Child's Planning process to ensure SMART outcomes are achieved

Outputs (What are we going to deliver as multi-agency partners)

- We aim to develop a 80/20 focus across services to ensure that there is 80% universal general services and 20% for specialist services
- Partners will work together to increase the number of mothers supported to breast feed in their communities
- Increase the number of children 2 years or younger accessing services to support them to reach their developmental milestones
- Partners provide early support with regards to alcohol and drug education and support in primary and secondary schools
- Partners will work together to support children and young people to adopt healthy lifestyles

Performance and Improvement

Short-term Outcomes expected at 12 months	Mid-term Outcomes expected at 24 months	Long-term Outcomes expected at 36 months
Ensuring relevant assessments at key ages and stages are carried out	Ensure early help and support is put in place. Use the Model for Improvement to develop tests of change and ideas to promote and improve child development	85% of pre-school children meet their developmental milestones resulting in better outcomes for children
Ensure the Child Poverty Strategy is rolled out across the partnership	Deliver on key priorities identified in the Child Poverty Strategy	Reduction in the number of children and young people affected by poverty
Children and young people have a better understanding of what safe and healthy relationships look like	Children and young people feel more positive about their health, wellbeing and developing relationships	Children and young people feel supported to adopt healthy lifestyle choices
Raise the profile of breast feeding across communities	Ensure that breast feeding rates are improved and sustained	Argyll and Bute communities are breast feeding friendly
Children and young people are able to make informed choices about their dietary needs	Children and young people are supported to make good choices with respect to maintaining a healthy weight	A reduction in childhood obesity

Mental Health & Wellbeing

Children and young people will enjoy good mental health and wellbeing in their schools and community

Objectives (High Level/ Multi-agency)

- Ensure that children and young people are able to access early mental health, wellbeing and counselling support at school and in communities.
- Argyll and Bute have a trauma informed children and young people's workforce with consideration of needs at the point of transition into adult services.
- The partnership will improve assessment pathways for children, young people and their families with neuro-developmental conditions.
- Children and young people will have access to mental health and wellbeing programmes and supports to enhance prevention and early intervention while providing more specialist support where required.
- Through access to advocacy services children and young people will be supported to build healthy relationships.

Multi-Agency Requirements (Expectation of key multi-agency partners)

- Partners need to work more collaboratively to ensure collective outcomes and ownership
- Services for children and young people need to be supported by the partnership and provide evidence of this happening
- Partners will work collaboratively to review assessment pathways for neuro-developmental conditions in line with national guidance
- Services and support will focus on upstream preventative activities for children and young people's mental health and wellbeing including the provision of counselling through schools for children and young people from 10 years of age
- Children and young people experience better and more robust transitions across services and agencies

Outputs (What are we going to deliver as multi-agency partners)

- Children and young people experience good relationships at school and in the community
- Children and young people will feel supported through safe, nurturing relationships provided by a trauma informed workforce
- Children, young people with neuro-developmental conditions (and their families) will receive the support they require in schools and communities, based on a robust assessment of need, risk and vulnerability
- All children, young people and their families will have equal access to emotional wellbeing support in their communities, through seamless pathways and more targeted support for parents and access to parenting programmes
- Partners will work together to ensure a whole system approach to community wellbeing is embedded in our culture

Performance and Improvement

Short-term Outcomes expected at 12 months	**Mid-term Outcomes** expected at 24 months	**Long-term Outcomes** expected at 36 months
Early help and support is readily available and pathways are in place to access school nursing, primary mental health workers and school counselling	Access and support for early help is available and easily accessible for children and young people	Children and young people report they are able to access mental health and wellbeing support
Trauma training is rolled out across the partnership	Partners feel confident in understanding trauma and how it affects children and young people's lives	All partners are trauma informed and can demonstrate this in the actions taken to support children and young people
Partners will work to develop core standards and pathways of care	Implement the standards and pathways of care	Standards are improved and robust pathways are in place for children and young people with neuro-developmental conditions
Advocacy services are easily accessible for children and young people	Children and young people are routinely using advocacy services	Children and young people report they are benefitting from accessing advocacy services

Children and Young People's Voices

Children and young people's views and opinions inform future development and improvements

Objectives (High Level/ Multi-agency)

- The Young People's Advisory Panel work to ensure that children and young people are actively engaged and involved in the development of future services
- The multi-agency focus across schools and communities for children and young people will ensure maximum impact in key areas such as; good mental health and wellbeing, personal skills, leadership, team building and communication.
- Partners will ensure that children and young people have equal and equitable access to real and meaningful outcomes
- Feedback from children and young people will ensure multiagency service delivery and support is focussed on what really matters to them

Multi-Agency Requirements (Expectation of key multi-agency partners)

- Multi-agency awareness training with regards to understanding and applying the UNCRC Children's Rights Plan (Appendix 2)
- There is a partnership approach to building capacity with regards to recruitment, training and commissioning of services
- Individual service planning reflects actions arising from feedback from children and young people

Outputs (What are we going to deliver as multi-agency partners)

- Feedback and engagement for the life of the plan from the Young People's Advisory Panel will build trusting relationships
- Ensure that young people are able to have their voices heard at the Integrated Joint Board (IJB) and CPP through the involvement of representatives such as School Pupil Councils, MSYPs and Youth Forums
- Findings from the SALSUS and Well-being Survey will ensure partners respond to the voices of children and young people

Performance and Improvement

Short-term Outcomes expected at 12 months	**Mid-term Outcomes** expected at 24 months	**Long-term Outcomes** expected at 36 months
Young People's Advisory Panel is created	Methods to engage children and young people are designed and tested by the Away Team and the Young People's Advisory Panel	Children and young people are engaged and co-designing the next CYPS Plan (2023/27)
The Young People's Advisory Panel will be invited to attend a Argyll & Bute's Children Strategic Group development session to update them on the work of the Young People's Advisory Group	Invite the Young People's Advisory Panel to present progress at the Community Planning Partnership	Children and young people are involved in creating the new 2023 – 27 CYPS Plan
The findings of the Independent Care Review are taken forward within a multiagency approach	The findings of the Independent Care Review are embedded in practice across the partnership	The lives of care experienced children are improved

Getting it Right for Every Child in Argyll and Bute

Argyll and Bute are fully committed to Getting it Right for Every Child and ensuring the well-being needs of our children, young people and their families are met. Some of the services and actions to deliver services from across the partnership are set out below:

SAFE

Safe: protected from abuse, neglect or harm at home, at school and in the community

- Deliver positive community safety initiatives for young people and their parent/carers
- Develop supports for young people eligible for Throughcare and Continuing Care so that young people can access nurture and care when required to ensure they feel nurtured and cared for when they most need it
- Implement the recommendations from the Independent Care Review (Scotland)
- Support young people in children's houses in their development, well-being and to achieve positive outcomes
- Develop early intervention supports and clear pathways for vulnerable young people experiencing poor mental health
- Through commitment to prevention, early intervention, and effective use of multi-agency Child's Plan meetings, support for individual children can often be put in place on a voluntary basis where families engage positively with services. By implementing this structure we have strengthened our processes and systems for safeguarding and protecting children.
- **Getting it Right Antenatally:** Early intervention and targeted support for parents is provided through the pre-birth pathway and GIRFEC principles. The named midwife co-ordinates a care plan throughout pregnancy with families and involvement of wider team if necessary. The pathway supports the timely completion of assessments and early convening of Antenatal Planning meetings or Child Protection Case Conferences.
- **Adverse Childhood Experiences (ACEs) and Trauma:** A significant amount of work has already been undertaken in relation to ACEs. To support the ACEs agenda and address the barriers that those affected by trauma can experience we are building a trauma informed workforce to enhance understanding and awareness of trauma practice across our children's services workforce.

The findings of the Independent Care Review are taken forward within a multiagency approach. The findings of the Independent Care Review are embedded in practice across the partnership. The lives of care experienced children are improved

HEALTHY

Healthy: having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy, safe choices

- Increase confidence and capacity in the workforce by providing staff development opportunities in nurture, relationship based approaches and low level anxiety management approaches
- Ensure priorities for children's mental health and wellbeing are actioned
- Introduction and implementation of school based counselling services to support mental health and wellbeing
- Ensure appropriate access to health visitors and school nurses and that relevant priorities are implemented
- The Best Start Programme recognises that maternity and neonatal care services are the foundations of health and wellbeing. 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
- The blending together of two programmes has resulted in a high number of families attending Incredible Years (IY) Parenting Programmes. The Changing Lives Initiative (CLI) a community-based research project creates a better understanding about ADHD and provides an IY intervention programme for families with children (age 3-7) experiencing behaviours consistent with ADHD. CLI and the Psychology of Parenting Programme (POPP) provide opportunities for staff across the partnership to deliver either the IY or Triple P parenting programmes

ACHIEVING

Achieving: being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in school and in the community

- Improve early education intervention approaches to support the development of children under 5 years old
- Improve educational attainment for all children and young people
- Work in partnership to improve positive destinations for young people in our most deprived schools and communities
- Work with partners to improve positive destinations for your people who have care experience
- Support all young people to achieve and sustain positive destinations
- Improve outcomes for children and young people with additional support needs

NURTURED

Nurtured: having a nurturing place to live in a family setting, with additional help if needed, or where not possible, in a suitable care setting

- Early identification of vulnerable pregnant women with access to and support through community/hub/team around the family model
- Provide intensive family focussed support to families who are experiencing crisis and where possible prevent family breakdown
- Continue the work of the Permanence and Care Excellence (PACE) programme to avoid drift and delay in permanency planning
- Take opportunities to engage with The Promise initiative to improve the care system

ACTIVE

Active: having opportunities to take part in activities such as play, recreation and sport which contribute to healthy growth and development at home, in school and in the community.

- Through Active Schools, leisure programmes and local sports clubs children of all ages and abilities have the opportunity to be active by taking part in a range of sports and physical activity both indoors and outdoors
- Provide opportunities for participation in the Duke of Edinburgh Award scheme
- Free discounted access to leisure facilities for care experienced children and young people

RESPECTED AND RESPONSIBLE

Respected and Responsible: having the opportunity to be heard and being involved in decisions

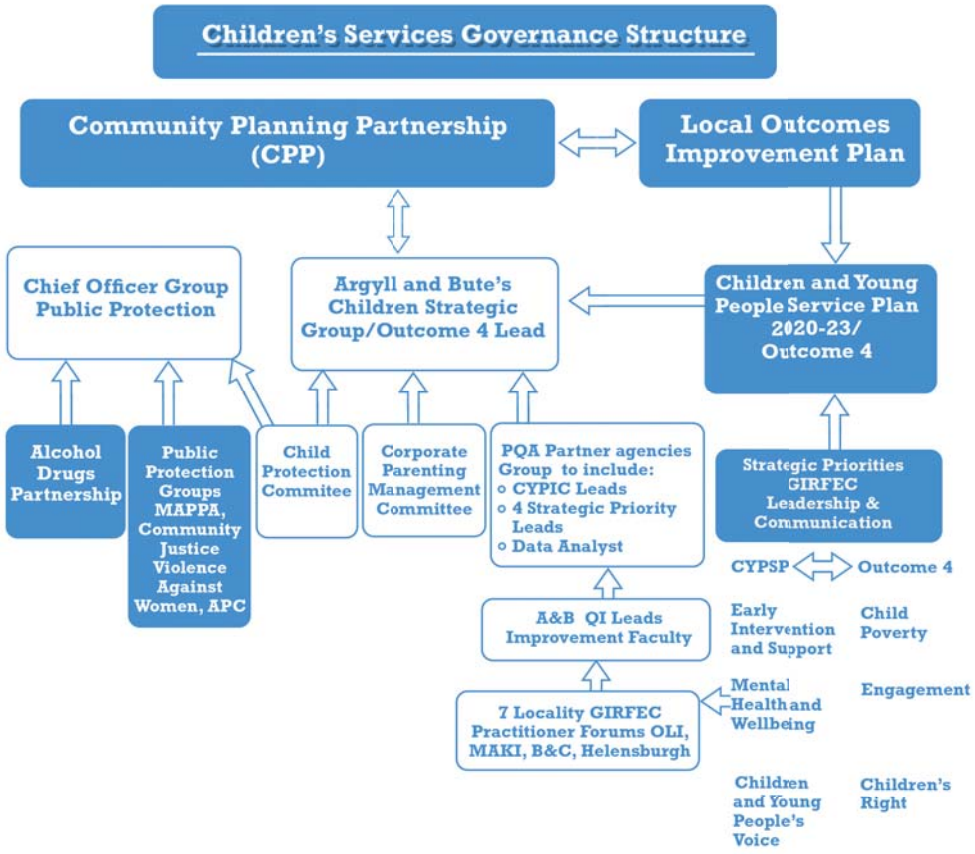
- Our Child Poverty Action Plan sets out how we will work together to reduce child poverty
- Reduce the poverty related attainment gap through use of targeted interventions and supports – including the use of Pupil Equity Fund
- Implement the recommendations from the Independent Care Review (Scotland)
- Implement secure care standards · Provide advocacy for care experienced children and young people
- Continue to increase the number of schools with Rights Respecting School status
- Listen to children and young people's views and the issue that affect them
- Implement the Champions Board Steering Group
- Develop enhanced support for care experienced children and young people at the point of transition

INCLUDED

Included: having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live

- Deliver key actions identified in the Child Poverty Action Plan
- Ensure families can access benefits maximisation advice and support
- Implement the Young Carers statement
- Ensure the Named Person will work closely with Gypsy travelling families to support them to access services

Children's Services Governance Structure



Measuring progress, monitoring and reviewing the plan

Argyll and Bute's Children Strategic group incorporates senior officers from across the CPP with the commitment of working together to deliver the priorities and outcomes identified in the plan. Other key priorities and outcomes identified in the plan are directly linked to the SOA Outcome 4 delivery group.

The Performance, Quality Assurance (PQ&A) subgroup will be responsible for monitoring and reviewing the plan and reporting on its progress delivering to targets using Quality Improvement and the PDSA strategic planning cycle.

Argyll and Bute's Children Strategic group meets every 8 weeks and reports progress to the CPP, Community Services Group and Integrated Joint Board (IJB). Monitoring progress against the Children and Young People's Service Plan is a key function of the group and is set out below.

We will review evidence and learning about children and young people's experiences of services from:

1. Output reports and improvement actions from regulated and partnership inspections of services for children and young people.

2. Feedback from the Young People's Advisory Group.

3. Performance data and trends relating to children and young people's outcomes in respect of education, health, social care and justice.

4. Talking directly to children, young people, parents and carers, listening to what they say and acting on it.

Developing services together to better achieve outcomes by:

- Reviewing the Children and Young People's Service Plan annually, asking 'How good are we now?', 'How do we know?', 'How good can we be?'
- Reporting performance progress against agreed indicators annually
- Conducting planned shared self-evaluation of partnership service delivery using the Care Inspectorate Performance Framework for Children and Young People's Services: "Care Inspectorate Guide to Evaluating Services Using Quality Indicators"
- Developing refreshed priorities and implementation plans on an annual basis

Monitoring achievement of the plan:

By adopting logic modelling and setting clear targets for improvement we will measure progress over the 3 year period of the plan.

Each of the outcomes will be monitored and reviewed using a range of data sources such as health, education, waiting-list times, qualitative feedback, child protection minimum data set, corporate parenting intelligence, self-evaluation and other departmental data sources.

This will be achieved by:

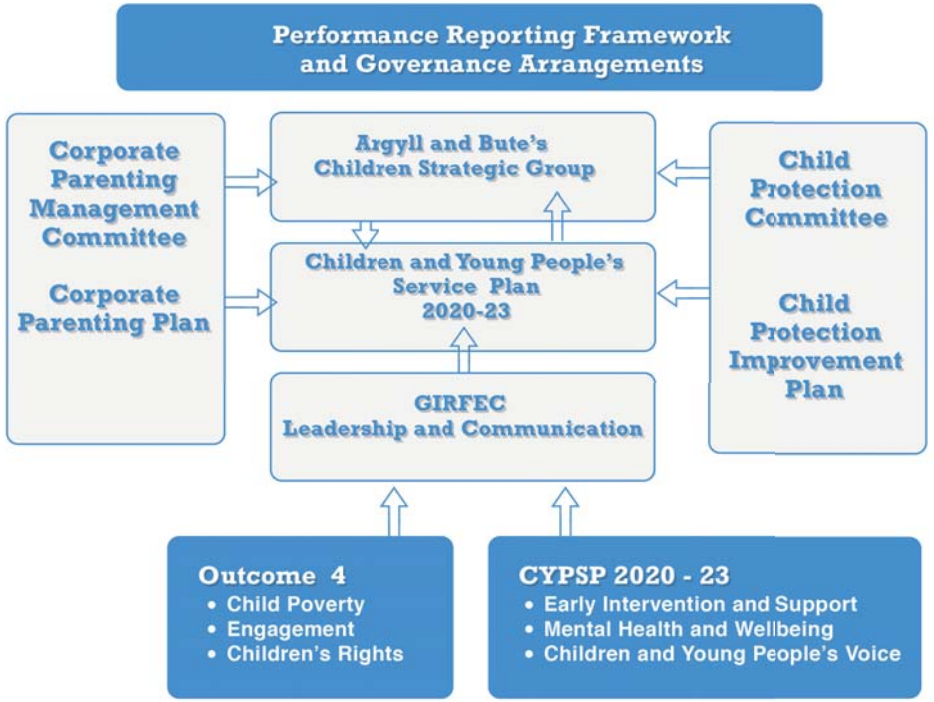
1. Appointing priority leads

2. Assessing progress of plans through quarterly action reporting

3. Challenging progress, especially where it is not on track

4. Self-evaluation of the services for and **with** children and young people

5. Annually reporting on the progress of plans and achievements of outcomes



Children and Young People Improvement Collaborative (CYPIC)

Children and Young People Improvement Collaborative (CYPIC) is supporting the Government's drive to make Scotland the best place to grow up by putting the needs of children and families at the centre in line with GIRFEC and the Early Years Framework. The approach uses the improvement methodology that enables organisations to deliver stronger, more effective services that are built on robust evidence of what works in improving outcomes and life chances and to learn from each other about the approaches that are most effective. This approach supports practitioners to test, measure, implement and spread new and better ways of working to make services more effective and responsive to the needs of children and families.

Quality Improvement (QI)

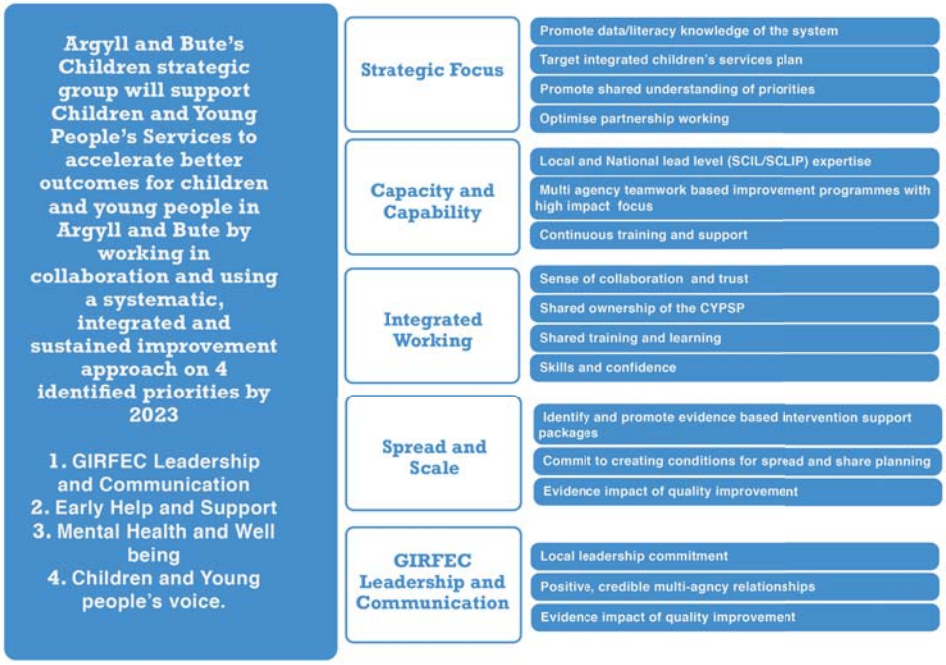
Quality Improvement (QI) provides a proven methodology for making improvements to practice and ways of working to improve outcomes for children and young people. QI involves working towards a defined aim, gathering and reviewing measures and implementing change strategies using rapid cycle improvements. Specific QI tools and processes are used to support testing, implementation and spread to other localities using the improvement methods and models. These include the Model for Improvement (MfI) which makes use of incremental change and a testing model called Plan-Do-Study-Act (PDSA).

Driver Diagram

A driver diagram is a tool that helps translate a high level improvement goal into a logical set of underpinning goals and projects. It captures an entire change programme in a single diagram and also provides a measurement framework for monitoring progress. It is your 'theory' about how the system you are working in and wanting to improve actually works.

The driver diagrams provide a visual display and theory to support Argyll and Bute to deliver the priorities identified in the plan.

Driver Diagram



Partners to our Children and Young People's Service Plan

There are a range of groups and plans supporting the Children's Services Strategic Planning Partnership including:

- **Education services**
- **Community learning and development**
- **Children, families and justice**
- **Third sector representative**
- **NHS Highland**
- **Live Argyll**

Children's Hearings

In addition to the resources outlined above, the Children's Hearing system plays an important role in child protection, child welfare and justice. Partners work closely with the Scottish Children's Reporter Administration (SCRA) to ensure that those children and young people who require compulsory measures of supervision are referred to the Reporter at the right time with the right supporting information.

Governance, Monitoring and Evaluation

Progress and performance reports will be monitored by the Performance, Quality Assurance Group (PQ&A).

Links to other plans and documents

- Education Annual Plan
- Children and Young People's Services Plan 2017 – 20
- Child Poverty Action Plan
- Children's Rights Plan
- Corporate Parenting Plan
- Child Protection Action Plan
- Integrated Joint Board Strategic Plan
- Local Outcome Improvement Plan
- Independent Care Review
- Community Learning and Development Plan
- Active Schools Plan
- Joint Strategic Needs Assessment 2020 - 23
- Children's Services Commissioning Plan

Appendix 1 – What our vision means

1. We work together with our children and young people

For children and young people:

At some point, you may need different people to work together so that you get the help you need. These people might be nurses, teachers, doctors, social workers, police officers or others. When different people are helping you, you should know who they all are.

As well as knowing who is helping, you must know why they are helping and what they are doing to help you. There will be someone, usually your Named Person, who makes sure you understand what is going on. All these people will work together so that you and your family don't have to keep telling your story over and over again, fill in lots of different forms or attend lots of different meetings.

When people like nurses and teachers and social workers are working together to help you, they will have to tell each other things about you and what is going on in your life. They will usually ask you first if it is alright to do this. Sometimes though, if they are worried about your safety, they might not ask you. If this happens, they will always tell you that they have to share something about you or that they have already done this. Whatever happens, they will only ever tell someone what they need to know in order to help you.

For parents and carers:

When your child needs support from a number of different agencies they will work together in a joined-up way to provide help. You won't have to go around different agencies asking for help and explain your situation over and over again. We will work together so that even if services from a number of agencies are involved, there will still only be a single plan for your child.

This plan will set out everything that each of the services will do to help. The plan will also set out the things that you will do too. When more than one service is helping you, one of the professionals involved will take on the role of Lead Professional. They will work closely with the Named Person to keep you informed about how things are going.

When two or more services are helping your child, a Lead Professional will coordinate everything. They have oversight of your child's plan and ensure that all the professionals are doing the things they said they would do. When we work together like this, different professionals will need to share information. We will usually ask for your consent and/or your child's consent. However, if there are concerns about your child's safety we might share information without asking for your consent. We will consider information very carefully before we share it and we will only share what other professionals need to know.

For those working in children's services:

We need to ensure that our GIRFEC procedures and the Named Person and Lead Professional roles are carried out effectively. We need to maintain our culture of effective professional challenge at all levels to continue to improve outcomes for children, young people and families. We have good multi-agency information sharing guidance for practitioners and those who work with children, young people and families should be aware of this guidance and follow it when sharing information.

Appendix 1 – What our vision means

2. Our children and young people achieve their potential

For children and young people:

We know that some children and young people face more challenges than others.

You might

- **Have problems at home**
- **Be helping to care for a family member**
- **Have a disability**
- **Be looked-after by the local authority**
- **Be in distress**
- **Have additional support needs**

There may be things happening in your life that mean it is more difficult for you to have the kind of life you want. We understand this. We won't always be able to make the challenges you face go away but we will do everything we can to help and support you to overcome them.

For parents and carers:

Families can face all kinds of challenges that make it difficult for their children to achieve their potential. As children and young people grow, they can be affected by poverty, low income, poor housing, domestic abuse, substance misuse, parental ill-health or their own ill-health or disability. These things make them more vulnerable and can affect their ability to achieve their potential.

Many young people will achieve their full potential without any extra help or support. However, the most vulnerable need extra help so we will target resources at vulnerable families.

We know that the most important time for child development is during pregnancy and in a child's early years. We will support pregnant women, babies, young children and their parents. We will provide help as soon as possible for children who might need it in order to meet their potential.

Your child's Named Person is their Health Visitor up to when they start primary school when their Named Person is the Head-teacher. The Named Person is responsible for supporting you with your child's wellbeing. When your child needs additional support, their Named Person will arrange this. When you have worries or concerns about your child you can talk to their Named Person. They will give you advice or arrange more support for your child where necessary.

For those working in children's services:

We need to fully understand the impact of and address the issues arising from vulnerability and inequality. We must provide resources and support for those who are at risk of not meeting their potential. We will use the GIRFEC Practice Model to respond to need and plan support and intervention appropriately and proportionately. Our support planning with children, young people, and their families will be robust and of the highest value in assisting them to overcome any barriers they may face.

Appendix 1 – What our vision means

3. Our children and young people are safe

For children and young people:

When you are a child, being safe means that you are protected and cared for. When you are a young person it also means that you know how to keep yourself safe. You don't feel under pressure from others to do things that are harmful or could put you at risk. Everyone who works with children, young people and families will take action to help you when you may not be safe.

For parents and carers:

Every child and young person should be protected from physical, sexual or emotional harm, abuse, neglect or exploitation. They should have a positive state of mind. As children grow into young adults they should develop confidence and self-esteem. They should feel secure, protected and enjoy relationships where adults listen to them and act in their best interests.

They should learn how to keep themselves safe and never feel under pressure from others to do things that are harmful or could put them at risk. Anyone who works with children, young people or families will take immediate action if they think a child or young person might not be safe. Our aim is to always work together with parents and carers to help them keep their children safe.

For those working in children's services:

Everyone has responsibility for ensuring the safety of children and adopting a child-centred and outcome focused approach. When working with adults you need to be aware of any children they may have and consider the impact of their actions on them.

The needs of the child must always take precedence over those of the adult. The safety of a child must always be your first priority and you must take action immediately if you have any concerns. You should be aware of and follow your own service's child protection procedures and inter-agency procedures.

Appendix 1 – What our vision means

4. We listen to our children, young people and their families

For children and young people:

We will ask you what you think of the services you use and what we need to do to make them better. We will ask you whether the help you get is making things better for you. We will pay attention to what you say, take your views seriously and act on them.

When you need extra help and support you could have a Child's Plan. Your Child's Plan sets out what outcomes you need to achieve, what has to be done and who will do it. If you have a Child's Plan, the people working with you will involve you in talking about what goes in it. You will get to say what you think and the people working with you will listen and include your views in your plan. When there is a meeting to discuss your plan you will be asked whether you want to go to it. You can have someone with you to support and help you make your wishes understood.

For parents and carers:

We will listen to what you tell us about your child and take your views seriously and act on them where appropriate. When your child needs extra help and support and they could have a Child's Plan. You will be involved in helping to draw up the plan and the professionals involved will seek your input.

We want to know what families think about the services that they use and how these could be improved. We will work together with parents, children and young people to develop and improve our services to ensure that they work for those who use them.

For those working in children's services:

We need to actively engage children, young people and families and genuinely listen to them to ensure that their views are reflected in Child's Plans. We need to offer help so that this can happen such as advocacy services or providing additional support to those with communication difficulties.

We need to know whether children and young people's wellbeing is actually improving as a result of our actions. We need to continue to develop ways of effectively engaging with children, young people and families about their experiences and using that feedback to inform what we do to improve our procedures, practice and culture. We need to continue to develop ways to actively promote the involvement of children, young people, families and communities in the development of the services that they use.

Appendix 1 – What our vision means

5. Children, young people and their families get the right help, from the right people at the right time

For children and young people:

This means that we will look out for children, young people and families who need help and do something to help them as soon as we can. We will not wait until someone has major problems before we try to help them. We will help them as soon as we can so they avoid having major problems or before problems get so big it is really hard to fix them easily.

To make sure that children and young people in Argyll and Bute get the right help, from the right people at the right time, all children and young people who live here have a Named Person from before they are born up to the age of 18. Before you start primary school, your Named Person is a Health Visitor. When you are at primary school, your Named Person will be the Head-teacher. When you are at secondary school your Guidance teacher will be your Named Person.

You can go to your Named Person for advice when you are worried or when there are things that could cause problems for you. Your Named Person will do all they can to help you. They may need to arrange for other professionals to support you as well. When you do need extra help, the Named Person will sort this out for you as soon as possible. This means that you won't have to go round lots of different services trying to get help while things get worse for you.

For parents and carers:

When your child needs help, they should get it as soon as possible. We will not wait until families are struggling before doing something to support them. The right help, from the right people, at the right time is help that prevents problems from developing or stops them getting worse.

Sometimes, all that is needed is advice, someone to talk to about the challenges you face, someone who can give you ideas on how to manage things like bed-times, routines or managing behaviour. This kind of support at an early stage can help prevent all kinds of difficulties later on.

Your child's Named Person is the key professional to making sure that your child gets the right help, from the right people at the right time. Having a Named Person means that every parent or carer has someone they know they can go to for support or advice when they are concerned about their child.

For those working in children's services:

Early identification of adverse childhood events and prompt interventions is are features of our most powerful methodologies in supporting children, young people and their families. This might be intervention in the early years of life or at any stage when problems begin to emerge for a child or young person.

The GIRFEC Practice Model is critical to early intervention and is a driver of positive cultural change. Practitioners need to be confident in their understanding of GIRFEC processes and how they relate to their own role. When Named Persons are taking action to secure help for a child or a young person they need to be child centred, outcome focused and confident of multiagency support in their effort.

Appendix 2 – Our Children and Young People's Rights

The United Nations Convention on the Rights of the Child (UNCRC) and the Children and Young People (Scotland) Act 2014 articulate how agencies need to prioritise prevention and early intervention, particularly focusing on early childhood experiences. It is anticipated this will be developed and embedded through actions identified in this plan, Argyll and Bute's Children and the Young People's Improvement Collaborative.

Partners in Argyll and Bute are committed to embedding the Articles of the UN Convention on the Rights of the Child at every level of service. Each of the 54 articles outlines in detail the basic rights of every child, these are summarised in four core principles

- **Non-discrimination**
- **Devotion to the best interests of the child**
- **The right to life, survival and development**
- **Respect for the views of the child**

The Christie Commission on the Future Delivery of Public Services places emphasis on the importance of moving towards prevention and reinvesting monies from high end services. The next three years present unique challenges and opportunities to look at how we can work differently, reducing duplication and encouraging innovation.

The Children and Young People (Scotland) Act 2014 places significant requirements on partners to deliver services differently, an example of this is the '1140 hours' of early learning and child care commitment for every child. Alongside this is the development of the new Kinship Order, Children's Hearing System and Health and Social Care integration, which brings health and social work services closer together to deliver on outcomes for children, young people and their families.

Argyll & Bute
CHILDREN & YOUNG PEOPLE'S PARENTING PLAN
2020-2023

POLICE SCOTLAND

Argyll Bute COUNCIL

NHS Highland

TSI ARGYLL & BUTE

SCOTTISH CHILDREN'S REPORTER ADMINISTRATION

SCOTTISH FIRE AND RESCUE SERVICE
Working together for a safer Scotland

argyll and bute community planning partnership

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A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Date of Meeting: 25 November 2020

Title of Report: Staff Governance Report for Financial Quarter 2 (2020/21)

Presented by: Jane Fowler, Head of Customer Support Services (ABC)

The Integrated Joint Board is asked to:

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

1. EXECUTIVE SUMMARY

1.1 This report on staff governance performance covers financial quarter 2 (July - September 2020) and the activities of the Human Resources and Organisational Development (HROD) teams. In the last quarter, there has been a focus on improving culture, supporting employee health and wellbeing, improving recruitment processes and managing employee relations cases.

2. INTRODUCTION

2.1 The priorities for Argyll and Bute HSCP for 2019-22 are to:

- Support people to live fulfilling lives in their own homes, for as long as possible
- Promote health and wellbeing across all our communities and age groups
- Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing
- Reduce the number of avoidable emergency hospital admissions and minimise the time that people are delayed in hospital
- Support staff to continuously improve the information, support and care that they deliver
- Institute a continuous quality improvement management process across the functions delegated to the Partnership.

2.2 This report focuses on how staff governance supports the HSCP priorities and meets the staff governance standard. Staff Governance is defined as *"A system of corporate accountability for the fair and effective management of all staff."* The Standard requires all NHS Boards to demonstrate that staff are:

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

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

- adopting best practice from both employers
- development of joint initiatives that support integration
- compliance with terms and conditions and employing policies.

3. PROGRESS AND CHALLENGES

3.1 Improving Culture

The update on culture progress for staff is covered in detail in the Culture paper on the agenda.

3.2 NHS Highland Guardian Service

3.2.1 NHS Highland's independent 'Speak Up' service, the Guardian Service, was launched on Monday, 3rd August offering a 24/7 service to provide colleagues with an opportunity to independently discuss their concerns relating to patient care and safety, whistleblowing, bullying and harassment and work grievances.

3.2.2 The Guardian Service Limited has appointed Derek McIlroy and Julie McAndrew to be the two full time independent dedicated Guardians for NHS Highland including Argyll and Bute. The service provides an additional channel for colleagues to discuss concerns in confidence particularly where staff feel they can't raise concerns through our established internal routes.

3.2.3 This is another key milestone for NHS Highland, to ensure that the systems and processes are in place to make sure people can be heard. This forms part of NHS Highland Board's ongoing commitment to deliver the recommendations of last year's Sturrock report, which recommended that colleagues had access to an independent and confidential route to raise concerns, in addition to the existing internal processes.

3.2.4 Arrangements are being made that this service will now be extended to include Council employees of the HSCP in order to ensure there is an additional safe place, outwith existing channels, to raise issues in confidence and have assurance that they will be listened to.

3.3 **Management Restructures**

The new Children, Families and Justice Management structure was implemented on Monday 31st August 2020. This restructure has resulted in one Council redundancy. The Adult Services Management restructure was delayed slightly by Covid-19, but was reinstated and became effective on 28th September 2020.

3.3.1 This is an important step for the HSCP in bringing stability and certainty to the organisation following a period of temporary management arrangements. The new managers will undergo induction and training on management and leadership and will have a critical role in ensuring the delivery of quality services, the commitment to transforming our services and the positive change to culture that is being led by the Chief Officer.

3.4 **Staff Experience**

3.4.1 **iMatter**

iMatter is a continuous improvement tool designed with staff in NHS Scotland to help individuals, teams, Boards and HSCPs understand and improve staff experience. This is a term used to describe the extent to which employees feel motivated, supported and cared for at work. It is reflected in levels of engagement, motivation and productivity. HSCP staff (Council and NHS) have participated since 2017.

3.4.2 The iMatter survey was undertaken for three weeks in March and partially coincided with the start of Covid-19 lockdown. A national pause was agreed on reporting this year and no reports were released to teams in the HSCP or Board to date. This was reviewed in the summer and iMatter reports were released to those teams, Boards and HCSPs with a response rate of 60% or more at the end of September. The HSCP final response rate was 54%, see below. The low paper response reduced the overall response rate as email alone was 59%. This is an area of focus for the team to improve in advance of the nex iMatter survey.

	Emails	**Paper**	**SMS**	**Total**
Sent surveys	2096	202	0	2298
Responses	1245 (59%)	7 (3%)	0 (0%)	1252 (**54%**)

3.4.3 **Everyone Matters**

NHS Scotland undertook a national pulse survey in September 2020 with a focus on staff wellbeing. HSCP staff (Council and NHS) and the health board staff took part in this Everyone Matters survey that was run for three weeks during September 2020 with a 41% response rate in the HSCP, 40% for the Board overall. This is similar to the response level nationally. Directorate Reports were expected to be published in November 2020, but the Scottish Government has announced that this will be delayed until December.

The 2020 Everyone Matters survey was particularly focussed on staff wellbeing and will provide an opportunity to develop and deliver focussed interventions to support staff wellbeing where it may be most beneficial.

The survey results from iMatter and Everyone Matters will be used to inform aspects of the Culture Programme in the HSCP and the Board and will be reported to the IJB. We need to increase confidence and participation in the annual iMatter national process as a feedback and action-planning mechanism for continuous improvement and to improve staff experience and lift levels of employee engagement.

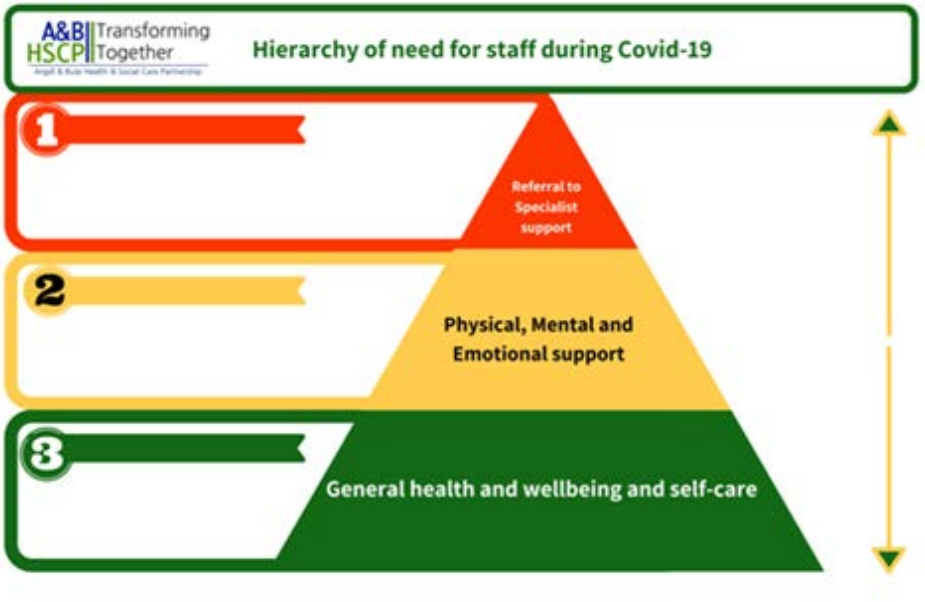
3.5 **Health and Wellbeing**

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

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

3.5.3 **Addressing wellbeing needs**

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



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

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

3.5.4 Wellbeing resources

There have been an increasing amount of resources made available nationally over time including:

- National Wellbeing Hub - A National Wellbeing Hub for the NHS and Social Care Workforce and unpaid carers contains a wealth of information about the support that is available to look after your mental health and wellbeing.
- NES TURAS psychosocial mental health and wellbeing support
- https://projectlift.scot/coronavirus-resources/

- https://www.knowyoumore.com/wellbeingcoaching/ - A free online service offers 2 options for online coaching for wellbeing. Both are designed to support staff with issues they may be facing during these challenging times. Experienced coaches will support staff in building resilience and improving wellbeing and if they lead others there will be space to explore how they support their staff too.

3.5.5 **Remobilisation, wellbeing and resilience**

A focus on supporting and enhancing staff wellbeing and resilience continues to be important to help with the longer term aspect, and regular messages around this are included in the Chief Officer regular email. A local example of communication is in Oban, Lorn and Isles where a twice-weekly Team Brief goes out to staff across the area and wellbeing information is part of this, including local specific information.

3.5.6 As services are remobilised, we are acutely aware of colleague fatigue, reduced morale arising from worry and uncertainty and the impact this has on wellbeing. The role of Wellbeing Champions was introduced in Quarter 2, to champion and promote wellbeing messages and resources. A support pack was prepared by the Wellbeing group and a number of staff have come forward to volunteer for this role across the HSCP. They have come together virtually on several occasions with support from the public health and OD team. They also provide feedback to the Health and wellbeing group about how these resources are being implemented locally and are being received by staff. The feedback we are looking for is general and examples could include whether people are using the self-care information, or if specific groups require further information.

3.5.7 In July the Strategic Leadership Team approved a pilot with the Resilience Engine as one approach for supporting staff wellbeing and resilience. As a result, five teams have been identified from across the HSCP in terms of geography and include some integrated teams and a good mix of employees from both the Council and NHS. The pilot will start in October and be evaluated.

3.5.8 The NHS Highland Wellbeing Group is looking into how it goes forward in relation to the culture programme and the previously established strategy group. The Argyll and Bute HSCP Wellbeing Group is also looking into how it goes forward in relation to this and the culture programme in the HSCP.

3.6 **Communications**

3.6.1 The Chief Officer continues to communicate with all HSCP employees via a weekly email highlighting good practice, key messages and promoting a kind and compassionate culture. The Council Chief Executive provides a weekly update via newsflash and a monthly Cascade is issued to staff with a quarterly magazine also published.

3.6.2 In May, the Chief Officer introduced twice-weekly drop-in "Tea and Chat" sessions via Skype for all HSCP employees to speak directly to the Chief Officer and senior managers about their questions or concerns. Over 40 sessions have been held with an average of 10 employees attending per session. These sessions have now been expanded to be hosted by members of the Senior Leadership Team.

3.7 **Personal Protective Equipment (PPE)**

3.7.1 In Argyll and Bute HSCP a number of services are involved in making sure our employees are able to carry out their work safely and keep patients and service users safe. This has been particularly important during the ongoing Covid pandemic. Regular guidance information is circulated to colleagues by email and hard copies in the workplace. The attached PPE guidance has been circulated to community teams to provide information about the different types of PPE and donning and doffing instructions.

3.7.2 Health and Safety teams advise services on the type of PPE that is appropriate for their work. Face-fit mask testing is arranged by NHSH Health and Safety team. PPE training is part of the care home pathway education in Argyll and Bute and has been delivered to colleagues in 15 care locations during May-June 2020.

3.7.3 In addition, standalone PPE training was delivered by the Care Home Improvement Officer on 17th and 18th September in Thomson Court, Palm Court and Eader Glinn. Two education sessions have been provided to the Oban community team and those relocated to Lorn and the Isles Hospital. These were supportive sessions at the manager's request.

3.7.4 There are PPE champions across the HSCP and PPE champion training is delivered collaboratively. Ongoing PPE education is provided by the Infection Prevention and Control Nurse Argyll and Bute who is responsible for healthcare staff and the NHSH Health Protection Team that is responsible for social care staff.

3.8 **Learning and Development**

3.8.1 Employees must comply with a range of organisational and legislative requirements related to induction, statutory and mandatory training. Compliance rates for statutory and mandatory training remain significantly below the target of 95%. The attached reports for NHS Highland employees show a below target level of compliance with statutory and mandatory training. Managers are asked to ensure that their teams comply and complete the necessary training.

3.8.2 The Scottish Social Services Council (SSSC) specifies which roles require SVQ qualifications. All employees who require to be SVQ trained for their role, as specified in SSSC registration, have this qualification.

3.8.3 The Social Work Training Board currently identifies and approves training necessary to meet statutory and service requirements, and monitors progress of SVQ candidates in social work services. Representation is from managers across all Social Work professional areas.

Data for Learning and Development activity is shown in Appendix 1.

3.8.4 **Mandatory Training for Social Care**

There is a programme of mandatory training for social care staff that is overseen by the Social Work Training Board, chaired by the Chief Social Work Officer and informed by the requirements of SSSC registration.

Courses covered are:

- Argyll and Bute Council Induction Programme
- Child Protection
- Adult Protection
- Elementary Food Hygiene
- SVQ and Moving and Handling (role dependent).

All employees must undertake the following e-learning courses:

- Equality and Diversity
- General Data Protection Regulations (GDPR)
- Fire Safety Awareness
- Freedom of Information
- PREVENT
- Positive Customer Service.

All managers are encouraged to undertake the Argyll and Bute Manager (Managing Teams) programme.

3.8.6 Social work and social care employees are also offered extra training as follows:

3.8.7 Moving and Handling is offered to all carers.

Child Protection

3.8.8 The Argyll and Bute Child Protection Committee (A&BCPC) training programme is multi- agency so does not replace any single agency mandatory training responsibilities that each organisation/agency has for ensuring staff are trained in safeguarding matters.

All staff and volunteers in Argyll and Bute can access our e-learning modules and can attend our multi-agency courses where they need to understand the context of working with others to protect children. For Carers in adult services this would be our *public protection e-learning module* and possibly our 3 hour *multi-agency introduction to child protection course* depending on their role and remit. Full details in the training section of our website www.argyll-bute.gov.uk/abcpc

Priorities for A&BCPC annual training programme aligns with the child protection committee improvement plan. Training is monitored by A&B CPC learning & development sub group and reported in terms of quality of training, attendance and impact on practice improvements. All agencies and organisations who employ care staff are responsible for monitoring that their staff are confident and competent in their safeguarding practices.

Adult Protection offer multi-agency training for adult protection to third sector agencies (including care agencies) as part of training programme but it's not mandatory. It is the responsibility of the agency to ensure that their staff have appropriate training in adult protection. They also have to demonstrate that they have appropriate adult protection policies in place.

3.8.9 **Numbers of employees who are undertaking SVQs (Scottish Vocational Qualifications)**

Currently we have 5 Home Carers undertaking their SVQ as Modern Apprenticeship Learners through the Council's accredited training centre. 34 have completed their SVQ qualification, the Social Work Training Board agreed to prioritise staff on the basis of their registration date with Scottish Social Services Council (SSSC).

3.8.10 Training is provided to employees using a number of routes to ensure that all training delivered meets the requirements of SSSC registration and thus maintain quality and safety.

The Council's SQA (Scottish Qualifications Agency) accredited Training Centre employs SVQ assessors and verifiers as required by the SQA. The centre regularly achieves high quality assurance reports from the SQA.

SVQs are delivered and supported online with assessments made in the workplace.

Before Covid-19 most training was delivered face to face alongside e-learning, a Moving and Handling on-line course has been developed and Annabel Telfer is training in some areas. Any training we offer is for our employees only.

3.9 **Recruitment and Redeployment Activity**

3.9.1 The Senior Leadership Team agreed to an improved way forward for recruitment and workforce monitoring to ensure that vacancies are processed according to employer policies, meet workforce planning objectives for the HSCP, improve efficiency and meet budget management requirements.

3.9.2 SLT agreed to a transition to a process of online recruitment processing and authorisation using JobTrain and Talentlink. A digital process for both NHS and Council vacancies will be piloted in FQ3, ensuring that appropriate authorisation levels are in place to meet HSCP requirements including finance, service capacity and redeployment. Online recruitment will greatly reduce bureaucracy and help to monitor the vacancy process.

3.9.3 SLT has agreed to move to monthly workforce monitoring meetings in place of fortnightly vacancy monitoring meetings. This will provide focus on analysis of recruitment activity, workforce plans, vacancy savings, recruitment challenges and training opportunities. There will be a transition period as we move from the current process to a fully online process.

3.9.4 We have consulted with staffside and trades union representatives and they are comfortable with this new approach. Staffside and trades union colleagues will be provided with a monthly report of vacancies to provide oversight of the process.

3.9.5 NHSH Redeployment figures show a significant rise over the last quarter (Appendix 2). This is mainly as a result of the closure of Knapdale ward in Mid Argyll Community Hospital following a review of Dementia Services. Due to Covid-19, the closure was required to be implemented earlier than planned. Managers are working in partnership with HR and TU/Staffside to redeploy the staff including having one to one meetings with employees to identify transferable knowledge, skills and experience. The HROD team continue to consider all vacancies for redeployment which become available after approved at Workforce Monitoring Meetings held fortnightly at present.

3.10 **Attendance Management**

3.10.1 There are two elements to the approach of Promoting Attendance/Maximising Attendance: improving the application of the relevant policies and a preventative approach to improving staff

health and wellbeing. There are benefits of improving the health and wellbeing of staff to the organisations, employee and service users. Both are needed to improve attendance at work and reduce sickness absence.

3.10.2 There continues to be significant scrutiny of absence during this reporting period, primarily prompted by Grip and Control, but also to ensure that all managers are following the appropriate procedures when looking after their staff. Heads of Service receive detailed reports on individual council staff absences within their service, including duration, cause of absence, OHP status etc. This enables more detailed monitoring and management of absence. Detailed information on sickness absence for the Council and NHS Argyll and Bute are set out in Appendix 3, showing trend data for a 12 month period and a breakdown between services.

3.10.3 NHS data highlights that sickness absence has decreased to below 4% in July in Q2 before rising in August to comparable figure with the previous 6 months. The overall operational unit absence is comparable with NHS Highland figures. As mentioned in the previous report the reduction in sickness absence may be attributed to Covid-19 related absence which is recorded as special leave. Those staff who are shielding have been able to work at home where possible. Working at home has been implemented for all staff where possible and will have supported those staff who previously may not have been able to attend work. This is likely to have provided a positive impact on those staff who have a long-term limiting condition.

3.10.4 The Return to Work Interviews (RTWIs) will continue to be monitored and reported as an important tool in managing absence. Below the table is a graph depicting the trends in completion rates since October 2019. It is clear from the table and graph that there is not as focussed an approach as is required to complete the RTWIs, and the Wellbeing Advisers are encouraging managers to improve this approach.

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

3.11 **Employee Relations**

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

3.11.2 The number of Employee Relations (ER) cases within the NHS staff group has significantly increased from 20 to 27 live cases over the last Quarter. However, 2 of these cases are at the review stage, and are due to be completed with Q3 report. Whilst the number of

grievances has reduced the number of Bullying and Harassment cases have increased. Some of these cases involve one complaint against a number of respondents and/or a number of complainants against one respondent. These are 2 investigations but a multiple number of recorded cases due to potential individual outcomes i.e. disciplinary hearings.

3.11.3 One other issue to report is that two existing grievances were reclassified as Bullying and Harassment cases after representation and discussion with Trades Union colleagues. The introduction of new Once for Scotland policies has contributed to some challenges in the categorisation of ER cases. It is very difficult and stressful for staff who are part of a people process to find that a decision has been taken to change the approach. We seek at all times to work in partnership with our colleagues on staff side and the trades unions to agree the approach taken to Employee relations issues at the outset. We then move quickly to have the issue dealt with as swiftly as the process allows and reach a resolution. Where possible, we work to address issues in the workplace informally as often as we can. A&B HR&OD team are part of the overall NHSH plan for roll out of Once for Scotland Policies not only to ensure consistency of approach and implementation but to utilise all available resources across NHSH.

3.11.4 The number of new Bullying and Harassment cases does coincide with the introduction of NHSH Guardian Service in August and the current culture work that is ongoing within the HSCP led by the Chief Officer. It is worth noting that this increase may be due to staff feeling more able to come forward to report their concerns and complaints to HR and Management as they are more aware of what constitutes bullying and feel that their concerns will be addressed.

3.11.5 These employees continue to be supported by our HR Business Partners and HR Advisers.

3.11.6 In the Council, the Employee Relations Team carries out all disciplinary investigations for Council employees of the HSCP, but managers are responsible for investigating grievances. This has resulted in a significant improvement in the time to reach a conclusion to disciplinary investigations. The numbers of bullying and harassment complaints from Council employees are much lower than amongst NHS employees in the health and social care partnership. The Council are using the same external advisers as NHS Highland to undertake any complex bullying or harassment complaints in the HSCP, to ensure parity of approach.

3.11.7 The launch of the Guardian Service to Council employees in January 2021 will be closely monitored to identify if this brings an increase in reports of bullying and harassment amongst Council staff in the HSCP. This will be reported to the IJB once this data is available.

4. WORK PLANNED FOR THE NEXT 3 MONTHS

Update on work for FQ2 and plan priorities for FQ3:

Established AB HSCP Culture Group	Achieved
Deliver the staff governance improvement plan	Ongoing
Promote iMatter completion to improve on last year's performance	Achieved
Analyse results of iMatter and Everyone Matters and support managers and teams to improve on areas identified	FQ3/FQ4
Continue to support Staff Health and Wellbeing activities to align with Council and tackle HSCP sickness absence	Wellbeing Group established; work ongoing
Continue local support for Culture Fit for the Future and continuing 100 day plan: continue delivery of Courageous Conversations, management development; improvement to people processes	Ongoing
Support the implementation of the new HSCP Management Structure	Ongoing
Progress to 100% of all vacancies on JobTrain – pilot starting in FQ3	Ongoing
Progress workforce planning priorities; eESS training required for HROD and all managers (NSHH to deliver)	Ongoing
Roll-out Once for Scotland to all managers and then staff; scheduled to start virtual delivery, in partnership with staffside,	Development work completed; awaiting national online learning to complement virtual delivery; Ongoing

4. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 This report has outlined how the staff governance work contributes to strategic priorities.

5. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

A reduction in sickness absence will save costs.

5.2 Staff Governance

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

5.3 Clinical Governance

None

6. EQUALITY & DIVERSITY IMPLICATIONS

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

7. General Data Protection Principles Compliance

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

8. RISK ASSESSMENT

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

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Not applicable

10. CONCLUSIONS

It is recommended that the Integration Joint Board:

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

11. 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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Jo McDill, HR&OD Officer, Argyll and Bute Council
Dorothy Ralston, HR&OD Officer, Argyll and Bute Council

Appendix 1 – Council Training Completed (FQ 2)

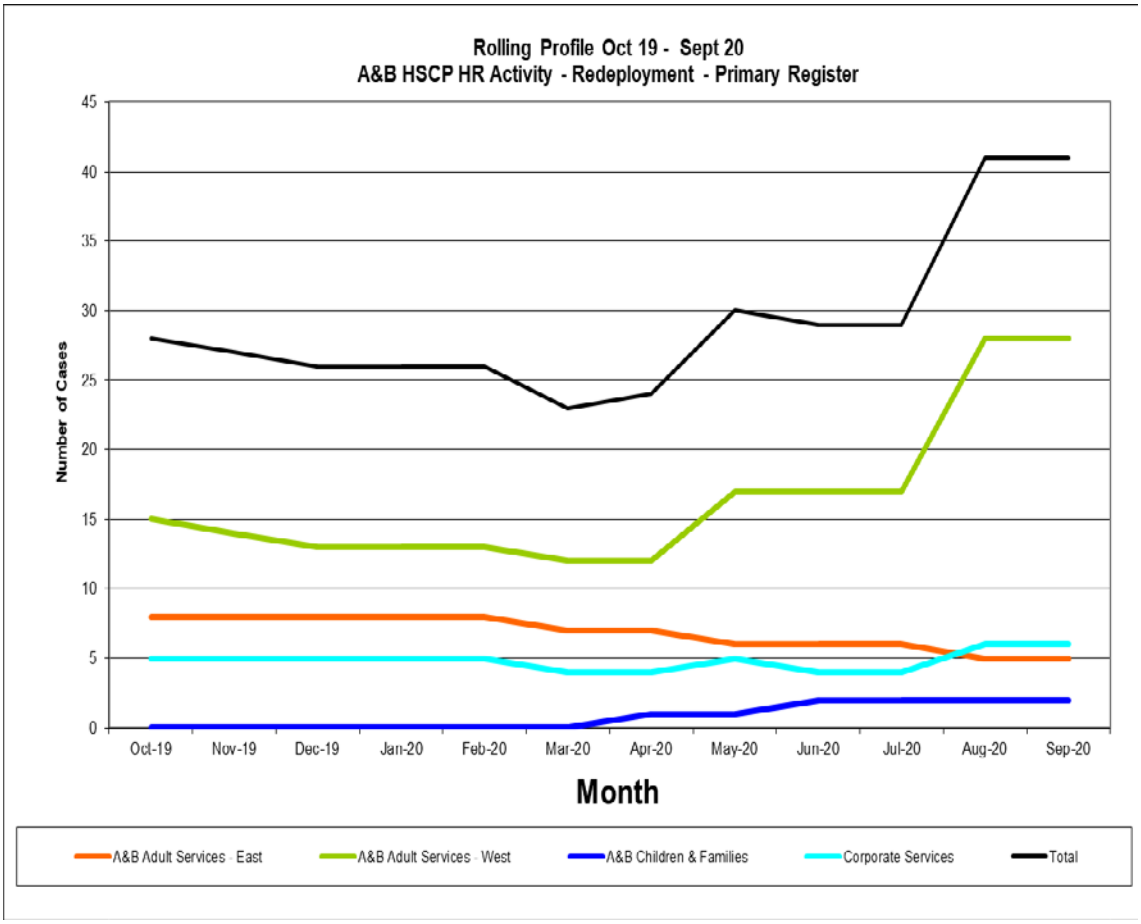
Mandatory course	Number of employees completed course	As a percentage of the HSCP total workforce (765)	Number completed in FQ 2	As a percentage of the HSCP total workforce who completed in FQ 2
E&D	66	9%	0	0%
Data Protection	317	41%	41	5%
Fire Safety Awareness	162	21%	33	4%
Freedom of information	81	11%	18	2%
PREVENT	86	11%	0	0%
Positive Customer Care	69	9%	17	2%

(HSCP total workforce end Q2: 765)

Appendix 2: Redeployment

Primary Register

NHS Employees	Apr	May	Jun	Jul	Aug	Sep
A and B Adult Services – East Total	7	6	7	6	5	5
A and B Adult Services – West Total	12	17	21	17	28	28
A and B Children and Families Total	0	1	0	2	2	2
Corporate Services Total	4	5	4	4	6	6
Totals	**23**	**29**	**32**	**29**	**41**	**41**



Recruitment and Redeployment Activity (Q2)

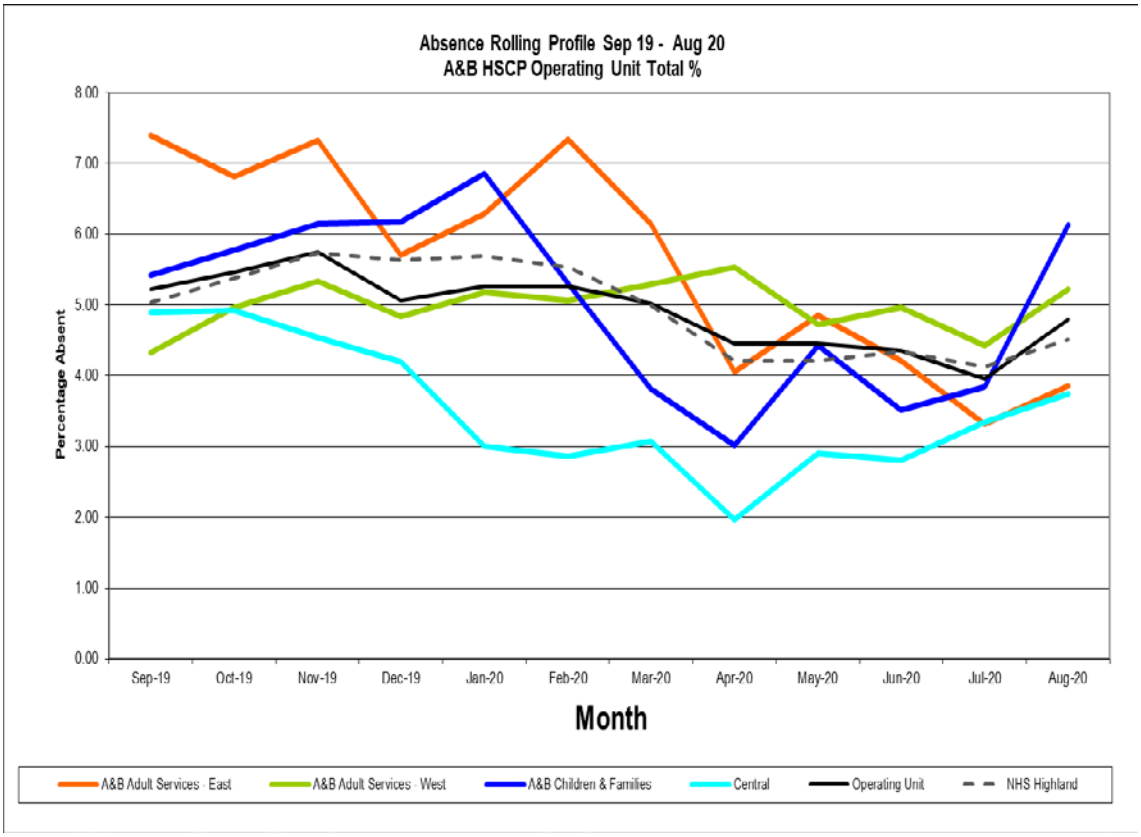
Attracting and retaining suitable applicants predominantly within nursing, mental health and some AHP roles remains challenging across all areas particularly Oban, Lorn and Isles locality. The Communications Team continues with uploading and sharing posts and information relating jobs throughout the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

Advertised vacancies:

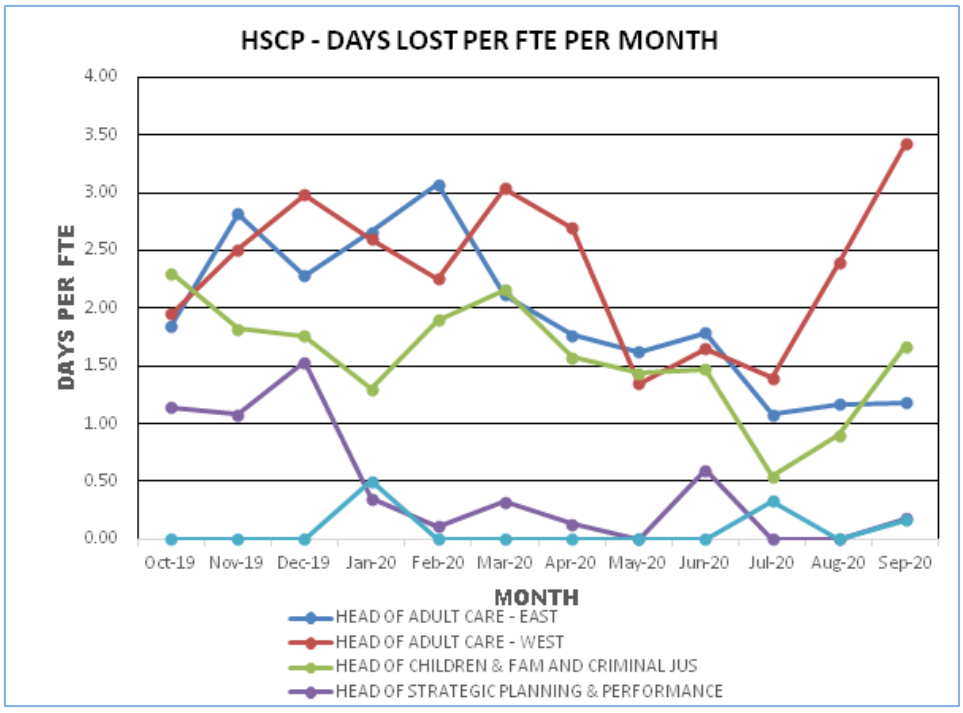
	July		August		September	
	New	**Re-Ad**	**New**	**Re-Ad**	**New**	**Re-Ad**
Adult Services EAST	13	3	4	4	14	4
Adult Services WEST	12	6	18	7	18	7
Children & Families	3	1	4	0	0	0
Corporate Services	3	2	2	1	3	4
Totals	31	12	28	12	35	15
	43		40		50	

Appendix 3: Attendance

NHS – Sept 19 to Aug 20

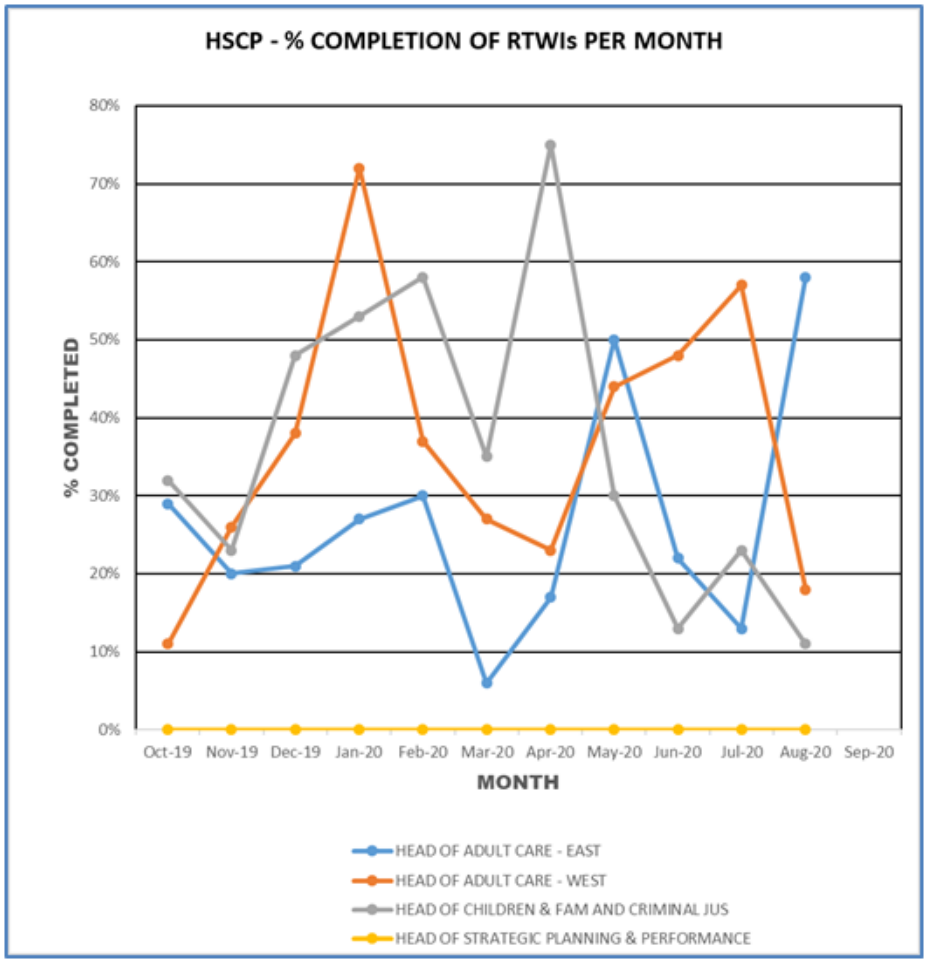


Council: A & B Social Care Staff – Oct 19 to Sep 20



Appendix 4 – Return to Work Interview Data (Council Staff) FQ2

	Jul 20		Aug 20		Sep 20	
	% RTWI Complete	Average time taken to complete (days)	% RTWI Complete	Average time taken to complete (days)	% RTWI Complete	Average time taken to complete (days)
Adult Care West	57%	7	18%	6		
Adult Care East	13%	9	58%	7		
Children and Families and CJ	23%	2	11%	1		
Strategic Planning and Performance	-	-	-	-		
TOTAL	***31%***	***6***	***29%***	***5***		



Appendix 5 - Council Social Work/Care vacancies

The breakdown of Council vacancies (detailed by Internal/Ring-fenced and External job adverts) for Q2 is detailed in the table below.

	July 2020		August 2020		September 2020	
	Internal/RF	**External**	**Internal/RF**	**External**	**Internal/RF**	**External**
Adult Services EAST	2	2	2	2	4	3
Adult Services WEST	6	5	3	9	12	9
Children & Families	1	2	1	2	2	8
Strategy P&P						
Totals	**9 (4 x Temp/ Cas, 5 x Perm)**	**9 (2 x Temp/ Cas, 7 x Perm)**	**6 (5 x Temp/ Cas, 1 x Perm)**	**13 (2 x Temp/ Cas, 11 x Perm)**	**18 (12 x Temp/Cas, 6 x Perm)**	**20 (7 x Temp, 5 x Perm)**
	18		**19**		**38**	

Appendix 6: Permament, Fixed Term and Casual Contracts (Q2)

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

Employees on T/FT contracts	Jul 20	Aug 20	Sep 20
Adult Care West (ABC)	20	18	18
Adult Care West (NHS)	22	22	22
Adult Care East (ABC)	17	17	14
Adult Care East (NHS)	12	12	12
Children and Families and CJ (ABC)	12	11	10
Children and Families and CJ (NHS)	0	0	0
Strategic Planning and Performance (ABC)	0	0	0
Corporate Services (NHS)	1	1	1
(HSCP PL3 DIRECTORATE)	2	2	2
OVERALL TOTAL	**86**	**83**	**79**

Council Social Work/Care Permanent / Permanent Seconded Contracts

Permanent (P/PS) contracts	Jul 20	Aug 20	Sep 20
Adult Care West	368	366	359
Adult Care East	156	154	151
Children and Families and CJ	223	223	227
Strategic Planning and Performance	16	16	15
(HSCP PL3 DIRECTORATE)	3	3	3
OVERALL TOTAL	766	762	755

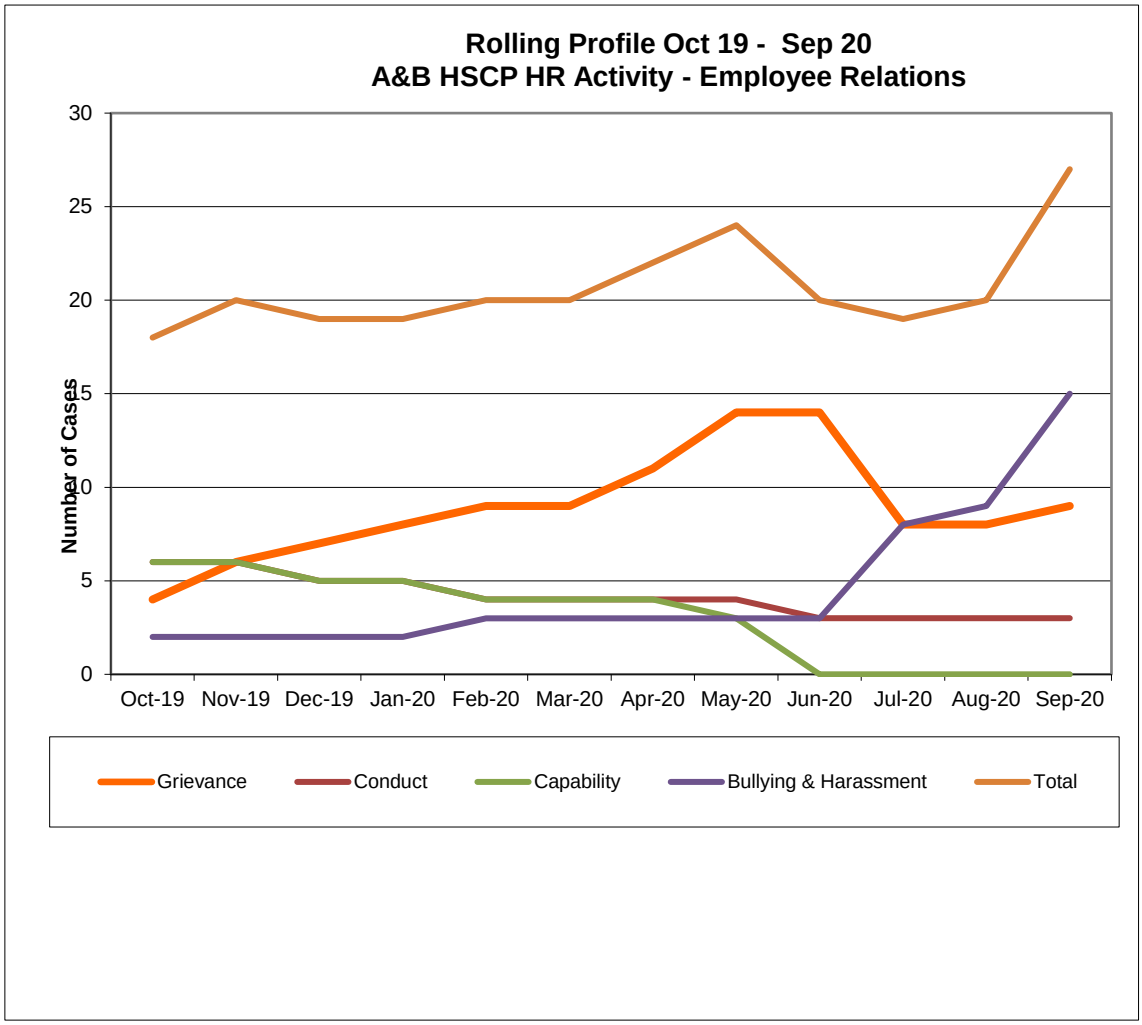
Council Social Work/Care Casual Contracts

Total Number of Casual Contracts (some also on Perm/Temp contracts)	Jul 20	Aug 20	Sep 20
Adult Care West	521	528	526
Adult Care East	200	200	199
Children and Families and CJ	181	181	182
OVERALL TOTAL	**902**	**909**	**907**

Appendix 7: Employee Relations (Q1/Q2)

NHS ER cases

	Apr 20	May 20	June 20	July 20	Aug 20	Sep 20		Q2 20	
Grievance	11	14	14	8	8	9	New	Complete	Ongoing
Adult Services - West	7	11	11	5	5	5			5
Adult Services - East	4	3	3	3	3	3			3
Children and Families	0	0	0	0	0	1	1		
Corporate	0	0	0	0	0	0			
Conduct	**4**	**4**	**3**	**3**	**3**	**3**			
Adult Services - West	2	2	1	1	1	1			1
Adult Services - East	2	2	2	2	2	2			2
Children and Families	0	0	0	0	0	0			
Corporate	0	0	0	0	0	0			
Capability	**4**	**3**	**0**	**0**	**0**	**0**			
Adult Services - West	0	0	0	0	0	0			
Adult Services - East	4	3	0	0	0	0			
Children and Families	0	0	0	0	0	0			
Corporate	0	0	0	0	0	0			
Bullying and Harassment	**3**	**3**	**3**	**8**	**9**	**15**			
Adult Services - West	0	0	0	7	7	12	5		7
Adult Services - East	0	0	0	0	1	2	1		1
Children and Families	0	0	0	1	1	1			1
Corporate	0	0	0	0	0	0			
Totals	**22**	**24**	**20**	**19**	**20**	**27**	**7**		**20**


Rolling Profile Oct 19 - Sep 20
A&B HSCP HR Activity - Employee Relations
Number of Cases
30
25
20
15
10
5
0
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Grievance
Conduct
Capability
Bullying & Harassment
Total

Council Social Work/Care ER cases

	Jul 20	Aug 20	Sep 20	Q2 New	Q2 Completed
Disciplinary					
Adult Services - East	0	0	1	1	
Adult Services - West	1	0	0		1
Children and Families	1	1	1		
Strategic P&P	0	0	0		
Totals	**2**	**1**	**2**	**1**	**1**

NHS cases

MONTH	Jan	Feb	Mar	Jul	Aug	Sep	SEPT		
Grievance Total	**8**	**9**	**9**	**8**	**8**	**9**	**New**	**Complete**	**Ongoing**
A&B Adult Services - West	4	5	5	5	5	5			**5**
A&B Adult Services - East	4	4	4	3	3	3			**3**
A&B Children & Families	0	0	0	0	0	1	**1**		
A&B Corporate	0	0	0	0	0	0			
Conduct Total	**5**	**4**	**4**	**3**	**3**	**3**	**New**	**Complete**	**Ongoing**
A&B Adult Services - West	1	2	2	1	1	1			**1**
A&B Adult Services - East	4	2	2	2	2	2			**2**
A&B Children & Families	0	0	0	0	0	0			
A&B Corporate	0	0	0	0	0	0			
Capability Total	**5**	**4**	**4**	**0**	**0**	**0**	**New**	**Complete**	**Ongoing**
A&B Adult Services - West	0	0	0	0	0	0			
A&B Adult Services - East	5	4	4	0	0	0			
A&B Children & Families	0	0	0	0	0	0			
A&B Corporate	0	0	0	0	0	0			

MONTH	Jan	Feb	Mar	Jul	Aug	Sep	SEPT		
Bullying & Harassment Total	**2**	**3**	**3**	**8**	**9**	**15**	**New**	**Complete**	**Ongoing**
A&B Adult Services - West	1	3	3	7	7	12	**5**		**7**
A&B Adult Services - East	1	0	0	0	1	2	**1**		**1**
A&B Children & Families	0	0	0	1	1	1			**1**
A&B Corporate	0	0	0	0	0	0			
Totals	**19**	**20**	**20**	**19**	**20**	**27**	**7**		**20**

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Date of Meeting: 25th November 2020

Title of Report: Closure of Knapdale Ward-assurance

Presented by: Caroline Cherry

The IJB is asked to:

- Note the decision from the IJB in March 2020 to close Knapdale Ward to progress the Enhanced Community Dementia Model.

1. EXECUTIVE SUMMARY

1.1 The purpose of this paper is to ensure there is clear oversight and assurance of decision making on the closure of Knapdale Ward, Mid-Argyll.

2. INTRODUCTION

2.1 Knapdale Ward in mid Argyll was recommended for closure as part of the dementia redesign model.

3. DETAIL OF REPORT

3.1 The paper outlining the proposal to close the ward was brought to the Board in January 2020 and formal consultation was sought on the closure as part of the development of the Enhanced Community Dementia model.

3.2 On the 25th March 2020 at the IJB, the Chief Officer made a statement:

"*Prior to consideration of the report, the Chief Officer read out the following statement advising of an operational decision to relocate patients within the Knapdale Ward, Mid Argyll and to designate the ward for potential Covid-19 patients in order that the decision could be separated from the policy decision of the IJB.*"

3.3 The Chief Officer indicated that as part of the planning of the response to Covid-19 (and after discussion with relatives) the patients and staff in the ward would be moved and the ward would operationally close.

3.4 On the 25th March 2020 the Integration Joint Board was asked (as part of the dementia redesign) to:

"*Approve the planned closure of Knapdale Ward, Mid Argyll in order to move to implementation planning of the Enhanced Community Dementia Model, noting that this process may take a year or more to implement."*

3.5 On the 25th March the Integration Joint Board made the following decisions (taken from the minutes of the meeting 25th March 2020):

1. Noted the operational decision to designate the Knapdale Ward, Mid Argyll for potential Covid-19 patients.

2. Approved the planned closure of Knapdale Ward, Mid Argyll in order to move to implementation planning of the Enhanced Community Dementia Model, noting that this process may take a year or more to implement.

3. Approved the development of detailed implementation plan by way of a Dementia Steering Group, giving the Board assurance that risks are managed as a result of the process of transition.

4. Noted the feedback from the consultation.

1. RELEVANT DATA AND INDICATORS

N/A

2. CONTRIBUTION TO STRATEGIC PRIORITIES

N/A

3. GOVERNANCE IMPLICATIONS

Guidance: Please ensure that you have followed the appropriate governance structure taking consideration of the following areas prior to submitting your paper.

6.1 Financial Impact

Text

3.2 Staff Governance

Text

3.3 Clinical Governance

Text

4. PROFESSIONAL ADVISORY

N/A

5. EQUALITY & DIVERSITY IMPLICATIONS

N/A

6. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

N/A

7. RISK ASSESSMENT

Risks should be identified and checked against both operational and strategic risk registers.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Full consultation with the public took place between January and March 2020.

9. CONCLUSIONS

This report has described the decision making oversight into the closure of the Knapdale Ward, mid Argyll.

10. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Author Name Caroline Cherry, Head of Service.
Email caroline.cherry@argyll-bute.gov.uk

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Argyll and Bute Integrated Joint Board

Date of meeting: November 2020

Report Author: Stephen Whiston Head of Strategic Planning and Performance

Title: Route map for Strategic Commissioning plan and Strategic plan review and development 2021 onwards.

The IJB is asked to:

- Consider the recommendation to refresh the themes drawn out of the JSNA and their alignment to the Strategic Plan Objectives following the Covid 19 Pandemic.
- Approve the recommendation for Timescale/ route map for the Strategic Commissioning plan and future alignment with the next Strategic Plan.

1. Introduction.

The Covid 19 pandemic has placed the HSCP in an emergency footing, suspending all routine and normal work. Therefore there has been no action taken to progress the Strategic Commissioning and market facilitation plans.

Currently the HSCP is focussed on remobilisation following the Scottish Government Route Map and trying to adapt to what the "new normal" will look like. The HSCP has also been directed by the Scottish Government to remain on an "emergency footing" through the winter to April 2021.

The landscape of service within the HSCP has significantly changed requiring the Strategic Planning group to review the initial priorities identified from our JSNA work and consequently the commissioning themes in order to progress with the Commissioning strategy.

April 2021, will also see us begin the work on reviewing and producing our new Strategic Plan covering periods 2022- 2025. As such it is prudent that we bring these 2 pieces of work together.

Lastly the capacity within the HSCP to progress this work has been limited as the planning team has not recruited to the vacant planning post and this will hopefully be complete by November/December 20.

2. Review of JSNA due to Covid19

2.1 Where had we got to

The previous JSNA findings had identified the following health needs/gaps as our top priorities to progress in our commissioning plan for adults:

- 1a) An increasing number of people aged 75+
- 2f) Unpaid Care
- 3b) Long term conditions
- 3c) Dementia and Frailty
- 4a) Overall health related behaviours and risk factors
- 4b) Smoking
- 4c) Healthy diet, physical activity and healthy weight
- 4d) Substance misuse
- 4e) Suicide
- 4f) Sexual Health
-

Our expected market facilitation messages were:

- Increasing demand for care at home
- Housing and Care home models- at home, well and independent
- Hospital avoidance and prevention
- Support to unpaid carers
- Promotion of health , mental and physical
- Self-Directed Support - its enhancement to provide real choice
- A shift to digital technology and increase use in telecare and telehealth
- Accessing Transport or removing transport as a barrier to access services
- Sustainability of workforce skills within key sectors within Argyll & Bute
- Engaging with our communities, enabling co-production
- Delivering Best Value – effective and efficient resources

In addition we were progressing work on the JSNA for Children's Service to inform the children's services plan for completion in summer 2020. This was halted due to the pandemic.

However, following the impact of Covid 19 there is a requirement to review the adult and JSNA, priorities and market facilitation messages. As well as look to review and update the childrens JSNA.

2.2 The consequences of Covid19

The initial assessment of the impact of being infected and the consequences of living in a Covid19 restricted environment include:

- Deleterious impact on Mental Health
- Older people - physical deconditioning and enhanced reablement need, increased social isolation

- Increasing waiting times and waiting lists for NHS treatment and screening service
- Impact of Caring for people
- Emotional wellbeing
- Facilities being fit for purpose and reduced capacity - how services are organised
- Unpaid Carers and the impact on their health and well being.
- Care home occupancy/viability and clients confidence to be admitted to a care home
- Increased risk of infection through the winter – more internal gatherings

This is not an exhaustive list but is a number of generic themes which initial research and studies have identified and flagged.

3. Next Steps and route map/timescales

Understanding this context and examining what we need to do to progress the commissioning plan whilst coping with the prospect of a very difficult (Covid19 accentuated) winter of service pressures on health and social care

To this end the following very pragmatic approach to timetable and milestones "route map" has been developed for the Adult commissioning process.

Process	**Lead/Group**	**Timescale**
Stage 1 Adult JSNA Refresh and Analyse		
Adult JSNA review and refresh	Associate Director Public Health	November/December 20
Identify top 5 areas to prioritise re market facilitation, procurement and contract review development for 2021/22, informed from the JSNA refresh, service issues & gaps, equity and life circumstances etc. Examine against Housing Needs Assessment report.	HSP&P	December 20 to February 21
Existing contract/grants budget confirmation for 2021/22 – IJB approval	CFO	December/Jan 20
Stage 2 - Plan **Documenting Future aspirations**		
Communicating the key service/market enabling messages	Commissioning & Market Facilitation Steering Group	January to February 21
Confirmation of the initial priority areas for commissioning activity in 2022/23	Strategic Planning Group	March to May 21

Engagement planning and process with providers, stakeholders and communities to design future service models and specification in 2022/23 This aligning with the HSCP Strategic Plan engagement process to inform and shape our revised objectives.	Commissioning & Market Facilitation Steering Group Health Improvement and Planning Team	June 21 - Sept 21
Option assess future models including financial modelling to meet HSCP objectives	Planning and SPG	October 21
Informing workforce planning, financial planning and procurement activity from 2022/23 onwards	SPG/CFO	December 21
Establish with all partners representatives a Market Facilitation steering group to: • Plan future service design and specification informed by option assessment (including financial modelling) • Capacity development and building - Milestones and delivery outcomes	HSP&P	Dec/Jan 21 onwards
Stage 3 – Procurement		
Market Testing to be carried out based on the draft Commissioning Plan to determine whether the market and in house service is well placed or willing to respond to the opportunity.	Procurement team	October to Dec 21
Develop Sourcing Strategy including specification for the requirement. Including best value and alignment with e.g. Housing.	Procurement team	Nov 21 to Mar 22
Procurement process to contract relevant services generally 3 months and will be a rolling process over the length of the 3 year Strategic Plan		Jan 22 to Mar 22
Stage 4 - Governance and Approval		
Reporting to Senior Leadership Team via project highlight reports regarding operational aspects of the plan with	HSP&P	Oct 20 on going

regard to commissioning plan development, progress and approval.		
SPG to consider draft strategic and commissioning plan and approve for submission to IJB for approval	SPG	September 20 onwards
IJB receive development updates from SPG Consider Strategic and Commissioning Plan and approve its implementation	IJB IJB	Nov 20 on going March 22
Progress implementation of sourcing strategy to carry out procurement within defined timescales.	Commissioning & Market Facilitation Steering Group	April 21 onwards

Members will note this timetable is aligned with the HSCP review and production of its new 3 year strategic plan.

The role of the SPG is to govern and assure the process and milestones identified, receive update and the relevant plans and recommend to the IJB the new Strategic and its associated commissioning plan. This will inform its financial and workforce planning resourcing strategy from 2022 /23 onwards and will:

- Challenge current service provision
- Focus any changes or decommissioning of services on better outcomes
- Identifies longer term funding to support new service models supporting service resilience and sustainability across all sectors (statutory, 3rd and Independent)

4. STRATEGIC PLAN 2022/23

The HSCP will need to incorporate this work into its next iteration of the 3 year Strategic plan as outlined.

5. RELEVANT DATA AND INDICATORS

Using the refreshed JSNA findings, we will inform our service specifications as well as a variety of outcome indicators and contract performance targets going forward.

6. CONTRIBUTION TO STRATEGIC PRIORITIES

This work contributes to all the strategic priorities of Argyll and Bute HSCP:

7. GOVERNANCE IMPLICATIONS

Financial Impact

Currently there is no identified financial impact for 2020/21. However, there are short term financial contract arrangements which may require to role forward for independent and third sector providers before longer term contracts can be awarded in 2022/23 onwards.

8. Staff Governance

Currently there is no impact with regard to staff governance, but outcomes will affect some groups of staff and due process will be required to be followed.

9. Clinical and Care Governance

Currently there is no impact with regard to clinical and care governance, but, new models of provision will require clinical and care overview to ensure safety, resilience and sustainability.

10. EQUALITY & DIVERSITY IMPLICATIONS

An equality impact assessment will be completed as part of the wider Strategic Plan and Commissioning and Market Facilitation Plan action plan.

11. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

No impact on GDPR or current data sharing agreements. Future data sharing requirements will require the development or amendment of agreements within the GDPR process.

12. RISK ASSESSMENT

Impact on strategic and operational risks will be assessed within existing risk assessment processes.

13. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Individual service engagement specification where necessary will be undertaken once new service models are identified.

14. CONCLUSIONS

This paper summarises the requirements and details the process and timeline to refresh the JSNA and produce the HSCP's Strategic and supporting Commissioning plan.

Significant process on the development of the Adult Strategic Commissioning plan was made prior to the Covid 19 pandemic. The work has correctly focussed on understanding the needs of our population in the form of a JSNA but this now

requires a refresh due to the changing landscape and impact of services and need following the pandemic.

This is a significant piece of work as it will detail the service requirement for the next 3 to 4 years. It will require council and NHS Highland Board input as well a full complement of staff within the Planning Team.

A route map/timetable has been developed to undertake this work and has been considered and agreed by the Strategic Planning Group to be recommended to the IJB for approval.

Reference has been made to the Childrens JSNA and a similar piece of work will require to be conducted to pick up where it was left and review in light of the consequences of the pandemic. The outcome of this will be presented at the next Strategic Planning Group.

Appendix 1 – Key Themes from Joint Strategic Needs Assessment January 2020 .

Part A – Current and future level of need 1. Demographic Profile		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key message to our Providers
Identified theme	**Issues**	**Current supply of services (and issues identified)**	**Likely future impact and links to other themes**	**Summary of Potential Needs**	**Strategic area of focus/ transformational theme**	
1a) A decreasing population overall with a decrease in the working age population	- Decreasing pool from which to recruit workforce (number of adults of working age compared to number aged 75+ decreasing)	- Wider workforce includes those in the independent and third sectors, not directly employed by the HSCP - Staff vacancies - Pressure on staff with high staff absence rates - High proportion of staff close to retirement age with potential skills gaps as staff leave - Gaps in service provision in some areas - New GP contract with multiple roles within primary care - Legislative requirement to comply with Health and Social Care (Staffing) Scotland Act 2019	- Continued issues with staff recruitment and retention risking disruption to service continuity, gaps in service provision and gaps in specialist services - Challenges of affordable housing in some areas, affecting recruitment and retention (2d)	- Develop skilled workforce - Reduce workforce vacancies - Support to workforce in relation to health and wellbeing to reduce staff absences - Compliance with staffing legislation - Service continuity and planning around staffing changes e.g. retirement	**Support Staff to continuously improve the information, support and care that they deliver**	- **Sustainability of workforce skills within key sectors within Argyll & Bute**
	- The percentage of people volunteering, by age, is lower in those age 75+.	- Feedback suggests that the raised retirement age may discourage those aged 60+ from volunteering.	- The number of volunteers available to support community groups and organizations is likely to decrease. - May impact on support for unpaid carers (2f), social support for people (2d) and provision of transport (2a).	- Secure and supported third sector - Social support and respite	**Support unpaid carers to reduce the impact of their caring role on their own health and wellbeing**	- **Support to unpaid carers**
1b) An increasing number of people aged 75+	- places a pressure on delivery of health and social care service due to increasing demand	- 83% of adult social care clients are aged 65 and over - Older people are more likely to be high-resource individuals for healthcare services. - Waiting times for services have increased - Rates of people over 65 years of with multiple emergency admissions lower than Scotland as a whole but highest in Oban and Lorn, Kintyre and Islay and Jura. - There is a gap in the JSNA in data from community services and around anticipatory care planning	- Continued increases in demand for health and social care services - Finite health and social care resources stretched to accommodate higher demand in older peoples services - Risk of continued increased waiting times for planned services - Impact across multiple other themes including remote and rural	- Promotion of self-management - Pre-ablement e.g. increasing strength and physical activity - Preventative measures e.g. flu vaccination - Anticipatory Care Planning to avoid unnecessary admissions - Reduction of waiting lists.	**Promote health and wellbeing across all our communities and age groups** **Reduce the number of emergency admissions to hospital and minimise the time**	- **Promotion of health enabling and co-production** - **Hospital avoidance and prevention** - **Increasing care at home provision**

Part A – Current and future level of need 1. Demographic Profile		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key message to our Providers
Identified theme	**Issues**	**Current supply of services (and issues identified)**	**Likely future impact and links to other themes**	**Summary of Potential Needs**	**Strategic area of focus/ transformational theme**	
			geography (2a), social support for older people (2d) and provision of unpaid care (2f).		**people are delayed in hospital**	
1c) Natural population change	- Number of deaths projected to increase - Increased demand for end of life care and palliative care provision	- Marie Curie are contracted to provide End of Life Care across Argyll and Bute - Feedback suggests limited information available around palliative care and need for further palliative care support for unpaid carers - The percentage of the last 6 months of life spent at home or in a community setting has been increasing.	- Increasing demand on unpaid carers (2f)	- Provide palliative care provision where needed - Provide support to unpaid carers around palliative carer	- **Support unpaid carers to reduce the impact of their caring role on their own health and wellbeing** -	- **Support to unpaid carers** - **A shift to digital technology and increase use in telecare and telehealth** - **Increasing care at home demands**

Part A – Current and future level of need 2. Life Circumstances		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key Message to providers
Identified theme	**Issues**	**Current supply of services (and issues identified)**	**Likely future impact and links to other themes**	**Summary of Potential Needs**	**Strategic area of focus/ transformational theme**	
2a) Argyll and Bute has a significant remote and rural geography with island populations and	- 45% of small areas are in the 20% most access deprived in Scotland - The cost of living in remote rural areas is higher than in accessible and urban areas - Fuel poverty rates are high in Argyll and Bute.	- 33 GP practices cover all areas; 11 GP practices had list sizes of under 1,000 people - A&B HSCP directly runs services where there is insufficient capacity in other sectors e.g. 4 GP practices, public dental services, day care services outside H&L, 6 Care Homes for older adults and Home Care	- Increasing demand on travel with high numbers of older people (1b) and centralisation of services - Decreasing population adds to the fragility of	- Provide services locally where possible - Maximise use of technology, where appropriate, to reduce travel - Ensure transport is not a barrier to accessing services where they are not local	**Efficiently and Effectively manage all resources to Best Value**	- **A shift to digital technology and increase use in telecare and telehealth** - **Accessing Transport**

Part A – Current and future level of need 2. Life Circumstances		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key Message to providers
Identified theme	**Issues**	**Current supply of services (and issues identified)**	**Likely future impact and links to other themes**	**Summary of Potential Needs**	**Strategic area of focus/ transformational theme**	
remote small towns and rural areas	- Legislative requirements to comply with the Islands Act 2018	services in Mid Argyll, Kintyre and across many of the islands. - 19 GP practices are prescribing practices, largely covering rural areas with no private pharmacies. - Community hospital provides GP led inpatient services - Lorn and Islands hospitals provides inpatient care within General Surgery, General Medicine, Anaesthetic and Oral Surgery - The Mid Argyll Community Hospital and Integrated Care Centre includes a general psychiatric inpatient ward - Most inpatient and outpatient specialties (for physical and mental health services) are provided via our patient pathway delivered by NHS Greater Glasgow and Clyde and therefore require significant travel to access - The number of inpatient episodes to NHS GGC has increased over the past ten years, with central provision of specialist care - Use of day case admissions has increased but is lower than in other parts of Scotland for some procedures - Argyll & Bute have introduced 'Near Me' for outpatient consultations via virtual technology in a limited selection of specialties in a small number of localities - The HSCP commissions transport for patients from various partners who report increasing demand for their services. - Feedback highlights the importance of service continuity and public desire to have and protect local services	remote and rural areas (1a)			
2b) Deprivation and poverty	- Small areas within the most deprived in Scotland occur in urban areas and remote small towns in Argyll and Bute: Campbeltown,	- Scottish Government funding is being used to investigate how the central belt link working model can be developed across rural Argyll and Bute to help people access non-medical services	- Those living in deprivation have poorer health outcomes (3d) and are more likely to be	- Accessibility of services for those in hidden deprivation, particularly across remote and rural areas.	**Support people to live fulfilling lives in their own homes**	- **Promotion of health enabling and co-production** - **Accessing Transport**

Part A – Current and future level of need 2. Life Circumstances		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key Message to providers
Identified theme	**Issues**	**Current supply of services (and issues identified)**	**Likely future impact and links to other themes**	**Summary of Potential Needs**	**Strategic area of focus/ transformational theme**	
	Dunoon, Helensburgh, Oban & Rothesay - 80% of those income deprived do not live in the most deprived areas and deprivation within rural areas is likely to be hidden by the mixed socioeconomic status of small rural areas - Over 60% of the residents in Bute, Cowal and Kintyre live within areas within the most deprived in Argyll and Bute (compared to under 30% in other local areas). - Helensburgh has areas within both the most and least deprived in Scotland presenting a large inequality in this area - There is higher than average reliance on part- time and seasonal employment which may be unstable.	- The HSCP has worked with other organisations on an Argyll and Bute anti-poverty strategy	trauma experienced (2e).	- Support those income or employment deprived to maximise their income where appropriate e.g. signposting to welfare support.	**Promote health and Wellbeing across all our communities and age groups**	
2c) Seasonal fluctuations in service demand	- High levels of seasonal tourism and high numbers of second homes impact on service demand in summer months - Increase in mortality in winter months aligned to national picture	- A&E attendances are higher in summer months	- Staffing continuity during peaks in demand - Additional factor in workforce planning (1a)	- Continuity planning for seasonal variation in demands	**Efficiently and effectively manage all resources to best value**	- **Sustainability of workforce skills within key sectors within Argyll & Bute** - **Delivering Best Value**
2d) Housing	- Older housing stock within Argyll and Bute with needs for adaptations	- Use of community alarms and telecare services including daytime first responder service - Progressive housing models in Mull and Islay and Jura may reduce use of Care Homes and need for specialist adaptations. - The HSCP, via NHS and the local authority, funds Argyll and Bute Care	- Increasing requirement for adapted housing as there are increased numbers of older people (1b) -	- Housing adapted to meet the specialised needs of population living in the community -	**Support people to live fulfilling lives in their own homes for as long as possible**	- **A shift to digital technology and increase use in telecare and telehealth** - **Housing**

Part A – Current and future level of need 2. Life Circumstances		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key Message to providers
Identified theme	**Issues**	**Current supply of services (and issues identified)**	**Likely future impact and links to other themes**	**Summary of Potential Needs**	**Strategic area of focus/ transformational theme**	
		and Repair. Care and Repair provide housing support and an improvement service e.g. adaptations for people to live in their own homes. - Waiting times for adaptation highest with social housing sector. - Housing contribution statement included within strategic plan.				- **Self-Directed Support**
	- High numbers of second homes	- Local pressure on affordable housing in some areas e.g. Oban - Housing contribution statement included within strategic plan.	- Difficulty in workforce (1a) finding suitable housing in some areas. -	- Partnership working to increase housing supply where needed. - Work to ensure availability of appropriate accommodation for staff		
	- Projections for population 75+ years old and living alone is increasing - One in five individuals within Argyll and Bute currently live alone (21%, n=15,381)	- The balance of care has shifted towards caring for people at home. - There has been a large reduction in the number of acute and psychiatric hospital beds available in Argyll and Bute over the past ten years as care has moved into the community - Increasing uptake of self-directed support. - Production of Housing and Health needs assessment and employment of Specialist housing Occupational Therapist	- Increasing numbers of older people living alone (1b) -	- Partnership working with housing services - Combat social isolation		
	- An estimated 100 homeless applications a year have support needs	- Although not HSCP contracts, Argyll and Bute Council housing also have contracts with other organisations which provide housing support to those who are vulnerable and are crucial to supporting health and wellbeing of those in need of these services - Day care services are provided to those with learning disability, mental health issue and/or physical disability within towns in Argyll and Bute - Supported living services (particularly for adults with learning disability, mental health issues or older adults with dementia - or brain injury) are commissioned from partner agencies (with an apparent gap in Islay and Jura)	- Remote and rural geography provides a challenge to service provision (2a)	- Potential to reduce homelessness in those with support needs - All services can signpost to housing support		

Part A – Current and future level of need 2. Life Circumstances		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key Message to providers
Identified theme	**Issues**	**Current supply of services (and issues identified)**	**Likely future impact and links to other themes**	**Summary of Potential Needs**	**Strategic area of focus/ transformational theme**	
2e) Life course effects of trauma experience	- Experience of (childhood) trauma is linked with poorer health and wellbeing outcomes in childhood and over the life course	- The HSCP Health Improvement Team with partners has undertaken work raising awareness of Adverse Childhood Experiences (ACEs) and trauma sensitive approaches to routine inquiry	- Those experiencing deprivation are more likely to have experienced trauma (2b)	- Work to ensure all services inquire and respond to trauma in a compassionate and person centered manner and can signpost to specialist trauma support where required	**Promote health and wellbeing across all our communities and age groups**	- **Promotion of health enabling and co-production**
2f) Unpaid Care	- People providing unpaid care may not always identify as doing so - Proportion of unpaid carers estimated to be highest in Bute, Cowal and Kintyre -	- Carers centres in all areas receive HSCP funding - Initial local figures suggest that a disproportionate amount of familial carers are aged 65+ - Low numbers of registered unpaid carers in MAKI and Bute and Cowal - Survey data from Argyll and Bute on rates of unpaid carers who feel 'supported to continue in their caring role' are low	- Decreasing availability of familial unpaid carers of working age (1a) and increasing number of older people (1b) - Less support given from within family with a resulting increase service demand	- Identification of and support to unpaid carers to maintain wellbeing -	**Support unpaid carers to reduce the impact of their caring role on their own health and wellbeing**	- **Support to unpaid carers**
2g) Justice and police services	- Crime rates are low compared to Scotland as a whole but are highest in the most deprived areas. - Police time spent due to people with mental health conditions	- Carr-Gomm are contracted to provide assistance to vulnerable people who come into contact with the police. - Feedback suggests need for out of hours support for those experiencing mental health crisis. - Justice social work reports are most likely to be for males rather than females, and for those who are unemployed. - The most common justice social work order is a community payback order. - An order in 2019 extended restrictions on short custodial sentences of < 12 months is likely to increase community sentencing	- Likely increased need for health and social care support for more people with community sentences - Vulnerable people supported through day care in towns in Argyll and Bute (2d) and through mental health link clubs (3b)	- Health and social care support for those within the justice system - Ensure there is support to prevent those who are vulnerable coming into contact with police - Crisis support out of hours of those with mental health conditions	**Reduce the number of emergency admissions to hospital and minimise the period that people are delayed in hospital**	- **Hospital avoidance and prevention**

Part A – Current and future level of need 3. Health and Wellbeing status		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key Message to provider
Identified theme	**Issues**	**Current supply of services (and issues identified)**	**Likely future impact and links to other themes**	**Summary of Potential Needs**	**Strategic area of focus/ transformational theme**	
3a) Life expectancy	- Life expectancy for females is higher in Argyll and Bute than for Scotland as a whole - Life expectancy for males is similar to that of Scotland as a whole. - Scottish Life Expectancy is the lowest of UK Countries. - Increases in life expectancy have plateaued. Emerging evidence suggest this may be linked to austerity with those experiencing deprivation disproportionately affected.	-	- Increased death rates with stalling life expectancy (1c) - Link to deprivation (2b) and inequalities (3d)	- Income and employment maximisation e.g. sign-posting, link working and payment of living wage - Mitigation of impact of deprivation e.g. targeting services in areas of greater deprivation.	- **Promoting health and wellbeing across all our communities and age groups**	- **Promotion of health enabling and co-production**
3b) Long term conditions	- Around 1/3 of adults are living with a limiting long term condition and rates are increasing - High prevalence of deaths and burden of disease due to cancers and circulatory disease - This is also high burden of disease due to low back and neck pain, depression, sensory conditions (e.g. deafness), migraine, anxiety disorders, Alzheimer's disease and other dementias and COPD - Over 300 people in Argyll and Bute have learning disability - Some conditions e.g. hypertension, dementia, type 2 diabetes, are	- Prescribing costs have increased over time. - The highest number of potentially preventable bed days from Argyll and Bute residents are associated with COPD, heart failure, diabetes complications, 'influenza and pneumonia', cellulitis and 'convulsions and epilepsy' - Local variation in numbers of admissions for some long-term conditions e.g. COPD admissions in Kintyre. - SLAs are in place with NHS GGC for managed clinical networks (MCN) for stroke and for coronary heart disease (CHD) in Helensburgh and Lomond where services do not link with NHS Highland MCNs but to NHS GCC - Heartstart is funded to deliver training in CPR across Argyll and Bute. - X-PERT diabetes education is provided although a recent needs assessment identified insufficient	- Likely to increase demand as rates increase with increase in numbers and proportion of older people (1b) - Supported living services are provided through partners (2d) - Need for transport services (2a) - Health literacy and engagement with public to identify conditions at earlier stages (5a)	- Support to self-manage and access community support - Community-based support to prevent avoidable emergency admissions - Ensure equality of access to support services in all local areas, with transport as required. - Effective engagement with public -	**Promoting health and wellbeing across all our communities and age groups** **Reduce the number of emergency admissions to hospital and minimise the time that people are delayed in hospital**	- **Promotion of health enabling and co-production** - **Self-Directed Care** - **A shift to digital technology and increase use in telecare and telehealth** - **Availability of Transport** - **Engaging with Communities**

Part A – Current and future level of need 3. Health and Wellbeing status		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key Message to provider
Identified theme	**Issues**	**Current supply of services (and issues identified)**	**Likely future impact and links to other themes**	**Summary of Potential Needs**	**Strategic area of focus/ transformational theme**	
	known to be underdiagnosed	capacity to deliver this across all areas of Argyll and Bute. Scottish Government non-core funding has been used to increase capacity to deliver diabetes education. - An Argyll and Bute mental health strategy is under development. -				
	-	- There is a SLA for provision of community mental health services by NHS GGC in Helensburgh and Lomond including community mental health services, primary mental health care, crisis support and dementia services. - Mental Health support groups/link clubs exist across Argyll and Bute with Kintyre Link Club receiving HSCP funding. - Lomond and Argyll Advocacy Services and Acumen are contracted to provide advocacy services. - Public Health services that target prevention of health and social conditions, and aim to improve health and wellbeing, can save Health and Social Care expenditure. - Health and Wellbeing Networks aim to promote health and wellbeing within communities. - Specialist support for Long Term Conditions, within the third sector, appears to be most concentrated in Helensburgh with organisations such as the MS centre in Lochgilphead, Lorn and Oban Health Options (LOHO) and Strachur Hub acting to support self-management of different long-term conditions. - As part of the recent living well strategy for people living with long-term conditions, organisations across Argyll and Bute have been invited to bid for up to £15,000 to support people in their local communities	-	-		-

Part A – Current and future level of need 3. Health and Wellbeing status		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key Message to provider
Identified theme	**Issues**	**Current supply of services (and issues identified)**	**Likely future impact and links to other themes**	**Summary of Potential Needs**	**Strategic area of focus/ transformational theme**	
3c) Dementia and Frailty	- Numbers of people with dementia is likely to increase. - Frailty generally affects older people and is resource-intensive for health and social care. - Numbers of people with frailty is likely to increase.	- Dementia support is contracted from Alzheimer's Scotland with activities focused in Helensburgh and Oban. - There is a gap in Care Inspectorate registered day care support services for older people across MAKI and on the islands (with the exception of Bute). - There is ongoing dementia services redesign and reallocation of resources - Target not met on numbers of patients with early diagnosis & management of dementia - The most common adult social services client group is the frail elderly (1,780) - High use of 'Triple whammy' medications - High falls rates per 1,000 population aged 65+ and target not met - Longest waits for home care and highest days delayed in hospital in OLI and Mid Argyll - Home Care review completed. Variation in Care Home use across areas with high rates of use in Cowal - Hanover (Scotland) Housing Association Ltd are contracted to provide a telecare response service. A day-time first responder service is contracted to Carr-Gomm throughout Argyll and Bute which aims to prevent emergency admissions to hospital.	- Likely to increase with increase in older population (1b) - Increasing numbers of unpaid carers (2f) - Challenges within social care workforce within OLI and Mid Argyll (1a)	- Challenge variation in Care Home use across Argyll and Bute - Challenge variation in Home Care waits and delayed discharges - Increase early diagnosis of dementia - Implement redesign of dementia services - Support for those with dementia and their unpaid carers - Reduction of falls rates - Realistic use of medicine and interventions	**Support people to live fulfilling lives in their own homes for as long as possible**	- **Hospital avoidance and prevention** -
3d) Inequalities across the HSCP area	- Those living in the most deprived areas have poorer physical and mental health outcomes than those living in the least deprived areas within Argyll and Bute	- Smoking cessation services currently targeted in deprived areas. - Alcohol Brief Interventions (ABI) target not being met - An SLA with NHS GGC provides screening services (e.g. newborn blood testing, bowel cancer screening) to people across Argyll and Bute - Bowel and Abdominal Aortic Aneurysm (AAA) Screening uptake is lower in deprived areas. Breast screening targets are not being met. - The Health Improvement Team (HIT) within public health commissions 8	- Life expectancy increases have stalled (3a) - Deprivation across found in towns and more hidden in rural areas (2b) - Planned development of link working will take an inequalities	- Consider whether services may be inadvertently increasing inequalities e.g. Use of Equality Impact Assessments - Use of proportionate universalism (targeting services to deprived communities of those experiencing deprivation) - Work with communities (including those	**Promote health and wellbeing across all our communities and age groups**	• **Promotion of health enabling and co-production**

Part A – Current and future level of need 3. Health and Wellbeing status		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key Message to provider
Identified theme	**Issues**	**Current supply of services (and issues identified)**	**Likely future impact and links to other themes**	**Summary of Potential Needs**	**Strategic area of focus/ transformational theme**	
		people to coordinate 8 local health and wellbeing networks which work with communities and aim to improve health and wellbeing and reduce inequalities - The HSCP has an updated approach to equality impact assessments implemented in 2019 - Staff training in Equalities and Human rights is compulsory for all staff	sensitive approach (2b).	experiencing deprivation) to coproduce services or interventions - Ensure services are open to all populations within A&B HSCP including those with physical and mental health disabilities (e.g. deaf or hearing impaired, those with dementia, autism or mental illness) and all minority populations (e.g. those from non-white ethnic backgrounds and travelling communities)		

Part A – Current and future level of need 4. Health behaviours and risk factors		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key message to providers
Identified theme	**Issues**	**Current supply of services (and issues identified)**	**Likely future impact and links to other themes**	**Summary of Potential Needs**	**Strategic area of focus/ transformational theme**	
4a) Overall health related behaviours and risk factors	- Overall need to enable and support behaviour change across health behaviours and risks	- Implementation of new self-management strategy - MAP of behaviour change training promoted by Health Improvement Team	- Links to deprivation (2b), experience of trauma (2e) and inequalities in health (3d). - Also links with need to Public engagement (5a)	- Role of all service contacts in promoting health behaviour change - Health psychology knowledge to support behaviour change - Health promotion activities within communities - Implementation of self-management strategy	**Promote health and wellbeing across all our communities and age groups**	• **Promotion of health enabling and co-production** • **Hospital avoidance and prevention** • **Target resources to deprived areas** • **Identify gaps in weight management service/diabetes prevalence**
4b) Smoking	- Although the percentage of adults smoking in Argyll and Bute has decreased, it is still estimated that just under 20% of adults smoke, with higher rates at younger ages and in the most deprived areas.	- Smoking cessation services are provided by pharmacies and specialist advisors targeted to the most deprived areas - Targets for smoking cessation are currently not met.	- Smoking rates higher in more deprived areas (2b and 3d)	- Meet smoking cessation targets for deprived areas		
4c) Healthy diet, physical activity and healthy weight	- Around 30% of men and 40% of women in Scotland do not meet 2011 moderate/vigorous physical activity guidelines - Less than 25% of adults eat the recommended 5 or more portions of fruit and vegetables as day (rates are lower for NHS Highland than for Scotland as a whole) - An estimated 27% of adults are obese (BMI 30 or higher) in NHS Highland area.	- Dieticians provide services to all areas of Argyll and Bute. - Dieticians provided tier 3 weight management services across Argyll and Bute with tier 4 services and bariatric surgery provided outside Argyll and Bute. - Scottish Government, non-core outcomes funding for adult healthy weight money is provided to the weight management dietitian to increase provision of tier 2 and tier 3 adult weight management services. - A recent needs assessments around type 2 diabetes identified gaps in tier 2 weight management services and further non-core funding has been used to increase provision.	- If trends continue, rates of overweight and obesity will increase - Links to deprivation (2b) and inequalities in health (2d).	- Equality of weight management services in all areas		
4d) Substance misuse	- Over 20% of adults in Scotland are estimated to drink at hazardous/harmful levels.	- Community-based addictions support is contracted via the Alcohol and Drug Partnership from Addaction - Targets for alcohol brief interventions (ABI) not met	- Links to deprivation (2b), experience of trauma (2e) and	- Trauma informed services - Meet ABI targets - Harm reduction		

Part A – Current and future level of need 4. Health behaviours and risk factors		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key message to providers
Identified theme	**Issues**	**Current supply of services (and issues identified)**	**Likely future impact and links to other themes**	**Summary of Potential Needs**	**Strategic area of focus/ transformational theme**	
	- Rates of alcohol-related hospital stays are similar in Argyll and Bute than for Scotland as a whole. Scotland as a whole has higher rates of alcohol-related harm than other parts of the UK. - Hospital stays due to drug use in Argyll and Bute have increased in recent years and are more likely in the most deprived areas.		inequalities in health (3d)			• **Promotion of health enabling and co-production** • **Hospital avoidance and prevention**
4e) Suicide	- There have been an average of 12 deaths per year due to probable suicide.	- Suicide prevention training within frontline and Mental Health Services is a former target. - There is a gap in current information around this in the JSNA.	- Links to deprivation (2b), experience of trauma (2e) and inequalities in health (3d)	- All services should be suicide-aware, trained and confident.	**Promote health and wellbeing across all our communities and age groups**	
4f) Sexual Health	- Sexually transmitted infections have increased in recent years in National reports	- Business to business contracts for specialist sexual health services are held with three GP practices across Argyll and Bute where specialist staff are not otherwise available: Campbeltown Medical Practice, Lochgilphead Medical Centre and Lorn Medical centre. - Waverly Care are contracted to provide support services for those with HIV and other blood-borne viruses	- Links to deprivation (2b), experience of trauma (2e) and inequalities in health (3d) - Provision of specialist services challenging across remote and rural areas (2a)	- Ensure sexual health services accessible in all areas		

5. Issues identified from Part B		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Area of focus	Part E – Key message to providers
Identified theme	**Issues**	**Current supply of services (and issues identified)**	**Likely future impact and links to other themes**	**Summary of Potential Needs**	**Strategic area of focus/ transformational theme**	
5a) Working with		- Feedback suggests a need to Improve engagement with the public	- Needed to promote behaviour change	- Clear engagement with the public around service provision	**Promote health and wellbeing across all**	• **Engaging with our communities**

5. Issues identified from Part B		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Area of focus	Part E – Key message to providers
Identified theme	**Issues**	**Current supply of services (and issues identified)**	**Likely future impact and links to other themes**	**Summary of Potential Needs**	**Strategic area of focus/ transformational theme**	
communities and ensuring they are engaged		- People express the importance of service continuity and public desire to have and protect local services	(4a) and management of long term conditions (3c) - Link to service provision across remote rural areas (2a)		**our communities and age groups**	

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

INTEGRATION JOINT BOARD

Date of Meeting: 25 November 2020

Title of Report: Carers Strategy Update

Presented by: Linda Currie, Lead Allied Health Professional

The Integration Joint Board is asked to:

- Note progress of the Carers Act implementation

1. EXECUTIVE SUMMARY

1.1 The Carers Act came into statute in April 2018. Since then we have worked closely with our partners to implement. In April 2019 we launched our Carers Strategy and Implementation Plan. This report updates on areas of progress and highlights some of the areas that require further focussed collective leadership and implementation.

2. INTRODUCTION

2.1 We currently have unpaid carer support commissioned across 6 services in Argyll & Bute;

- North Argyll Carer Centre
- North Argyll Crossroads
- Dochas Centre(based in Mid Argyll12)
- Mid Argyll Youth Development Service
- Cowal Crossroads
- Helensburgh and Lomond Carer Centre

There are of course a range of other organisations who work with and support carers.

2.2 Recently our partners in the Scottish Health Council carried out informal consultation with our carer service managers to review progress towards implementation of the Carers Act. This has provided useful feedback to help focus future plans and is outlined below.

2.3 In 2019 we attempted to recruit a fixed term Carers Act Officer to progress operational activities outlined within the Strategy Implementation Plan. We were not successful in efforts to recruit and this was attributed to the grade and the fixed term nature of the post.

2.4 The pandemic response has for a number of months required focus of the lead officer and our carer service managers. The services have moved from centre based services to remote home based services as a response and they have provided much needed ongoing support to unpaid carers during lockdown, recently and for the medium term until centres can safely open their doors. The four carers centres in each locality also supported PPE distribution to unpaid carers. We recognise and appreciate the support the services have provided to carers during this time and have written a formal letter of appreciation to all providers.

2.5 Due to both issues timescales on our implementation plan need to be reviewed and clear actions identified to support progress.

3. DETAIL OF REPORT

3.1 The Carers Strategy was launched in April 2019. It has a detailed implementation plan that has progressed in some areas and focus is required on the areas that have not progressed.

3.2 Feedback from managers to Scottish Health Council highlighted that the informal tender process had been very difficult with communication and timescales leading to the contracts having to be accepted with limited time for discussion or negotiation. The feedback has identified other areas for consideration and these have informed the recommendations. The informal process was used for experience for the centres who will have to operate within a formal tender process for the next contract period. Progressing formal contracts for third sector providers for unpaid carer services was unknown territory for management and teams like finance and procurement and made more difficult by services being set up and run differently in each area. Carer services now have longer periods of contract security, the process was challenging but the fact that is has progressed formally is to be acknowledged but did distract from the work of the Carers Strategy implementation plan.

3.3 Sections of the implementation plan require operational capacity like training and education of HSCP teams and improving pathways for carer support in the localities. This capacity will come with recruitment of the Carers Officer and it is recommended that moving to a permanent post will assist recruitment and support long-term work to improve our unpaid carer support.

3.4 The Carers Partnership have drafted a communication plan based on the HSCP Engagement Framework. This will involve leaflets to all households, establishing easy web-based signposting and work with primary care to help identify unknown carers. The Carers Officer will lead on this plan but work will start within the carer service manager/HSCP lead team until recruitment is achieved.

3.5 Part of the plan was to carry out a consultation on short breaks. This has been postponed by our pandemic response. It is planned that this is carried out over the autumn so we can agree a model for short breaks as all locality services currently have different models.

3.6 The HSCP established a Carers Act Implementation Group and last year this moved back to the Carers Partnership. It is acknowledged that the current Partnership has not had the right representation or enough focus on continued implementation so it is recommended that the Carers Act Implementation Group is reformed and the HSCP will lead on progressing the implementation plan. The following recommendations were made and supported operationally:

1. The Carers Partnership is refreshed and realigned as the Carers Act Implementation Group. It will formally report to the Older Adult and Dementia Steering Group.

   Reps required to attend:
   Resources Manager, SW Lead, Children's rep, Education rep-Links with Mental Health etc. Finance and Commissioning colleagues will attend at the Chair's request.

   This meeting will have an updated Terms of Reference and be action focussed around the Strategy Implementation Plan. Carer Lead to chair.

2. Carers Act Officer JD reviewed and aim for LGE12 to lead work at right skill level. Consider recruitment of Young Carers Support Officer incorporating work around young carers linking child rights and poverty. Officers will report to the Carers Implementation Group.

3. At the end of 2019 and early 2020 two recruitment campaigns for IJB members, Locality Planning Group members and carer representation on each of these groups was undertaken.

   While a number of carers came forward only a few identified that they would be able to undertake the IJB role and only with support. A number withdrew due to their caring responsibilities. We were also unable to establish a spread of carers from across Argyll & Bute to support locality planning. A further recruitment was postponed due to pandemic response and staff resource.

   We will align with the work of the carers strategy and work with carers centres undertake a further round of recruitment and to support the recruitment of carers representatives in each locality for locality planning on recommencement of these groups.

   This form of recruitment has been successful in recruiting from the independent sector.

   We would seek to put additional support in place for the two carer representatives in regards to undertaking their roles as IJB members and within the committees and Strategic Planning Group. We seek to offer increased access to staff to support understanding of IJB papers and decisions which may be pertinent to carers.

   Continued work with the carers centres would also seek to ensure that the business of the IJB is more widely communicated to the communities of unpaid carers in Argyll & Bute.

4. Commissioning team to provide monitoring returns to Performance team for use with IJB performance reports and contract monitoring intelligence.

5. Agree in principle plans for spend next year;
(i) in line with increased activity/demand for services
(ii) young carers – currently 25k per locality-covers assessment but no support
(iii) development of more short breaks options and availability
(iv) funding for carers post and communications strategy

Sections of implementation plan requiring progress;

6. Communication plan including work around unknown carers-start work immediately

7. Carers Officer to support work creating guidance and workforce training on Carers Act and work to improve pathways between HSCP and carer services inclusive review of ACSP/YCS templates

8. Consultation with unpaid carers on short breaks (respite and befriending types). Clear specification of what short breaks services are required and commission those services instead of the current mixture of models – CAIG develops an implementation plan and prioritises.

9. Improved links between Performance team and Finance and Procurement who were heavily involved in the contracting process.

10. IT connectivity-move to new community system for carer services

Note; Carers Centre boards are meeting to discuss becoming one consortium for A&B service.

4. RELEVANT DATA AND INDICATORS

4.1 The Carers Services have recently been provided with a quarterly monitoring proforma and review meetings have been initiated.

Data is also collected nationally: Carers Census. We are waiting for national templates to be finalised to update data collection systems within each service and submit data.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 Support for unpaid carers is one of the key priorities within the HSCP Strategic Plan. It is also recognised that the role of unpaid carers is fundamental in achieving our strategic vision of keeping people at home living independently for as long as possible.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Funding will be utilised within financial constraints. Currently we do not have confirmed funding for 21/22.

6.2 Staff Governance

Staff training and education within the HSCP is identified as being required.

6.2 Clinical Governance

Positive impact on care.

7. EQUALITY & DIVERSITY IMPLICATIONS

EQIA's will be completed if there is any impact to service provision.

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Work is underway with the Performance Team to finalise data sharing agreements with carer services.

9. RISK ASSESSMENT

Risk register and assessment will form part of early discussions within the Carers Act Implementation Group.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The HSCP Engagement Specification has been drafted and will be enacted by the Carers Officer when in post.

11. CONCLUSIONS

11.1 Delay in progress of the implementation plan is acknowledged and with recruitment to operational capacity and a newly formed Carers Act Implementation Group actions will progress.

12. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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Appendix 2;

COMBINED A&B CARERS' STRATEGY & IMPLEMENTATION PLAN

2018

Outcome 5 People who provide care are supported to look after their own health and wellbeing including to reduce any negative impact of their caring role on their own health and wellbeing.						
No	**COMMITMENT**	**Actions**	**Accountability**	**Date for Completion**	**Evidence**	**RAG Status**
24.	We will develop a short breaks statement for Carers in Argyll and Bute	24.1 Develop, in collaboration with Carers Partnership, a short break statement which meets the requirements of the Carers (Scotland) Act 2016 and the outcomes of this strategy	HSCP Carer Lead	**December 2018**	SBS produced as part of Strategy	Green

A&B CARERS' STRATEGY & IMPLEMENTATION PLAN 2019

OUTCOME 5 **People who provide care are supported to look after their own health and wellbeing including to reduce any negative impact of their caring role on their own health and wellbeing.**						**RAG Status**
No	**Commitment**	**Actions**	**Accountability**	**Date for Completion**	**Evidence**	
21	We will work with educational, cultural and leisure organisations to improve access for Carers to programmes and establishments across Argyll and Bute and beyond	21.1 Identify key partner organisations and groups across Argyll and Bute	Carers Partnership	**January 2019**	Communication Strategy	Amber

OUTCOME 4 **Carers have access to information and advice about their rights and entitlements to ensure they are free from disadvantage or discrimination in relation to their caring role**						**RAG Status**
12	We will develop and implement a communication strategy which includes continuation of Carers Conference to increase awareness, understanding and identification of Carers.	12.1 Develop and implement a communication strategy which includes continuation of Carers Conference to increase awareness, understanding and identification of Carers.	Carers Partnership	**March 2019**	Strategy produced. Conference occurs.	Amber
13	We will have clauses within commissioned services contracts that they have a responsibility to identify and signpost Carers to appropriate supports.	13.1 In collaboration with the Commissioning Team and service providers, develop and agree wording for inclusion in contracts	HSCP Carer Lead	**March 2019**	Contract updated	Green
26	We will review and expand the range of short break/respite options available to meet the different needs of Carers	26.1 Review current provision and uptake of both respite and short break options available to Carers in Argyll and Bute	Carers Partnership	**March 2019**	Within future contracts	Red

OUTCOME 1 **All Carers are identified at the earliest opportunity and offered support to assist them in their caring role.**						**RAG Status**
1	We will develop a model which supports early identification of Carers and prevention of crisis situations.	1.1 Develop and implement guidance for all staff and services to ensure that Carers are identified as early as possible	Carers Act Social Work Group	**April 2019**	Guidance produced	Amber
		1.2 Develop and implement processes to ensure that Carers Support Plans, Young Carers Statements and Emergency Plans are completed, and information shared across all services as agreed	Carers Act Social Work Group Carer centres	**April 2019**	Guidance produced	Amber
3	There will be multi-agency guidance for our workforce on identifying, supporting, listening to and involving Carers in planning of services and supports as an equal partner in care. This will include guidance on how we communicate and work together.	3.1 In collaboration with Carers and with staff, develop appropriate guidance which meets the requirements of commitment 9.	HSCP Carer Lead Lead for Social Work Carers Act Social Work Group-local reps	**April 2019**	Guidance produced and Implemented	Amber
		3.2 Implement guidance across all relevant services	HSCP Carers Lead Heads of Service Lead for Social Work Carers Act Social Work Group-local repsLocality management teams			Amber

OUTCOME 3 **Mental and physical health of Carers is promoted by ensuring that they can access or be signposted to appropriate advice, support and services to ensure they are supported to enjoy a life outside their caring role.**						
7	Each identified Carer in Argyll and Bute will have the opportunity to participate in completing his/her individual Adult Carer's Support Plan (ACSP) or Young Carer's Statement (YCS). This will be personalised to the individual needs of the Carer, and where appropriate, the needs of the person being cared for.	7.1 Develop and implement guidance for staff and Carers in the completion of ACSP/YCS	HSCP Carers Lead/Carers Act Social Work group	**April 2019**	Guidance produced	Amber
8	Each Adult Carers Support plan and Young Carers Statement will be co-ordinated by named person through the Carers' Centres and information shared, as agreed with the Carer, with appropriate others (meeting Data Protection requirements)	8.1 Develop and implement guidance for staff and Carers in the co-ordination and sharing of information/actions included within the ACSP/YCS IT solution sourced and implemented	Carers Act Social Work group/Carer Lead and as part of contracts	**April 2019**	Guidance produced. Contract monitoring	Amber
	There will be an information leaflet that enables individuals	6.1 Develop a leaflet with simple checklist that informs and enables Carers to identify	Carers Partnership/ Carers Lead	**June 2019**	Leaflet to all A&B homes	Red

	to identify that they are Carers	that they are carers			2019	
		6.2 Implement leaflet with distribution and implementation plan to ensure that it is available in all key locations, both in hard copy and electronically	Carers Partnership/ Carers Lead	**June 2019**	Leaflet created and distributed	Red
9	Eligibility criteria will be evaluated to ensure access to services for Carers wherever they are based in Argyll and Bute	9.1 Evaluate, in collaboration with Carers, effectiveness of eligibility criteria one-year post-implementation	HSCP Carers Lead/ Council Finance team.	**June 2019**	IJB reports Census evaluation	Red
22	We will provide counselling and group support services for Carers	22.1 Carry out gap analysis to identify areas of good practice and areas where there are no/inadequate services currently available	Carers Centres within contracts	**June 2019**	Census data	Green
23	We will increase access to befriending and respite services for Carers	23.1 Carry out gap analysis to identify areas of good practice and areas where there are no/inadequate services currently available	HSCP Carer Lead Carers Centres within contracts	**June 2019**	Census data	Red
10	Carers voices will be represented at all levels of planning and decision making in Argyll and Bute	10.1 In collaboration with Carers, develop plan to ensure that feedback and input from Carers are included in all appropriate planning and decision making and within	Deputy Director of Associate Director of Public Health/ Carers Partnership/Carer Lead	**September 2019**	Input to Strategic Planning Group/Carer rep role in IJB reviewed. Carer rep at	Amber

		the Carers' participation and engagement statement			Partnership meetings Engagement framework	
11	There will be a Carers' participation and engagement statement which sets out how Carers will be promoted and encouraged to be meaningfully involved in the strategic planning and shaping of services to support them and the person they care for.	11.1 In collaboration with Carers, develop the participation and engagement statement which meets the requirements as set out in the Carers (Scotland) Act 2016.	Associate Director of Public Health	**September 2019**	Statement produced and agreed	Red
14.	There will be a learning and development plan to support implementation of the Carers (Scotland) Act 2016 and to build confidence and skills of our workforce in supporting Carers.	14.1 Create a learning and development plan to meet the requirements identified through both the Carers (Scotland Act 2016 and the Caring Together strategy for Argyll and Bute -EPiC tool used	Carers Partnership HSCP L&D Plans Carers Act Social Work group	**September 2020**	Plan developed	Red
17	We will work with partners in NHS Greater Glasgow and Clyde and NHS Highland hospitals to ensure Carer involvement	17.1 Identify key partners and colleagues in NHS GGC and Highland and agree and implement necessary actions to ensure cross boundary involvement of Carers in	Head of Planning/ Carers Partnership Carers Centres within contracts	**December 2019**	KPI's from Hospital Discharge Pilot. Activity embedded into future contracts.	Green

		hospital discharge.				
		17.2 Seek feedback from Carers who have experienced services in NHS GGC and Highland and ensure appropriate communication channels to report back to GGC and Highland	Head of Planning/Carers Partnership Carers Centres within contracts	**December 2019**	Carers Survey	Red
18	We will make sure that there is access to all information on services and supports for Carers and that Carers can be signposted to support services through a variety of methods	18.1 Review of current information provision for Carers and ensure that modern information and service directories are developed and made available through range of media which all Carers can access. 18.2 Ensure robust information provided for hospitals.	Carers Centres within contracts	**December 2019**	Within contracts from 2019.	Green

A&B CARERS' STRATEGY & IMPLEMENTATION PLAN 2020

No	Commitment	Actions	Accountability	Date for Completion	Evidence	RAG Status
19	We will identify and deliver rolling programmes of education and training to support Carers in their roles	19.1 Evaluate current training programmes and availability for Carers across Argyll and Bute	Carers Centres within contracts	**January 2020**	Training Plan established by all centres.	Green
7	Each identified Carer in Argyll and Bute will have the opportunity to participate in completing his/her individual Adult Carer's Support Plan (ACSP) or Young Carer's Statement (YCS). This will be personalised to the individual needs of the Carer, and where appropriate, the needs of the person being cared for.	7.2 Review, as part of an annual evaluation, the ACSPs/YCSs to ensure that they meet the standards agreed 7.3 Elicit feedback from Carers as part of the annual audit to ensure they have the opportunity to participate in completing their plans and to influence the completion of the plans	Local managers/HSCP Carer Lead/Centre managers HSCP Carers Lead Procurement & Commissioning team	**March 2020** **March 2020**	Contract monitoring/feedback from local teams Annual Audit/survey completed	Amber
13	We will have clauses within commissioned services contracts that	13.2 Review the impact of the clauses as part of	HSCP Carer Lead	**March 2020**	Census data/monitoring	Green

	they have a responsibility to identify and signpost Carers to appropriate supports.	the service review process				
25	We will increase information about, and access to, bereavement support for carers	25.1 Review gaps in current bereavement support services provided by all partners in Argyll and Bute	Carers Partnership	**March 2020**	Report produced For partnership group	Red
		25.2 Identify how current gaps can be addressed and work in partnership with other key organisations and groups to address	Carers Partnership	**March 2020**	Report produced For partnership group	Red
		25.3 Make information on bereavement support services accessible to Carers	Carers Partnership	**March 2020**	Within contract	Green

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A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board **Agenda item:**

Date of Meeting: **25 November 2020**

Title of Report: **Budget Monitoring as at 30 September 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 £2.561m as at 30 September 2020 and that there is a year to date overspend of £2.883m 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 and the recently announced Covid funding via NHS Highland.
- Note the progress against the Financial Recovery Plan agreed by the IJB on 16 September 2020

1. EXECUTIVE SUMMARY

1.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 30 September 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 £2.883m as at 30 September 2020 which is 2.1% of the year to date budget. This consists of an overspend of £931k within Social Work delivered services and a year to date overspend of £1.952m within Health. The overspends are mainly on Covid-19 related expenditure where funding from Scottish Government has not yet been received nor accrued, and on 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 September. 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 September. Overall the year to date position is still fluid.

1.3 The forecast outturn position for 2020-21 is a forecast overspend of £2.561m. This consists of an overspend of £2.060m within Social Work delivered services (changed by just £1k since last month) and an overspend of £501k within Health (improved by £184k since last month due to some increasing areas of underspend).

1.4 The forecast outturn is significantly impacted 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.

1.5 We have received approval in principle for these additional costs and five tranches of funding have been announced – all for social work costs – totalling £1.969m. £1.943m is reflected in the year to date position and forecast outturn where we have assumed that all funding is matched by expenditure in full. The additional CSWO funding of £25k is still to be invoiced to NHS Highland. Initial funding has been announced for NHS Highland but has not yet been split out to us – this will be done in month 7. We have continued to assume that all expenditure on 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 and the latest announcement on funding does include income losses. We are aware that there is inadequate funding nationally to cover all claims.

2. INTRODUCTION

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

3. DETAIL OF REPORT

3.1 Year to Date Position as at 30 September 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 £931k (3.0%) as at 30 September 2020 which is increased by £112k in the month. Further information is provided within Appendix 1.

3.1.3 The largest overspend is £686k on Learning Disability mostly due to non-delivery of savings where work paused due to Covid (£522k). The next biggest overspend is on Older People - £582k mostly due to non-delivery of savings

where work paused due to Covid (£810k), but also due to increased demand for homecare which is offset to some extent by reduced spend on care home placements and over recovery of income. This has improved by £265k since last month offsetting some of the previous month's adverse movement. Physical Disability is the third area of overspend at £425k mainly driven by demand driven overspends. This has worsened in the month by £93k due to increased spending on the Integrated Equipment Store.

3.1.4 The main area of underspend is under Chief Officer (£525k) where we are capturing vacancy savings which are well above budget. Vacancy savings increased by £112k in the month to £683k. This cost centre is also used for Covid costs and related income. To the end of September the bulk of these costs (totalling £883k and all matched by income) were for Personal Protective Equipment (PPE) £174k, additional responder services £61k, and for supplier relief £534k where we made payments to care homes for under occupancy and additional costs under the national scheme. Costs for PPE have now reduced as we established 7 community PPE hubs across our area in May and have been receiving free of charge supplies for social care providers from NSS national procurement. We have issued just under 3.8m items of PPE free of charge to providers over the 23 weeks to 11 October. The hubs will now continue to end of March 2021.

3.1.5 We are catching up in processing supplier relief claims. We have recruited a temporary staff member to concentrate on these claims. We have received 72 up to 14 October, 50 have had contract variations issued, and processing of all of the remaining claims has been started.

3.1.6 Unlike last year, we are now showing gross Social Work expenditure before the funds flow of £12m from NHS Highland, which is in line with annual accounts presentation. This explains why the social work year to date and full year budget appears to have jumped significantly from the comparable period last year.

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

3.2.1 Within Health, there is a year to date overspend reported of £1.952m which is a increase of £434k in the month. The movement is caused by an increase in Covid expenditure and uplifts to General Medical Services contracts backdated in September to April (both of which should be covered by additional funding).

3.2.2 The overspend is primarily caused by Covid-19 related expenditure of c £3.370m which significantly exceeds the year to date overspend. This is 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 £750k. There is also a shortfall in income from charges to other health boards, again largely due to the Covid-19 pandemic.

3.2.3 Due to suspension of many services, few budget overspends have emerged. The most prominent ones are GP locum cover on Mull (till end of June only), sickness absence medical locum and overnight A&E nurse staffing cover at Lorn & Islands Hospital and Mull PPC, 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.

3.2.4 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

3.2.5 The main areas of overspend are in Community & Hospital Services, and General Medical Services (backdated increase, funding expected), Budget Reserves (due to savings not being achieved) and Lead Nurse (Covid expenditure) in the areas described above. More detail is given at Appendix 1.

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

3.3.1 The forecast outturn position for Social Work for 2020-21 is a forecast overspend of £2.060m (2.8%) very similar to last month's forecast. In the main forecasts have not been updated in the month as work has been concentrated on estimating salaries for next financial year, and there had been a thorough review of all forecasts last month. The main driver is a shortfall on savings delivery of £2.609m (see section 3.5 below), and overspends in the following areas due to <u>demand</u> pressures (unchanged from last month):

- Homecare £384k
- Physical Disability supported living £682k
- Learning Disability supported living £469k
- Learning Disability Joint Residential £490k
- External residential placements for children £785k

3.3.2 The above figures show the impact of higher demand and do not include the impact of non-delivery of savings. Further information is provided within Appendix 2.

3.3.3 Children and Families overall has a forecast outturn overspend of £297k, driven mainly by an overspend on Looked After Children in residential placements of £807k, unchanged from last month. The management restructure saving of £150,000 has not been delivered in full this year as the new structure was implemented from end of August.

3.3.4 Chief Officer forecast positive variance is £1,745k reflecting some central provisions and unallocated sums held centrally, as well as forecast over-recovery of vacancy savings of £795k based on the first 6 months. This is a conservative forecast as we have a year to date variance of £683k. This cost centre budget includes £1,830k Covid funding received to date from Scottish Government. This is shown as fully matched by expected expenditure with a

zero variance. The £25k CSWO funding announced for us has not yet been invoiced to NHS Highland and is therefore not yet included here. Total Covid funding for social work of £1,969k has been allocated to us to date.

3.3.5 Adult Services overall is forecast to be overspent by £3.497m. The biggest single area of Social Work overspend continues to be on Learning Disability (£1.787m – increased by £150k in month) where there has been a failure to deliver anticipated savings so far, along with higher than budgeted demand.

3.3.6 The next largest area of forecast overspend is Older People at £880k, mostly on home care £784k (savings and additional demand) and Older People Other £793k (undelivered savings). The next area of concern continues to be Physical Disability £737k (nearly all on supported living - mainly additional demand) due to expensive care packages.

3.3.7 In terms of the forecast outturn, this is being driven by the as yet undelivered savings which are being claimed from Scottish Government but as excluded from the recent funding announcement despite having been included in the earlier funding for social work. Nearly all social work Covid costs are being funded on an actuals cost basis in this allocation so the risk is restricted to the undelivered savings.

3.4 Forecast Outturn Position as at 30 September 2020 – Health

3.4.1 Within Health delivered services the forecast overspend is £501k overspend reduced by £184k from last month's forecast of £685k, 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. The outturn forecast is therefore largely driven by undelivered savings of £1.541m, some emerging cost pressures in Community & Hospital Services, loss of income of £420k 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 Covid costs for the rest of the year have been separated out in the forecast to provide greater consistency with NHS Highland accounting. However costs to date are still spread across the various cost centres. It is still assumed that all actual expenditure will be covered by funding, but that undelivered savings and loss of income may not be covered. This is a prudent assumption in line with many other HSCPs. The first tranche of funding in respect of the first quarter has been announced for health Boards as at end of September. Some of this is based on actuals (social care, PPE, test & protect, hospital scale up, loss of income) and some on NRAC shares (primary care, additional staffing, equipment). There is no funding for undelivered savings or reductions for offsetting underspends. The allocation is still to be split between HSCPs and we are awaiting details of our allocation from NHS Highland.

3.4.3 We are advised that a further substantive funding allocation will be made in January and will include realignment of funding in line with actual spend incurred. Social care allocations will be reviewed in November. More details are in the Covid report. It is clear that decisions on Covid funding will be a major influence on the outturn, in conjunction with performance on savings delivery.

3.5 Savings Delivery

3.5.1 As at end of September, £4.094m of the target £10.386m savings have been delivered, 39% of the total and this includes £267k delivered on a non-recurring basis. This has increased by £351k in the month. We are now forecasting to deliver £6.236m of the savings in total by the year end, 60% of the total, an increase of £284k in the month. 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 £2.609m which is unchanged from last month. 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. There is a separate report on the agenda about their work to date. In the meantime this assessment is based purely on current position, and recognises the difficulties in delivering many of the agreed changes due to Covid-19.

3.5.3 The forecast outturn shortfall for Health is £1.541m after non-recurring savings and this has improved by £284k in the month, mainly due to the settlement of the dispute with NHS GG&C and the resultant ability to record that saving as delivered. 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 in 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 £4.151m predicted) is the key driver in the forecast outturn overspend of £2.561m. Efforts were hampered by the need to prioritise responses to Covid-19 pandemic in March through to June, and subsequent work on re-mobilising services where these were suspended. 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. The recent funding excluded anything for savings but also excluded offsetting underspends which is helpful for Health, but has no impact for Social Work due to sustainability payments being made to all providers.

3.5.6 Recognising the importance of delivering these savings, at its meeting of 30 October 2020, Finance and Policy Committee considered a report entitled “Progress update – Transformation Programme investment”. This is attached at Appendix 4. This sets out the progress being made on the delivery of savings as a result of this PMO investment. It describes the detailed work being undertaken.

3.6 Progress against Financial Recovery Plan

3.6.1 On 16 September 2020 the IJB agreed a financial recovery plan as required by the integration scheme when an overspend is predicted. The plan totalling £2.988m is summarised below:

Increased confidence in delivering already agreed savings	£1.000m
Additional non-recurring savings	£0.650m
Covid loss of income and undelivered savings claim	£1.338m

Delivery of savings

3.6.2 Additional savings now forecast £351k – see details at 3.5 above.

Covid claim

3.6.3 The Loss of income claim of £601k now expected to be met in full. Any funding on undelivered savings is deferred till later in year – to be considered again by Scottish Government in January.

3.6.4 In summary, progress of £952k can be recognised against the financial recovery plan to date. There remains £2.0m to deliver by the end of the financial year.

4. RELEVANT DATA AND INDICATORS

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

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 The 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 £2.561m as at 30 September 2020. This may be improved by Scottish Government funding towards undelivered savings but this is not yet certain.

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 uncertainty around Covid-19 funding from the Scottish Government. It is not yet known if there will be financial support for undelivered savings. We are forecasting not to deliver £4.151m 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 September 2020. The forecast outturn position for 2020-21 is a forecast overspend of £2.561m. £4.151m of this is due to undelivered savings which may be improved by financial support from Scottish Government, but this is not certain.

12.2 The Strategic Leadership Team continues to meet on a regular basis to gain grip and control of the financial position.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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APPENDICES:

Appendix 1 – Year to Date Position as at 30 September 2020
Appendix 2 – Forecast Outturn for 2020-21 as at 30 September 2020
Appendix 3a – Savings achieved and forecast as at 30 September 2020
Appendix 3b – Unachieved savings only as at 30 September 2020
Appendix 3c – Savings action tracker as at 30 September 2020
Appendix 4 – Progress update – Transformation programme Investment – report to Finance & Policy Committee 30 October 2020

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP **APPENDIX 1**

REVENUE BUDGET MONITORING SUMMARY - YEAR TO DATE POSITION AS AT 31 AUG 2020

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	1,313	1,838	525	28.6%	The YTD variance is due to the over-recovery of agreed vacancy savings (£683k) partially offset by slippage on the delivery of agreed efficiency savings (£138k) and overspends on software licences and central repairs.
Service Development	167	164	(3)	(1.8%)	The YTD variance is outwith reporting criteria.
Looked After Children	3,273	3,361	88	2.6%	The YTD variance is due to underspends on payments to other bodies across supporting young people
Child Protection	1,179	1,475	296	20.1%	The YTD underspend reflects lower than expected demand for contact and welfare services as well as underspends on staffing costs in area teams.
Children with a Disability	329	369	40	10.8%	The YTD underspend reflects underspends on payments to other bodies. This is as a result of timing of
Criminal Justice	3	108	105	97.2%	The YTD underspend reflects underspends on staffing as well as minor underspends on payments to other bodies, printing & stationery, rent and staff travel costs.
Children and Families Central Management Costs	1,069	983	(86)	(8.7%)	The YTD overspend reflects slippage on the delivery of agreed efficiency savings (£122k) partially offset
Older People	15,422	14,840	(582)	(3.9%)	The YTD overspend is mainly due to slippage on the delivery of agreed savings (£810k). This is offset by underspends accross the assessment and care management teams mainly due to staff vacancies, a YTD over recovery of income in the HSCP care homes (£225k) and a YTD underspend across the CHP budgets due to the reduced admission volume as a result of covid-19. The full year forecasts for the external residential care budgets have been adjusted based on a gradual return to normal operations over the course of the year.
Physical Disability	1,532	1,107	(425)	(38.4%)	The YTD overspend is mainly due to demand driven overspends on third party payments in supported living, slippage on agreed savings (£14k), YTD overspend on equipment purchase in the integrated equipment store and lower than expected income from fees and charges.
Learning Disability	6,754	6,068	(686)	(11.3%)	The YTD overspend is due to service demand in supported living and residential care as well as slippage on agreed savings (£522k) partially offset by YTD underspends on respite.
Mental Health	1,009	875	(134)	(15.3%)	The YTD overspend is due to the YTD overspends on residential and supported living care packages and the profiling of budget for an SLA (£42k).
Adult Services Central Management Costs	227	158	(69)	(43.7%)	The YTD overspend is due to the YTD slippage on agreed savings (£65k) and timing of payment of an SLA within the central management cost centre. 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	**32,277**	**31,346**	**(931)**	**(3.0%)**	

Service	Actual £000	Budget £000	Variance £000	% Variance	Explanation
HEALTH SERVICES:					**Explanation**
Community & Hospital Services	28,657	27,197	(1,460)	(5.4%)	COVID related expenditure and shortfalls against savings targets
Mental Health and Learning Disability	6,940	7,190	250	3.5%	Vacancies and reduced non-pay spend due to suspension of services
Children & Families Services	3,832	3,912	80	2.0%	Vacancies and reduced non-pay spend due to suspension of services
Commissioned Services - NHS GG&C - main SLA	32,388	32,795	407	1.2%	Reduction in cost per case activity
Commissioned Services - Other Cmmty & Hosp Srvcs	1,951	1,904	(47)	(2.5%)	Higher than predicted activity for TAVI cardiac procedure at Golden Jubilee
General Medical Services	9,559	9,049	(510)	(5.6%)	COVID related expenditure
Community and Salaried Dental Services	1,643	1,901	258	13.6%	Vacancies and reduced non-pay spend due to suspension of services
Other Primary Care Services	5,405	5,405	0	0.0%	Outwith reporting criteria.
Prescribing	9,613	9,496	(117)	(1.2%)	Prudent accrual assuming non achievement of saving target
Public Health	818	882	64	7.3%	Vacancies
Lead Nurse	1,056	768	(288)	(37.5%)	COVID related expenditure
Management Service	1,320	1,332	11	0.8%	Outwith reporting criteria.
Planning & Performance	1,015	897	(118)	(13.1%)	Savings targets not being achieved
Budget Reserves	0	(331)	(331)		Savings targets not being achieved
Income	(752)	(870)	(119)	(13.6%)	Reduced cost per case activity chargeable to other Health Boards due to Covid
Estates	3,897	3,865	(32)	(0.8%)	Outwith reporting criteria.
HEALTH SERVICES TOTAL	**107,342**	**105,390**	**(1,952)**	**(1.9%)**	
GRAND TOTAL	**139,619**	**136,736**	**(2,883)**	**(2.1%)**	

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP **APPENDIX 2**

REVENUE BUDGET MONITORING FORECAST OUTTURN - AS AT 31 AUG 2020

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

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	4,127	2,382	1,745	42.3%	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 (£795k) partially offset by provision for bad debts (£80k) and estimated slippage on the delivery of agreed savings (£218k).
Service Development	399	413	(14)	(3.5%)	The forecast variance is outwith reporting criteria.
Looked After Children	7,097	7,725	(628)	(8.8%)	The forecast overspend arises due to demand for external residential placements (£808k) and slippage on agreed savings (£59k) partially offset by underspends in fostering arising due to lower than budgeted service demand and adoption as a result of additional income for external placement.
Child Protection	3,403	3,176	227	6.7%	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	830	825	5	0.6%	The forecast variance is outwith reporting criteria.
Criminal Justice	154	48	106	68.8%	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	2,421	2,427	(6)	(0.2%)	The forecast variance is outwith reporting criteria.
Older People	35,415	36,295	(880)	(2.5%)	The forecast overspend reflects higher than budgeted demand for homecare (£384k) and slippage on agreed savings (£1.3m). This is offset by higher than expected income from fees and charges in the HSCP care homes, underspends across the external residential care budgets due to the impact from Covid, and underspends on payments to other bodies within Telecare.
Physical Disability	2,409	3,146	(737)	(30.6%)	The forecast overspend reflects higher than budgeted demand for supported living (£682k), higher than budgeted purchasing in the integrated equipment service (£51k) 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.
Learning Disability	14,831	16,617	(1,786)	(12.0%)	The forecast overspend reflects higher than budgeted demand for services in supported living and residential placements as well as slippage on agreed savings (£854k).
Mental Health	2,781	2,805	(24)	(0.9%)	The forecast variance is outwith reporting criteria.
Adult Services Central Management Costs	452	520	(68)	(15.0%)	The forecast overspend is mainly due to estimated slippage on the delivery of agreed savings (£86k) offset slightly by various minor underspends on payments to other bodies within the appropriate adult budget and other areas such as transport related expenditure and supplies and services.
COUNCIL SERVICES TOTAL	**74,319**	**76,379**	**(2,060)**	(2.8%)	

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
HEALTH SERVICES:					**Explanation**
Community & Hospital Services	54,361	56,290	(1,929)	(3.5%)	Savings targets not being achieved and probability of emerging cost pressures
Mental Health and Learning Disability	14,514	14,402	112	0.8%	Vacancies and reduced non-pay spend due to suspension of services
Children & Families Services	7,835	7,785	50	0.6%	Vacancies and reduced non-pay spend due to suspension of services
Commissioned Services - NHS GG&C	65,590	65,590	0	0.0%	Outwith reporting criteria.
Commissioned Services - Other Cmmty & Hosp Srvcs	3,805	3,855	(50)	(1.3%)	Higher than predicted activity for TAVI cardiac procedure at Golden Jubilee
General Medical Services	18,459	18,688	(229)	(1.2%)	Impact of Covid on cost of services
Community and Salaried Dental Services	3,812	3,408	404	10.6%	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	19,361	19,584	(223)	(1.2%)	Savings targets not being achieved
Public Health	1,776	1,687	89	5.0%	Vacancies and reduced non-pay spend due to suspension of services
Lead Nurse	1,524	1,809	(285)	(18.7%)	COVID related expenditure
Management Service	2,669	2,764	(95)	(3.6%)	Risk of savings targets not being achieved
Planning & Performance	2,012	2,312	(300)	(14.9%)	Risk of savings targets not being achieved
Budget Reserves	790	1,656	(866)	(109.6%)	Risk of savings targets not being achieved
Income	(1,745)	(1,325)	(420)	24.1%	Reduced cost per case in-patient charges to other Health Boards
Estates	8,133	8,262	(129)	(1.6%)	Displaced staff costs and risk of savings targets not being achieved
Anticipated Future Covid / Remobilisation Spend	0	4,122	(4,122)		Forecast costs of remobilisation of services, ongoing costs associated with Covid eg Assessment Centres, PPE, and additional costs of winter planning, extended flu vaccination programme from month 7 to 12.
Anticipated Covid spend funding	0	(7,492)	7,492		Assumed SG funding to fully offset costs already incurred within budgets
HEALTH SERVICES TOTAL	**213,303**	**213,804**	**(501)**	(0.2%)	
GRAND TOTAL	**287,622**	**290,183**	**(2,561)**	(0.9%)	

Note: two new lines added under Health specifically for Covid expenditure and estimated funding from Scottish Government to bring accounts in line with NHS Highland presentation
Actual to date have been spread across all related cost centres (no funding received to date)

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2020/21

Ref.	Savings Description	Manager	Target £' 000	Year to 30 Sep 2020 Achieved £' 000	Unachieved £' 000	% Achieved	Full Year Forecast Achievement £' 000	Shortfall £' 000	% Achieved		
1819-7	Thomson Court	Jane Williams	10	0	10	0%	2	9	15%	15% assumed	adult/MH
1819-8	Assessment and Care Management	Caroline Cherry	42	0	42	0%	0	42	0%		Adult
1819-14	Redesign of Internal and External Childrens Residential Placements	Patricia Renfrew	200	178	22	89%	178	22	89%		C&F
1819-15	Children and Families Management Structure	Patricia Renfrew	150	0	150	0%	83	67	55%		C&F
1819-18	Review provision of HSCP care homes	Caroline Cherry	99	0	99	0%	15	84	15%	15% assumed	Adult
1819-19	Review and Redesign of Physical Disability Services	Jim Littlejohn	28	0	28	0%	4	24	15%	15% assumed	MH&LD
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	MH&LD
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Cowal	Jane Williams	125	0	125	0%	19	106	15%	15% assumed	MH&LD
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Helensburgh	Linda Skrastin	152	0	152	0%	23	129	15%	15% assumed	MH&LD
1819-19	Review and Redesign of Learning Disability Rothesay Resource Centre	Jane Williams	14	0	14	0%	2	12	15%	15% assumed	adult/MH
1819-19	Review and Redesign of Learning Disability Assist Cowal Resource Centre	Jane Williams	30	0	30	0%	5	26	15%	15% assumed	adult/MH
1819-19	Review of Ext Residential Learning Disability Placements	Jim Littlejohn	194	0	194	0%	29	165	15%	15% assumed	MH&LD
1819-22	Adult Care West - Restructure of Neighbourhood Teams (SW & Health)	Caroline Cherry	250	0	250	0%	0	250	0%		Adult
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	adult/MH
1819-31	Integrate HSCP Admin, digital Tech and Central Appoint System	Patricia Renfrew/ Kirsteen Larkin	104	0	104	0%	16	88	15%	15% assumed	corp
1819-33	Catering, Cleaning and other Ancillary Services	Tricia / Jayne Jones / Caroline Cherry	70	0	70	0%	11	60	15%	15% assumed	Adult
1819-40	SLA and Grants operate within allocation	Patricia Renfrew	23	23	0	100%	23	0	100%		C&F
1819-42	Contract Management reducing payments to Commissioned External providers	Stephen Whiston	33	0	33	0%	5	28	15%	15% assumed	corp
1819-46	Adopt a Single Community Team Approach to undertaking Assessment and Care Management	Caroline Cherry	120	0	120	0%	0	120	0%		Adult
1920-33	Review of management structure	Joanna Macdonald / Charlotte Craig	102	0	102	0%	33	69	32%		corp
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%		Adult
1920-41	Extend use of external home care transferring hours as gaps occur	Donald Watt	33	0	33	0%	5	28	15%	15% assumed	Adult
1920-42	Step up/step down of care to be suspended except for exceptional cases	Judy Orr	227	227	0	100%	227	0	100%		Adult
1920-43	Cap on overtime	Donald Watt	87	0	87	0%	44	43	51%		Adult
1920-44	Reduction on adult services social work travel	Jim Littlejohn/ Donald Watt	25	25	0	100%	25	0	100%		Adult
1920-45	Planned changes in staffing for Bowman Court in line with Lorne Campbell Court structure	Donald Watt	28	0	28	0%	4	24	15%	15% assumed	Adult
2021-5	Bring staffing within ECCT teams and Mull Progressive Care Centre into line with best practice elsewhere	Caroline Cherry/ Donald Watt	85	0	85	0%	13	72	15%	15% assumed	Adult
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	adult/MH
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	MH&LD
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%		Adult
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%		MH&LD
2021-33	Reduce travel and increased grip and control of expenditure	All Managers	60	60	0	100%	60	0	100%		adult/MH
2021-34	Additional recovery of direct payments (S30110...) (running above budget)	Caroline Cherry/David Forshaw	25	25	0	100%	25	0	100%		Adult
2021-35	Carers support (S30091..)	Caroline Cherry/David Forshaw	150	150	0	100%	150	0	100%		Adult
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%		Adult
2021-37	Day Care - additional client charge income (running above budget) (S300500..)	Julie Lusk/David Forshaw	25	25	0	100%	25	0	100%		MH&LD
2021-38	Development & flex budgets not currently utilised (MAKI / B&C) (S300930..)	Caroline Cherry	10	10	0	100%	10	0	100%		Adult
2021-39	Progressive Care Mull additional income (S3008002..)	Caroline Cherry/David Forshaw	10	10	0	100%	10	0	100%		Adult
2021-40	Resource Release - budget not use (S300351..)	Caroline Cherry/David Forshaw	6	6	0	100%	6	0	100%		Adult
2021-41	Telecare - additional income above budget (S300330)	Stephen Whiston/David Forshaw	80	80	0	100%	80	0	100%		corp
2021-42a	integrated equipment store - increased consistency in prescribing	Julie Lusk/Jim Littlejohn	80	80	0	100%	80	0	100%		MH&LD

Ref.	Savings Description	Manager	Target £' 000	Year to 30 Sep 2020 Achieved £' 000	Year to 30 Sep 2020 Unachieved £' 000	% Achieved	Full Year Forecast Achievement £' 000	Full Year Forecast Shortfall £' 000	% Achieved		
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%		MH&LD
2021-43	Sensory impairment -See/Hear monies underspent	Julie Lusk	10	10	0	100%	10	0	100%		MH&LD
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%		MH&LD
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%		MH&LD
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%		C&F
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))	Patricia Renfrew	246	246	0	100%	246	0	100%		C&F
2021-46	Improved rostering of staff for school hostels	Patricia Renfrew	50	0	50	0%	25	25	50%	Forecast increased by £5k M5	C&F
2021-47	Review of catering arrangements at Dunclutha and East King Street	Patricia Renfrew	23	0	23	0%	11	12	48%		C&F
2021-48	Redesign Emergency Social Work service - shift to contracted hours	Patricia Renfrew/Brian Reid	100	100	0	100%	100	0	100%		C&F
2021-49	Reduce external contracted hours for childrens support workers	Patricia Renfrew	8	8	0	100%	8	0	100%		C&F
2021-50	Dunoon hostel - income from nursery meals	Patricia Renfrew/David Forshaw	20	20	0	100%	20	0	100%		C&F
2021-51	contact & welfare £10k per locality	Patricia Renfrew	40	40	0	100%	40	0	100%		C&F
2021-52	CABD, physio & OT NHS hire of facility	Patricia Renfrew	15	15	0	100%	15	0	100%		C&F
2021-11	SLA with GG&C for CAMHS service (Fusions)	Patricia Renfrew/David Forshaw	23	23	0	100%	23	0	100%		C&F
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%		corp
2021-60b	Additional vacancy savings (above £600k already budgeted)	Joanna Macdonald/David Forshaw	250	250	0	100%	250	0	100%		corp
2021-62	Unused central funds cost centre S0000000000.40300	Joanna Macdonald/David Forshaw	180	180	0	100%	180	0	100%		corp
	Totals		**5,453**	**2,017**	**3,436**	**37%**	**2,844**	**2,609**	**52%**		

ARGYLL & BUTE HEALTH SAVINGS PLAN 2020/21

Ref.	Savings Description	Manager	Target £' 000	Year to 30 Sep 2020 Achieved £' 000	Year to 30 Sep 2020 Unachieved £' 000	% Achieved	Full Year Forecast Achievement £' 000	Full Year Forecast Shortfall £' 000	% Achieved		
1819-4	Closure of West House / Argyll & Bute Hospital site	David Ross	20	20	0	100%	20	0	100%		corp
1819-5	Closure of Aros (running costs)	David Ross/ Charlotte Craig	60	60	0	100%	60	0	100%		corp
1819-16	Children & Families services staffing	Patricia Renfrew	50	37	13	74%	37	13	74%		C&F
1819-32	Catering & cleaning review	Caroline Cherry	20	0	20	0%	10	10	50%		Adult
1819-44	Advanced Nurse Practitioners - Oban	Caroline Henderson	14	0	14	0%	14	0	100%		Adult
1819-53	Vehicle Fleet Services (see also 2021-57)	Stephen Whiston	18	0	18	0%	18	0	100%		corp
1920-3	Health Promotion Discretionary Budgets	Alison McGrory	54	0	54	0%	0	54	0%		corp
1920-4	Review of Service Contracts	Judy Orr	86	4	82	5%	36	50	42%	£4k declared M6	corp
1920-8	GP Prescribing	Fiona Thomson	500	61	439	12%	400	100	80%	£14k declared M6	corp
1920-22	Dunoon Medical Services (see also 2021-16)	Rebecca Heliwell	100	0	100	0%	0	100	0%		corp
1920-31	Review of SLAs with GGC	Stephen Whiston	290	290	0	100%	290	0	100%	Declared M6	corp
1920-32	Review of management structure	Joanna Macdonald / Charlotte Craig	200	0	200	0%	50	150	25%		corp
1920-35	Bed reduction savings : Dunoon	Jane Williams	150	0	150	0%	120	30	80%		Adult
1920-38a	LIH Theatre nurse staffing - HAK112	Caroline Henderson	38	8	30	21%	38	0	100%		Adult
1920-38b	Lorn & Islands Hospital staffing	Caroline Henderson	124	26	98	21%	124	0	100%	£25.9k declared M6	Adult
2021-1	Mental Health redesign of dementia services (excludes commissioned services)	Caroline Cherry	200	0	200	0%	0	200	0%		Adult
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%		Adult
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%		Adult
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%		corp
2021-4b	Right size admin budgets Mid Argyll and LIH	Caroline Cherry	45	0	45	0%	0	45	0%		Adult
2021-8	Review maternity arrangements for out of hours and bring within contracted hours	Patricia Renfrew	100	100	0	100%	100	0	100%		C&F

Ref.	Savings Description	Manager	Target £' 000	Year to 30 Sep 2020 Achieved £' 000	Year to 30 Sep 2020 Unachieved £' 000	Year to 30 Sep 2020 % Achieved	Full Year Forecast Achievement £' 000	Full Year Forecast Shortfall £' 000	Full Year Forecast % Achieved		
2021-9	Review health visitor and school nurse staffing	Patricia Renfrew	100	100	0	100%	100	0	100%		C&F
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%		corp
2021-14	Removal of health & wellbeing small grant fund	Nicola Schinaia	50	50	0	100%	50	0	100%		corp
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%		Adult
2021-16	Rationalisation of medical services for Dunoon (adds to 1920-22)	Rebecca Heliwell	20	0	20	0%	0	20	0%		corp
2021-17	Ongoing grip and control of all non-essential expenditure	Caroline Cherry/Julie Lusk	340	2	338	1%	100	240	29%		adult/MH
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%		corp
2021-19	Redesign of hotel services to reflect reduction in inpatient numbers	Caroline Cherry	99	0	99	0%	50	49	51%		Adult
2021-20	Centralised booking of medical records - reduction in admin costs	Stephen Whiston	97	0	97	0%	0	97	0%		corp
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%		MH&LD
2021-22	Patient Travel costs - spending below budgets	Caroline Cherry	100	100	0	100%	100	0	100%		Adult
2021-23	Catering & domestic - spending below budgets	Caroline Cherry	80	25	55	31%	55	25	69%		Adult
2021-24	Oban medical services - underspending areas of admin and non-pay	Caroline Cherry/Caroline Henderson	100	100	0	100%	100	0	100%		Adult
2021-25	Near Me Mental Health project - savings on travel	John Dreghorn/Kristin Gillies	10	0	10	0%	10	0	100%		MH&LD
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%		Adult
2021-27	Cowal general transport - underspend	Caroline Cherry	15	15	0	100%	15	0	100%		Adult
2021-29	Dunoon Gum clinic - underspend	Caroline Cherry	20	0	20	0%	0	20	0%	Declared Non-recurring instead	Adult
2021-53	Reduction of health improvement team budget by one third	Nicola Schinaia	6	6	0	100%	6	0	100%		corp
2021-54	Printer rationalisation and centralisation of GP servers	Stephen Whiston	17	10	7	59%	17	0	100%		corp
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%		corp
2021-58	Additional income from other health boards (being achieved in 19/20)	George Morrison	200	0	200	0%	0	200	0%		corp
2021-59	Review of continence nursing practice and related use of supplies (Lead Nurse)	Elizabeth Higgins	20	0	20	0%	20	0	100%		Adult
2021-60a	Additional vacancy savings - achieving £2.85m in 2019/20	Joanna MacDonald	500	500	0	100%	500	0	100%		corp
2021-61	Investment fund savings - reduction in funds to support colocation and vacant posts	Joanna MacDonald	72	72	0	100%	72	0	100%		corp
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%	0	50	0%		corp
2021-68	Forensic billing review of utilities - water	David Ross	30	0	30	0%	0	30	0%		corp
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%		corp
2021-66	Community dental practices	Donald MacFarlane	25	5	20	20%	5	20	20%	Declared Non-recurring instead	corp
2021-67	Homecare pharmacy services - right size budget	George Morrison	75	75	0	100%	75	0	100%		corp
	Totals		**4,933**	**1,810**	**3,123**	**37%**	**3,112**	**1,821**	**63%**		

Non Recurring Savings

2021-1	Mental Health redesign of dementia services	Caroline Cherry	0	200	(200)		200	(200)	£200k declared M2	Adult
1920-3	Health Promotion Discretionary Budgets	Alison McGrory	0	27	(27)		27	(27)	£27k declared M2	corp
1819-16	Children & Families services staffing	Patricia Renfrew	0	0	0		13	(13)	£13k forecast non-recurring M4	C&F
2021-29	Dunoon Gum Clinic	Caroline Cherry / Jane Williams	0	20	(20)		20	(20)	£20k declared M4	Adult
2021-66	Community dental practices	Donald MacFarlane	0	20	(20)		20	(20)	£20k declared M6	corp
	Totals		**0**	**267**	**(267)**		**280**	**(280)**		

ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2020/21			**10,386**	**4,094**	**6,292**	**39%**	**6,236**	**4,151**	**60%**	

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Appendix 3 (b)

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2020/21

			Year to 30 Sep 2020				Full Year Forecast		
Ref.	Savings Description	Manager	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	Patricia Renfrew	200	178	22	89%	178	22	89%
1819-15	Children and Families Management Structure	Patricia Renfrew	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	Patricia Renfrew/ Kirsteen Larkin	104	0	104	0%	16	88	15%
1819-33	Catering, Cleaning and other Ancillary Services	Tricia / 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%
1920-43	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	Caroline Cherry / Donald Watt	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	Caroline Cherry / Donald Watt	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 30 Sep 2020 Target £' 000	Achieved £' 000	Unachieved £' 000	% Achieved	Full Year Forecast 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	Patricia Renfrew/Kirsteen Larkin	93	0	93	0%	93	0	100%
2021-46	Improved rostering of staff for school hostels	Patricia Renfrew	50	0	50	0%	25	25	50%
2021-47	Review of catering arrangements at Dunclutha and East King Street	Patricia Renfrew	23	0	23	0%	11	12	48%
	Totals		**3,614**	**178**	**3,436**	**5%**	**1,004**	**2,610**	**28%**

ARGYLL & BUTE HEALTH SAVINGS PLAN 2020/21

Ref.	Savings Description	Manager	Year to 30 Sep 2020 Target £' 000	Achieved £' 000	Unachieved £' 000	% Achieved	Full Year Forecast Achievement £' 000	Shortfall £' 000	% Achieved
1819-16	Children & Families services staffing	Patricia Renfrew	50	37	13	74%	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	4	82	5%	36	50	42%
1920-8	GP Prescribing	Fiona Thomson	500	61	439	12%	400	100	80%
1920-22	Dunoon Medical Services	Rebecca Heliwell	100	0	100	0%	0	100	0%
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	8	30	21%	38	0	100%
1920-38b	Lorn & Islands Hospital staffing	Caroline Henderson	124	26	98	21%	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 / effriciency 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%
2021-13	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	2	338	1%	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%
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%

			Year to 30 Sep 2020				Full Year Forecast			
			Target	Achieved	Unachieved	%	Achievement	Shortfall	%	
Ref.	Savings Description	Manager	£' 000	£' 000	£' 000	Achieved	£' 000	£' 000	Achieved	
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	10	7	59%	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%	0	50	0%	
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%	5	20	20%	
	Totals		**3,416**	**294**	**3,123**	**9%**	**1,595**	**1,821**	**47%**	
ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2020/21			**7,030**	**472**	**6,559**	**7%**	**2,599**	**4,431**	**37%**	

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ARGYLL & BUTE HSCP SAVINGS PLAN 2020/21 as at 30 SEP 2020

APPENDIX 3 (c)

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2020/21

Ref.	Unachieved Savings Description	Manager	Target £' 000	Achieved £' 000	Forecast £' 000	Actions completed to 30 September 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 Review and Redesign of Learning Disability Services - Packages of Care Helensburgh Review and Redesign of Learning Disability Services - Packages of Care Cowal	Jim Littlejohn	471	0	71	SIO now appointed. Service Manager with a focus on this portfolio appointed. Fyne View planning as 3 person site progressing (currently classed as hospital ward with 1 resident awaiting place in Fort William, vacancy in Greenwood. 3 persons now planned for Campbell St facility, and 4th being progressed target for early in new year.	To progress Campbell St facility with Scottish Autism - 2 placements planned, one awaiting guardianship. 4th possible person identified as potential returned from out of area. mapping out potential pipeline of clients. To re-start case reviews Consistent review process to be developed. Progressing return of client placed in Wales to Dunoon Discussions to be undertaken to consider core and cluster model on Bute.	Not yet quantified	Currently at a plateau until new models of accommodation and support are completed and implemented	New policies / procedures needed re out of area placements
1819-25/7 & 2021/7 &1819-19	Older People Day/Resource Centre - Address high levels of management - consolidate opening hours - shared resource 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) Review and Redesign of Learning Disability Assist Cowal Resource Centre Review and Redesign of Learning Disability Rothesay Resource Centre	Caroline Cherry/ Julie Lusk	466	0	70	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 including an options appraisal. Recently completed works at Lynnside / Lorn Resource Centre (external walkway between the 2 buildings and one shared manager) were done specifically to enable shared management across LD and OP day services, and this has been the pattern in a number of localities. Pamela is to declare the saving.	Overall plan for day services to be developed. May then split savings target between Older Adults and MH/LD services Link in to overall estates plan for Dunoon & Rothesay 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.	Re- assess feasability of having shared managers	Changes in management has meant lack of clear direction so now being re-scoped	Not yet identified
1819-8/22/46	Adult Care West - Restructure of Community Teams (SW & Health) and adopt a single community team approach to undertaking assesment and care management	Caroline Cherry / G Mc Cready	412	0	0	Paused due to Covid. SIO appointed. To restart review. Info on all teams in scope collated. Terms of reference for SLWG drafted and members identified.	Working towards single vision for all teams working with Older People. Meeting with finance to be scheduled early to mid October to look at costs of workforce.	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
1819-19 / 2021-30	Review and Redesign of Learning Disability Services - Sleepovers and Technology Argyll Wide	Jim Littlejohn	349	0	52	SIO started 20 July. 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. Covid has affected ability to re-assess care packages	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. 3 month pilot focusing on 10-12 sleepovers before Just Checking licences end in January. A number of clients identified mainly in Oban. With ripple effect, hoping for saving of c £100k. Continuing discussions with contractor for Helensburgh Golf course new build - 2 @ 2 bed plus 1 3 bed bungalows. To draft plan for use. 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
1920-40	Implement best practice approaches for care at home	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. Saving identified in Cowal of £20-24k. Progressing savings on 3 Oban blocks. 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.	Reviews of all blocks to be completed over next 8 weeks. Next steps: - Re-establish CRGs at the beginning of October; CCh to meet with Operations Team Leads ASAP. - Standardise Care at Home across Argyll & Bute. - HCPOs to do 4-6 week monitoring visits for all new cases with immediate effect - There is an expectation that the Area Managers will chair CRGs.	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.	Pause 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
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 and all cases reviewed. 70 casesover £30k identified with 40 of these having double ups for all visits.	Reviewing if double ups are needed for all visits where this is in place. Waiting for contact from Sophie Cole, Stirling Council to adapt learning. Effective use of equipment to be discussed at IES meeting and costing differences between uses of equipment to be scoped. Need to ensure that the panels which review IES specials tie in to care plans.	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 30 September 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
1819-14	Redesign of Internal and External Childrens Residential Placements	Tricia Renfrew	200	178	178	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. Savings of £178k declared from children moved back from placements.	Review report on business case for extension of core and cluster - but this may be cost avoidance rather than cost saving Continue to assess savings being delivered. Investigate why levels of out of area placements are higher than national average	The Core and Cluster Model has a role in providing a step down provison 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.
2021-32	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 Procurement & Commissioning team are restarting work with providers to identify efficiencies as the sustainability payments are now ending and efficiency forms are being completed again			
1819-15	Children and Families Management Structure	Tricia Renfrew	150	0	83	All staff have been matched into new posts. New structure effective 31 August. Still some vacancies out to advert. Will have non-recurring vacancy savings meantime	Progress with filling remaining vacancies. 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. LS to provide final calculation of saving to next meeting	Expect to deliver saving in full for next year.	Lengthy and Difficult HR processes	Non recurring vacancy savings may cover shortfall.
2021-5 & 1920-45	Bring staffing within ECCT teams and Mull Progressive Care Centre into line with best practice elsewhere	Caroline Cherry / Louise Beattie/ Donald Watt	113	0	17	MG made presentation to SLT on 18 December and direction agreed. Paused due to Covid, and now staff sickness. LB has reviewed all work done on this to date.	LB will have proposal including options appraisal within the next 2 weeks. To include option from Piers for covering hospital at night. Mull and LCC are two different models and both need to be assessed	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. LB has reviewed IT progress with S Morrow	Review what further work can be done and realign to Corporate savings workstream. Amalgamate with Health savings 2021-4a /20 and pursue integrated admin support across HSCP. Due to re-start work on this in October. LB & SW to meet on 2 October to discuss plan	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	Matchings carried out with staff affected. Remaining vacancies advertised.	Shortfall expected - current estimate only £60k recurrent. To assess related vacancy savings as a non-recurrent saving as still some vacant posts.	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 shortly	expected to deliver savings in full	Forecast not yet updated	expected to deliver savings in full
1920-43	Cap on overtime CAH internal service	Donald Watt	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. Asddditional bank staff being recruited in Mid Argyll	Local Area Managers continue to approve all exceptional overtime in advance of hours being worked. To review Islay where overtime slightly up due to shielding. Expect to declare some savings next month. More comprehensive report to next meeting	Reduce forecast overspend and deliver saving. Recruited additional bank staff.	Forecast shortfall based on impact to date.	Continue efforts to reduce overtime wherever possible.
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.	Stalled due to work on returning to school. 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.

Ref.	Unachieved Savings Description	Manager	Target £' 000	Achieved £' 000	Forecast £' 000	Actions completed to 30 September 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
2021-46	Improved rostering of staff for school hostels	Tricia Renfrew	50	0	25	ML reported £25K under spend identified for Dunoon Hostel. Also potential reduction of 1 domestic but currently need extra staff due to Covid. £8k underspends on catering identified on non-recurrent basis - not yet declared.	Compete review for Oban Hostel. Review staffing required under new normal. Charge extra staffing to Covid where required. Assess non-recurrent underspend. Declare £25k saving	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	Advertised Contract & Demand Management Officer post twice but no suitably qualified applicants. Re-advertised with new job descriptions and trainee option and reducing essential qualifications to attract more applicants. Closes 28 September.	Review of advocacy and support contract to re-start. Interviews arranged for 21 October.	SLAs review completed and cost profile for2020/21 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. No clear process or direction for transferring hours - to be addressed Care @ Home finance meeting scheduled for early October.	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 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. Unclear which Head of Service has responsibility for this service. No-one taking ownership	Appointment of SIO Learning Disability will also provide resource to assist with Physical Disability. To escalate where responsibility sits	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. Looking at redeployment for staff member to avoid redundancy cost. ML to provide update to next meeting on Dunclutha £13k saving	Improved assessment of likely saving	Paused due to Covid	Confident that these savings will be delivered longer term.
	Totals		**3,614**	**178**	**1,005**					

ARGYLL & BUTE HEALTH SAVINGS PLAN 2020/21

Ref.	Unachieved Savings Description	Manager	Target £' 000	Achieved £' 000	Forecast £' 000	Actions completed to 30 September 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	61	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 with 7 in delivery. Fewer alternative medecines being approved so less opportunities this year.	Continue to work closely with North Highland workstream. Complete PID for remaining scheme. Fiona Thomson to update next meeting on reduced formulary. May be able to identify a non-recurring saving on precriptions due to reduced attendance at GPs but concerned that any panic buying ahead again could offset saving.	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	2	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 Finance will look at progress against this saving over first 6 months and split by heads of service / budget holders for next meeting JO will be sending out a further reminder to managers regarding the need for strict management of discretionary expenditure.	maximise savings	Covid-19 and reduction in capacity	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	Matchings carried out with staff affected. Remaining vacancies advertised.	Shortfall expected - current estimate only £60k recurrent. To assess related vacancy savings as a non-recurrent saving as still some vacant posts.	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.

Ref.	Unachieved Savings Description	Manager	Target £' 000	Achieved £' 000	Forecast £' 000	Actions completed to 30 September 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
2021-1	Mental Health redesign of dementia services (excludes commissioned services)	Caroline Cherry	200	0	0	Temporary close of Knapdale and use of Fyne View. Noted that savings were being made due to operating under establishment. Closure of Knapdale as part of service redesign was approved by the IJB in March. PID produced	Expect to deliver as non-recurrent saving in 2020/21	Expect to deliver in full 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. One recently moved from New Craigs to Lusraggan. 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	Shortfall included in Covid claim
2021-4a/20	Admin & clerical general productivity / efficiency enhancement via shift to digital working in 2020/21 and 2021/22 Centralised booking of medical records - reduction in admin costs	Stephen Whiston	197	0	0	Rapid move to digital working, use of MS Teams and less travel due to Covid 19 . Working with North Highland on use of Netcall system for appointment booking. Looking at Active Clinical & Referral Triage. Workshops taken place to scope.	SW advised that unlikely to restart work on this until Oct. LB & SW meeting 2 Oct to prepare plan of work. To take forward with 1819-31 review of social work admin	Updated forecast	Covid-19	Not yet identified
1920-38a/b & 1819-44	Lorn & Islands Hospital staffing	Caroline Henderson / George Morrison	176	34	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. £113k identified and £65k to be declared next month 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 haemotology posts Nursing establishments reviewed. All budget lines reviewed	Saving from virtual appointments to be assessed. To produce short report and declare£65k savings. JD to submit PID to QIA.	increase in savings	Theatre utilistation group across 4 acute Hospitals being led By D Jones. This may increase activity. Unlikely this financial year to declare any further staffing cuts. Not yet been able to identify sufficient staffing savings to meet target. HDU staffing review and audit of dependency levels. Establishment not agreed as yet for ward B.	A review of ECG service to be carried out to identify potential savings. Ward establishment settings to be confirmed and report completed. This has been slightly delayed due to Covid 19.
1920-35	Bed reduction savings : Dunoon	Finola Owen	150	0	120	Bed modelling ongoing with planning. £120k non-recurring saving declared last year. Currently operating from one ward but need to maintain 2nd ward in case of Covid resurgence.	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. Workforce reviews to be completed in February. 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. 2 local GP practices keen to move into hospital. SBAR created and works identified to faciliate this going to Asset Management Board on 21 October. Considering longer term accommodation in hospital along with review of jobs to make more attractive and blend casualty, out of hours and GP work. Will feed into Dunoon place based review commissioned. Also to link into Medical Workforce Productivity workstream	Clinically more stable team Encourage positive collaborative learning culture and better governance within team	The timescale is more medium to long term- eventually aim is to have no locum spend and all substantive posts in self sustaining rota but this is likely to take years. Positive recruitment and initial progress should make easier as team establishes- ie should build speed with time	Have looked at locum costs and prioritised use of cheapest ones. Working with PMO workstream medical workforce to standardise payments to updated Medacs contracts ie no travel and accommodation to be paid as routine

Ref.	Unachieved Savings Description	Manager	Target £' 000	Achieved £' 000	Forecast £' 000	Actions completed to 30 September 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
2021-13	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
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. Out to advert for third time to recruit Contract & Demand Management Officer with trainee option and revised job descriptions	Contracts are currently handled by individual departments e.g. estates, IT, radiography, laboratories. Interviewing on 21 October	An overall review by an experienced procurement officer is likely to yield savings.	No action taken so far to undertake a review.	£86k shortfall will be carried forward to 20/21 and action will be taken in the new year to pursue full achievement of carried forward shortfall.
2021-15	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 and meeting held to discuss. Little or no non-recurrent saving due to Covid.	LB to provide report for next meeting. Still To give formal 12 weeks notice of saving. JL not confident that saving can be achieved without adverse effect on service.	Update forecast	Covid-19	N/A
2021-57 / 1	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 and assess how much is recurrent / non-recurrent due to Covid.	Paused due to Covid	Covid-19	Not yet identified
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	37	37	All staff have been matched into new posts and new structure live at 31 August. £37k identified. Further saving (£13k) from the CAMHS Manager post now being filled at Band Sa (previously Band 8b)	Progress with new arrangements. Finalise calculation of saving to be delivered and update forecast. Expect to be close to target	Saving to be delivered in full	Lengthy and Difficult HR processes	N/A
2021-18	Savings in time & travel through further roll out of Near Me (Attend Anywhere)	John Dreghorn/Kristin Gillies	50	0	50	Good buy in from all sites and expect significant reduction in travel going forward. Increased cost for purchase of equipment – going through Covid 19 Increase in time for consultants / clinical sessions expected	JD to progress this PID Future roll out / redesign of OPD planned pre Covid 19 but now progressing faster KG/KR to laise with Finance to identify budgets to target for this saving identifying actual clinics where Near Me is being used	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	0	None as yet. Target is 1% of £5m buget so should be achievable	DR to provide update for next meeting. Allocation needed for Lorn Resource Centre but no savings expected from this.	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 & George Morrison	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 from a possible new pan Highland remote service delivered in-house following chnages in requirements for taking of bloods by doctors.	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
2021-68	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. £20k non-recurrent savings due to vacancy decalred in M6 but this needs filled in future to provide essential services	DMF to produce report for SLT on impact of not filling vacant post. Proposed plan to fill at Dental officer level rather than Senior Dental Officer giving some recurring saving.	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
2021-59	Review of continence nursing practice and related use of supplies (Lead Nurse)	Elizabeth Higgins	20	0	20	Linked in with North Higland PMO project. Redu	Review North Highland work on this and assess Review continence product budgets Remind all wards to switch to alternative products.	Paused due to Covid	Covid-19	N/A
2021-54	Printer rationalisation and centralisation of GP servers	Stephen Whiston	17	10	17	Savings to date £10K from printer rationalisation.	Still to progress Mull server rationalisation. Expecting this to be achieved in full	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. KG to provide update on consultations shifted for next meeting.	expect to deliver in full	Covid-19	N/A
	Totals		**3,416**	**290**	**1,615**					

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Forecast £'000	Actions completed to 30 September 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
ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2020/21			**7,030**	**468**	**2,620**					

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Finance & Policy Committee **Agenda item:**

Date of Meeting: **30 October 2020**

Title of Report: **Progress Update - Transformation Programme Investment**

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

The Finance & Policy Committee is asked to:

- Note the progress made to date as a result of the PMO investment.
- Consider and comment on the approach taken to date.
- Note the governance framework in operation.

1. EXECUTIVE SUMMARY

The transformation programme has been in place for a number of years. Previously it has had limited success in delivering transformation at scale and has not realised the savings expected. Instead savings have been delivered more on an adhoc basis and there has been a substantial levels of carry forward (undelivered) savings at the start of each year. This increases the risk of non-deliverability on subsequent years and importantly the ability of the HSCP to deliver a balanced outturn and ensure its financial sustainability in the future.

1.1 In March 2020 as part of the Budget papers, the IJB agreed to ' *a spend to save'* proposal to invest £318K in additional resource to strengthen the Project Management Office (PMO) approach to delivering savings. This additional resource would support services in realising their savings for the next two years.

1.2 In addition, it had been recognised that the HSCP needs to strengthen the governance framework around delivery of savings. Governance is a cornerstone of ensuring success when managing complex change. The new investment has allowed the PMO to develop and embed a methodology which now ensures that when managing multiple projects the IJB benefits from a more robust way of assessing interdependencies, managing risks, and detailed project planning. The governance framework or programme blueprint is shown in appendix one.

1.3 The Service Improvement Officers are all in post and the purpose of this report is to update the committee on their collective efforts, approach and how

each individual is focussing across each work stream. Details are given in appendix two.

1.4 The SIOs are currently working on the savings plans with the relevant Heads of Service. The current expectation is that the benefits of this investment will be realised as the savings projects are delivered.

2. INTRODUCTION

2.1 A transformation programme has been in place across the partnership for a number of years. Its governance is part of the corporate governance framework and currently is overseen and reported to the Finance and Policy Committee and onwards to the IJB. These internal controls ensure that there is oversight of this work and offers the opportunity for further scrutiny to Board members to ensure confidence in the delivery of services.

2.3 On the on 25th March 2020, the Head of Finance & Transformation presented the budget proposals for 2020/21, and reported on the expected outturn for 2019/20. The final outturn position was presented to the IJB on 27 May 2020. The IJB noted the realised savings of £7.665m (71%) made towards the target £10.877m, but this included £1.080m delivered on a non-recurring basis. Along with previously approved savings, this resulted in the partnership carrying forward £4.681m of savings, on top of the new savings approved in March of £5.705m creating a balance to be delivered in 2020/21 of £10.386m, only slightly lower than the target for 2019/20.

2.4 A decision was made to help mitigate this risk on the 25th March 2020 when approval was received to progress a (spend to save) investment of £318K. This investment would enable the project management office (PMO) to:

- Build on and take account of previous transformation work which included reviews of services.
- Allow for the recruitment of additional resource to bring much needed project management focus.
- To develop and embed a transformation methodology across all Service areas which will now ensure a consistent approach to managing change.
- To drive the pace of change needed and support each Head of Service to meet their undelivered savings.

Resource	Recruitment	Progress to Date	Next steps
Programme Manager	Postponed until after Covid remobilisation plans implemented.	Decision to delay was made until SIO posts established and PMO framework developed.	The programme manager post will be recruited following remobilisation post Covid.
Service Improvement Officers/ Project Managers	Successful recruitment of posts. All in post by end of July 20.	Staff are all in post.	Completed.

Homecare Support Procurement Officers	Initially went out for external recruitment. However, able to fill only 0.5 posts in MAKI	The remaining 1.5 FTE remain unfilled. There are no plans to progress until after pandemic	There are no plans to progress until after pandemic.
Contract and Demand Officer	Three attempts to recruit failed led to a decision to revisit job description to encourage a wider recruitment pool	A number of potential applications have now been received and are being interviewed w/c 19 October.	Once interview complete preferred candidate will be appointed and this work will focus on the savings targets relating to reviewing service level agreements.

3. DETAIL OF REPORT

3.1 The project management office currently consists of 4 FTE Service Improvement Officers. As detailed above the 3 new appointees did not start until July 2020. In addition, the existing SIO working on Health savings was seconded to provide Covid-19 project management support to the A&B management team during March to May, this led to a three month delay in progressing the A&B 2020/21 savings programme.

3.2 The restructure of A&B HSCP's Adult Services Management Team was not concluded until the 28th September which also resulted in delays while awaiting new senior managers to take up post. However, it did allow the team to focus on the work that had been done to date and develop and embed a framework for governance, project reporting, engagement and communication strategies.

3.3 The current savings programme consists of multiple projects in different stages of delivery. In order to maximise the resource, each SIO has been allocated a number of projects within each work stream to support. This decision was based on the individual's knowledge of the service, their skills and expertise.

3.4 In addition, one member of staff was new to the partnership and completed the HSCP induction programme, which included completing mandatory training, introduction meetings and building relationships within each service area.

3.5 In order to provide the appropriate governance and ensure consistency across each of work streams, SIO's alongside each Head of Service, have established and agreed the terms of reporting across all areas.

3.6 Appendix one shows an overview of the draft HSCP governance framework and gives details of how the additional resources have been allocated. It shows how the role of the different programme boards support the governance framework. Children Services, Mental Health, and Corporate Services work streams have established Programme Boards which all now

meet monthly. Each area have agreed terms of reference in line with corporate governance protocols.

3.7 Adult Services have established an Older Adults short life working group which now meets fortnightly and has four sub groups. They will report back to the Strategic Planning Group in November with agreed Terms of Reference for an Older Adult and Dementia Steering Group.

3.8 Furthermore, the Service Improvement Officers are working closely with Head of Service, Senior Managers and staff to ensure their transformation programme/projects:

- link and have strategic focus with relevant plans,
- are led by individuals with specialist knowledge,
- have strong and clear leadership,
- ensure accountability and ownership for all their savings areas.

Savings summaries

3.9 The following table gives a summary of the approved savings under each work stream. It shows the savings realised and declared, target and latest forecast as at 30th September 2020.

3.10 Table One - Savings by Work stream

Summary of savings by Transformation Programme by Workstream					
Workstream	**Service Area**	**Approved £m**	**Declared £m**	**Forecast £m**	**Undelivered £m**
1	Adult Services	3.220	0.836	1.642	1.578
2	Children's Services	1.241	0.890	1.102	0.139
3	Corporate Services	3.593	1.697	2.358	1.235
4	Mental Health/LD	1.466	0.343	0.624	0.842
1/4	Joint Adult Srvs/ MH&LD	0.866	0.062	0.230	0.636
	Programme Total	10.386	3.828	5.956	4.431

Work completed to date

3.11 Appendix 2 provides more detailed insight into work completed to date by the SIO team over the 4 workstreams.

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 Savings are being delivered as agreed by the IJB and in support of the delivery of a balanced budget.

6. GOVERNANCE IMPLICATIONS

6.1 The governance framework for this work is set out at Appendix 1.

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 None.

11. CONCLUSIONS

11.1 The Finance & Policy Committee is asked to note the progress made, the governance established and to consider and comment on the approach being taken.

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	

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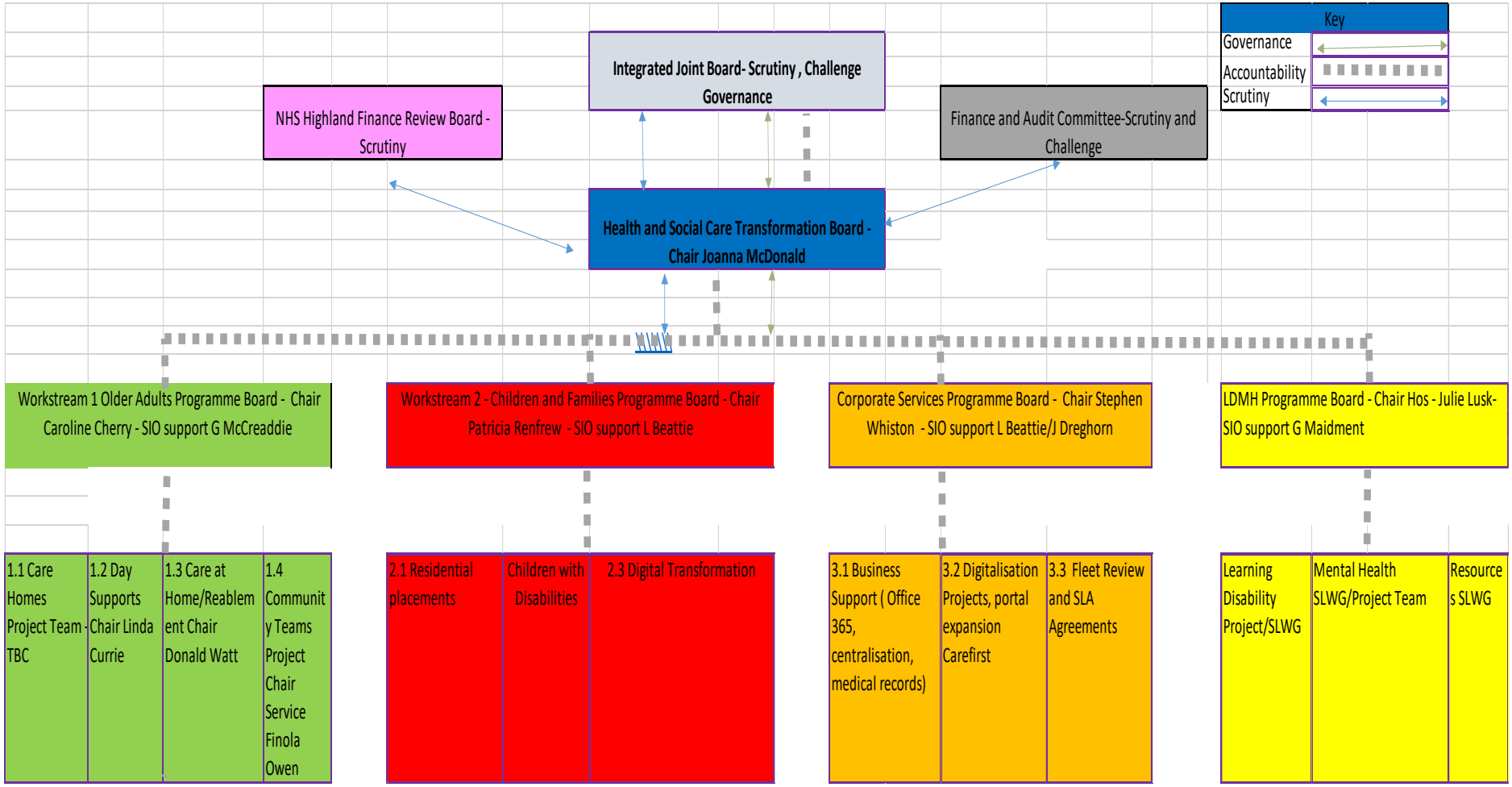
1. Appendix 1 – Transformation Programme Blueprint / Governance arrangement



Appendix 2: Project Management Office – Work to Date & Plans

1 Adult Services

1.1 Much of the focus has been supporting the Service with operational issues during the pandemic specifically around home care operations. This includes weekly updates to Chief Officer on performance information and escalating any issues for discussion.

1.2 In addition, focus has been on supporting each of the areas in operational process reviews, and standardising procedures. A number of process reviews have been completed alongside the early development of a strategic monitoring process. This work supports the priorities of agreeing the future shape of service provision at locality and wider care provision and will help inform proposals for future years.

1.3 To ensure transformation governance the terms of reference for short life working groups have been agreed and an initial meeting has been arranged. The purpose of the SLW group is to establish an agreed strategic vision for older adult services, agree key priority areas of transformation work and identify lead individuals for the work streams. This will be short life whilst wider work is ongoing to establish a Steering Group and ongoing sub groups. Work has started to develop and agree membership and remits of the sub groups.

Care at Home Services

1.4 Regular meetings with Resources Team Leaders to engage with the transformation agenda and future savings options. These meetings also supported operational issues until new management structure embedded.

1.5 Completed a number of management reports to identify the priorities, key areas of work to support successful deliverability of savings following remobilisation. This included the re - introduction of monitoring visits, standardisation of care package.

1.6 Monthly analysis of budget information and activity areas highlighting opportunities within each area for further efficiencies.

1.7 Weekly updates are provided to ELT detailing care at home pressures and escalation of any operational issues for early intervention.

1.8 Corporate performance reporting for ongoing impact of Covid on Care at Home Service. Ensuring performance and other communications are shared across the Service.

1.9 Completion of evaluations of practice by the Care Inspectorate post Covid. This considers the impact on care at home services, what can be learnt from the work done. SIO was part of the panel interviewed. The service is awaiting the national report publication.

1.10 Preparation work is underway to re-visit the block contracts and remove any inefficiency. Engagement with providers is planned. It has not be possible to take this work forward fully until the sustainability payments cease.

1.11 Dealing with emergency incidents relating to positive Covid clients. This included the development of an action learning log and managing and mitigating risk of further infection.

1.12 Completion of Freedom of Information and member enquiries.

Care Homes

1.13 Completion of management reports in connection of impact of Covid on the sustainability of the service.

1.14 SIO is part of the care home assurance group looking at issues as they arise on a daily basis. This has included the scrutinising of the risk assessments for outside and inside visiting and development of guidance for restarting of respite within care homes and step up and step down detailed guidance for assessors and managers.

1.15 The SIO is part of the SLWG looking at care home mobilisation should a future outbreak occur, looking at what support could be made available to care homes and how it can be accessed.

Community Teams

1.16 A research report has been produced identifying the key elements/benefits of community teams. Financial analysis is currently being explored for each area across the partnership. This information will help deliver any savings approved to the shape and function of community teams.

1.17 Following the remobilisation work the Care Resource Groups are being re-established with strengthened terms of reference to ensure greater consistency and equity across the area. This will help inform a review of processes and resource allocation between assessment, care management and care at home resources.

2. Children Services

2.1 Focus since July has been on building on the work on the savings previously approved. This included completing a commissioning review of all the contracts associated with Children's Disability Service. The initial contract review has been completed and options for future savings are being considered.

2.2 Workshops been developed and delivered to Children Leadership Team on the Services financial and the need for transformation to meet future budget gaps. This lead to three areas of focus:

- **Digitalisation** - Explore opportunities from the implementation of Office 365 and any opportunities for digital innovation.
- **Early Intervention** - Strengthen opportunities for earlier intervention in alignment with the Children and Young people's Strategic Plan.
- **Review the Care and Cluster model** - develop Business case to consider bringing external placements back into the area.

2.3 Early engagement strategy and plan to explore ideas/proposals for future year's transformation. On line presentations delivered to senior managers and staff.

2.4 In process of reviewing existing reporting mechanisms and development of a clear process for Team Leaders to report progress and risks.

2.5 Working in partnership with Senior Managers to explore opportunities to reconfigure any undelivered savings.

2.6 Establish risk register as part of programme board reporting. This is to ensure risks can be discussed early and mitigated appropriately.

2.7 The Children and Young People Plan is due to launch later this year. SIO has been working with the Head of Service to ensure that those factors which could directly affect future delivery, scale and method of transformation are considered in any future savings proposals.

2.8 Monthly analysis of budget information and activity areas highlighting opportunities within each area for further efficiencies. A number of areas are currently being explored.

3. Corporate Services

HSCP Business Admin / Digitalisation

3.1 Following the decision to support a full review of business admin across the partnership, the SIO has been working to establish a Corporate Programme Board. This includes ensuring interdependencies are aligned, strategic impact is considered and risk is managed. The first meeting is planned for November 2020.

3.2 SIO will be working with Head of Service to develop both high level and more detailed project plans, the governance methodology, terms of reference and is aligned with and consistent with the other work streams. Specific leads have been identified.

3.3 SIO meeting monthly with service leads to build on the work to date. This includes digital innovation and delivery of services e.g. on-line appointments, medical records, fleet review and development of self service and expansion of contact centre role along with early development of the mobile working and opportunities to streamline processes under the Internet of Things.

NHS Savings and PMO

3.4 Monthly updates are presented to the NHS Highland Financial Recovery Board (FRB) on the progress of the 53 savings schemes for Argyll and Bute. The SIO ensures performance reporting is aligned with NHS Highland PMO processes. This includes organising and managing the savings review group meetings.

3.5 Completion of project initiation documents when scheme moves to delivery. This ensures accurate financial reporting as well as programme governance.

3.6 Working closely with all Head of Services and Senior managers to ensure that any NHS savings gaps are addressed and risks are escalated accordingly. This ensures early decision making opportunity and risks are mitigated.

3.7 Working collectively with all Service Improvement Officers to ensure that any interdependencies are identified and minimise any duplication of effort across the partnership.

4. Mental Health and Learning Disabilities

4.1 Programme Board and sub groups for leading and reporting progress developed and agreed in line PMO governance, methodology and terms of reference.

4.2 Reconfiguration of existing plans in order to provide clarity on the scope and reduce duplication.

4.3 Communication and engagement strategy for future savings proposals in progress. Review of existing efficiency/savings reporting mechanisms and development of a clear process for Team Leaders to report progress

4.4 Monthly budget meetings alongside Head of Service, Service Managers and finance colleagues.

4.5 Weekly meetings with Head of Adult Services – Learning Disability, Mental Health, Addictions & Lifelong Conditions to ensure interdependencies and alignment of projects.

4.6 Review of existing contracts, SLA's and grants in place across different areas. This ensures senior have a strategic overview of service provision and ensures best value is evidenced.

4.7 Early discussion in progress with LD commissioned care providers to ensure best value outcomes.

4.8 Weekly and Monthly meetings arranged to progress sub groups (LD and Resources) to increase pace of change across projects.

4.9 SIO support has predominately been in relation to the remobilisation of building based day services following the issue of Scottish Government Guidance during pandemic.

4.10 Development of a clear process for approval of Covid related risk assessments and implementation of a multi-disciplinary group to approve changes to guidance.

4.11 Application completed and submitted the Health Improvement Scotland/ihub for the 'New Models for Learning Disability Day Support Collaborative'. If successful, this piece of work will take place October-March 2021.

4.12 Initial discussion regarding options of savings proposals with view to considering alternative transport arrangements for day services.

4.13 PID developed for 'Just Checking' pilot. This work will be evaluated within Helensburgh and Oban. After evaluation any recommendations will be made in terms of future roll out.

4.14 Review of vacancies in existing housing options across Argyll and Bute e.g. Greenwood, Waterfront and Lusraggan. This work has led to further discussions with housing colleagues in regards to a number of future housing opportunities.

4.15 Development of Campbell Street facility with Team Leader and Scottish Autism. This includes the development of lease agreement, rent and service charges, housing benefit process and negotiation of hourly rates with providers.

4.16 Planning for the review of care packages following announcement of provider sustainability payments ceasing at end of October.

Mental Health Services

4.18 Ongoing negotiations with GG&C in relation to the Mental Health SLA's for Helensburgh & Lomond population.

4.19 Reduction in % recharges to NHS Highland following the collation of caseload and demand information and withdrawal of services no longer required. Efficiencies and changes to SLA agreed have had no impact on the delivery of MH services.

4.20 Development of updated SLA, T&C's and contract management procedures in progress

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board **Agenda item:**

Date of Meeting: **25 November 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 for social care costs 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. A further distribution of £400k (part of £8m nationally) has been distributed based on cashflow requirements for first 4 months. 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 and there is £25k for Chief Social Work Officer responsibilities for oversight of care homes. All of this funding is being routed via NHS Highland and announcements to date total £1.969m.

1.3 At the end of September, there was a further funding announcement based on the first quarter Covid cost tracker returns. The funding is being routed via NHS Highland and we are still waiting to hear exactly what our share is. Some elements are allocated based on actual spend and some elements are based on NRAC share. There are indicative allocations for the

remainder of the year at 50 or 70% of actuals or on NRAC share also included. The total for NHS Highland is £34.173m of which £10.188m is for the two HSCPs including A&B. This is additional to social care funding already received.

1.4 A small amount of expenditure was incurred in 2019/20 of £41,000 which is matched by a specific funding allocation. In addition the additional FHS (Family Health Services) Prescribing cost accrual of £324,000 (reflecting people ordering prescriptions earlier than usual in March because of the impending lockdown) was funded through NHS Highland in 2019/20, and then offset in 2020/21 where a reduction in costs is expected in the first quarter. The regular returns are now only for 2020/21 expenditure as 2019/20 has been finalised. This report is based on the draft return for quarter 2 as at 19 October with details of actuals for first 6 months. Scottish Government will now review returns on a quarterly basis. A further funding announcement is expected in January.

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 14 October 2020 shows that we have had a total of 341 cases and 36 deaths within 28 days of a positive test result in our area up to that date. The total number of registered deaths involving COVID-19, confirmed or presumed, for Argyll and Bute residents was 67 as of the last weekly NRS report on 14th October.

3.1.2 The latest daily sitrep dated 15 October showed we had no suspected or confirmed cases in our hospitals at midnight. There was one care home closed to new admissions due to precautionary measures following a confirmed staff case (no residents affected) and none under surveillance. It should be noted that this can change daily.

3.1.3 A&E attendances have reduced with 467 in the week ending 14 October probably with fewer tourists in our area. Re-mobilisation plans are progressing reflecting the social distancing requirements with previous targets of reaching 100% of normal activity levels by end of August reduced to an amended target of 70-80% reflecting the much slower pace of remobilisation within NGS GG&C (they are aiming for 60% by end of October).

3.1.4 No additional Covid 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 is changing, and we are seeing increasing levels of infections. So far people have generally not required hospitalisation and there have been few new deaths yet in our area.

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 / respiratory assessment centres through the winter period. We are recruiting additional staff to man these 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 and are likely to move to 7 day per week working. 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. More of this testing is likely to be done through NHS routes in future.

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 £415k. Financial support is also being provided for additional staffing costs, and other direct costs, and we have agreed payments for these of a further £246k. These claims are being processed as fast as possible. 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 23 weeks since then, just under 3.8 million 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 now expected to be in operation at least until March, following the recent revision of the national Memorandum of Understanding relating to their use.

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 with the exception of FFP3 masks which are being issued on a push basis due to low supplies. There are continuing direct deliveries to GP practices, dental practices and optometrists which are not chargeable. If they run out in between, further supplies are obtainable through Health Boards. In the longer term they should move to direct distribution nationally but that requires roll out of the Pecos ordering system to all of this bodies.

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 drafted on 19 October and has been referenced for this report. It is not due for submission until 23 October by NHS Highland.

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 6 months and revised assumptions to end of the year. A number of new lines have been added. These returns will now be submitted only on a quarterly basis going forward, but locally we will continue to update our data on a monthly basis.

3.2.3 The return now requires data to be split between health and social work as funding arrangements differ for each.

3.2.4 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.

3.2.5 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 August. These payments are now being tapered over a three-month transition period with 75% of claims for voids caused by COVID paid for the month of September, 50% for the month of October and 25% for the month of November. Additional support for extended sick pay for social care providers has been agreed nationally to end of December. Claims for other additional costs from end of September are restricted to those for infection prevention control, PPE and additional staffing costs.

3.2.6 Direct costs for supplies and equipment are being charged to Covid cost centres. Where additional staff are being employed in-house, and for additional hours over normal working, this is also being tracked through codes on time sheets and specific Covid approvals through workforce monitoring.

3.2.7 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 announced total funding available of £1.089 billion to support health and social care on 29 September. The health and social care system will continue to operate on an emergency footing until the end of March 2021.

3.2.8 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.

3.2.9 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 plus a further £400k (share of £8m) based on actuals to end July. 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 the first 3 months were announced at the end of September based on the month 5 submission, and are partly on a formula (NRAC) basis and partly on actuals. There are indicative allocations for the remainder of the year at 50 or 70% of estimates/actuals or on NRAC share also included. The total for NHS Highland is £34.173m of which £10.188m is for the two HSCPs including A&B. We are still waiting to learn the A&B share. This is additional to social care funding already received.

3.2.9 Our estimated costs on the plan as at 19 October 2020 total £14.063m prior to receipt of any funding. This has increased by £516k from the £13.547m previously reported as of 16 September. The current submission covers the following key areas:

Cost area	**£000s**	**comment**
Additional hospital beds	124	Bed purchases
Reduction in delayed discharges (17)	293	Now tracked actual costs for 17 clients, 10 for care at home packages, 7 care home placements. Decreased by £48k due to changes in care
PPE	547	Little change - as now expect community PPE hubs to continue in place till end of year providing f.o.c. to social care
Deep cleans	30	Social care only – none in first 4 months
Estates & facilities	538	Includes hospital deep cleans. Additional costs of remobilisation anticipated. Increase of £41k
Additional staff overtime	474	first 6 month actuals and extrapolated (Reduced by £48k)
Additional temporary staff	1,894	Increase allowed for flu season (Reduced by £94)
Additional costs for externally provided services	82	£82k YTD, no change
Care homes income support for vacancies	1,277	Added based on national guidance including staff support

		fund, now extended to November – little changed
Mental Health services	113	Counselling services
GP practices	614	Updated based on Sept costs
Opticians	562	Updated for actuals
Additional prescribing (1%)	233	Updated for actuals – none in July to Sep
Community hubs (CACs) and screening / testing	1,145	Increased by £525k as CACs expected to move to 7 day working and additional staff required, mix of GPs, nursing & admin. Includes testing in Oban labs and transport to GCC labs
Staff accomm, travel, IT & telephony costs	308	Supporting home working
Revenue equipment	206	Little change
Loss of income	601	Reduced charges to patients of other boards and social work client contributions reflecting lack of activity – little change
CSWO, infection control, Public health capacity (Flu vacc)	454	Increased by £45k
Winter planning	500	Increase of £200k
Managing backlog of planned care and unmet demand	519	Previously added at Health Board level – estimates from October/Nov
Underachievement of savings	4,150	In line with latest forecasts – reduced by £443k
Offsetting savings - Health	(600)	Now recognised – travel etc for first 6 months in line with practice elsewhere (previously 5 months)
Total	**14,063**	

3.2.10 The key changes are an increase in offsetting savings by £100k to £500k to reflect 6 months rather 5, increase in winter planning of £200k, increase in estimates for CACs of £525k, reduction in underachieved savings of £443k and a new line for managing backlog of care of £519k (previously in Board return only. Overall an increase of £516k.

3.2.11 The following is an extract of the letter from Christine McLaughlin, DG Health & Social Care, dated 29 September 2020 re funding for Covid-19:

- It is essential that all action is taken to mitigate additional financial pressure as far as possible and to make best use of resources across the system. We are requesting that all Boards and Integration Authorities reassess **options for savings** that can be delivered in this financial year and beyond. We request that a formal reassessment is submitted following Quarter 2, and will revisit at that point our approach for provision of financial support. We are therefore not making any funding allocation at present in recognition of under-delivery of savings.

- Funding is allocated in line with **actual expenditure** where spend disproportionately impacts on specific Boards/Integration Authorities and where there is a significant uneven distribution. This includes funding for PPE, Louisa Jordan, planned care, and also includes funding for social care. We will also allocate all funding for National Boards based on actual expenditure levels.
- Funding is allocated **up to an NRAC share** to cover spend that is incurred across all Territorial Boards/Integration Authorities and where there is a higher level of consistency between Board areas. This would include staffing costs and overtime, equipment, investment in digital, additional beds, and community hubs. We expect, in principle, that funding is allocated between NHS Boards and Integration Authorities on the basis of the tables of the Annex, however Boards and Integration Authorities may agree to allocate funding flexibly between categories to better recognise local pressures and priorities. We will keep this under review in the coming months.
- We recognise that **further funding** may be required to meet costs that have been in excess of formula shares, and we will review reasonable requests for further financial support to meet such pressures. In the meantime we expect NHS Directors of Finance and Integration Authority Chief Finance Officers to consider recharging for cross boundary flow in order to address funding variances.
- Given the level of uncertainty that is currently reflected in financial assumptions, the allocation for funding beyond Quarter 1 reflects a **general contingency of 30%** that will be retained by the Portfolio at this stage. We will continue to work closely with Boards and Integration Authorities over the coming months to review and further revise financial assessments, and as part of this we intend to make a **further substantive funding allocation in January**. This will allow identification of the necessary additional support required, and realignment of funding in line with actual spend incurred.
- In terms of **social care**, further work is currently progressing with Integration Authorities and with COSLA to identify financial implications of actual spend incurred and ongoing commitments, including sustainability payments for providers. Given the level of uncertainty reflected in current estimates, the funding allocation at present is based on Quarter 1 actual spend and 50% of forecast spend for the remainder of the year. This is intended to support ongoing sustainability across the sector, and to allow time in the coming weeks for further assessment of spend to be undertaken. We will return to the social care allocation in November and make the funding adjustments that are required.

3.2.12 The Scottish Government is now only asking for future returns on a quarterly basis and the next funding announcement will be in January. Locally we will continue to assess our costs and submit these to NHS Highland on a monthly basis.

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 6 months. 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 Covid-19 world and to continue to flex activity for new waves of infection.

12.3 The appendix provides a snapshot of the costing for the Covid-19 mobilisation as per the return of 19 October 2020. This will continue to be updated regularly as assumptions are refined and actual costs are incurred.

13. DIRECTIONS

	Directions to:	tick
Directions required to Council, NHS Board or both.	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 19 October 2020

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Additional Covid-19 Costs- Health Board

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	19-Oct-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

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

	Revenue												Revenue	Capital		
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**	**2020/21**	**Body incurring cost (NHS or LA)**	**Supporting Narrative**
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	19,882	17,595	13,322	13,578	16,972	10,862	8,147	10,564	8,451	10,564	8,451	8,451	146,840		LA	*Updated 09/10/2020 - weeks allocated to month on which the Sunday falls.*
Delayed Discharge Reduction- Additional Care at Home Packages	5,249	9,211	7,941	9,895	10,688	11,418	14,177	17,525	14,020	17,525	14,020	14,020	145,687		LA	*Updated 09/10/2020 - 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	11,109	5,589	22,000	70,000	70,000	65,000	65,000	65,000	547,464		NHS/LA	*Assumes push deliveries end Oct & HSCP will source local supplies from Nov onwards, face fit Oct-Dec*
Deep cleans	-	-	-	-	-	-	5,000	5,000	5,000	5,000	5,000	5,000	30,000		LA	Health cost in Estates & facilities as yet can't separate from domestic costs, pays in additional staff costs. LA not costs identified yet but allowance made for costs as infection rates rise
Covid-19 screening and testing for virus	6,220	5,355	5,547	2,894	12,396	20,507	20,000	20,000	20,000	20,000	15,000	10,000	157,919		NHS	Testing being undertaken in Oban lab, transport costs to GGC labs now being identified, additional staffing costs identified
Estates & Facilities cost including impact of physical distancing measures	73,190	89,524	44,359	49,371	40,162	46,109	40,000	40,000	40,000	30,000	25,000	20,000	537,715		NHS	Includes health deep clean costs as not identified from other cleaning costs
Additional staff Overtime and Enhancements	70,555	87,509	109,172	29,755	26,601	8,935	18,500	23,500	28,500	28,500	23,500	18,500	473,527		NHS/LA	*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 Sept payroll actuals. NHS staff given fixed term contracts as part of covid response are now leaving the payroll m6 & m7.*
Additional temporary staff spend - Student Nurses & AHP	3,579	3,469	3,469	8,186	5,120	4,540	5,000	5,000	5,000	5,000	5,000	5,000	58,363		NHS	*AHP costs*
Additional temporary staff spend - Health and Support Care Workers	100,141	243,162	278,048	199,038	180,896	64,358	62,000	72,000	172,000	170,000	118,000	68,000	1,727,643		NHS/LA	*Updated for Sept actual. Allowance made for increased staff absence due to back fill for increased infection/self isolation rates amongst staff*
Additional temporary staff spend - All Other	824	16,893	912	40,655	5,681	2,889	5,000	5,000	10,000	10,000	5,000	5,000	107,854		NHS/LA	*Updated for Sept actual. Allowance made for increased staff absence due to back fill for increased infection/self isolation rates amongst staff*
Additional costs for externally provided services	7,286	9,814	63,923	1,209	-	-	-	-	-	-	-	-	82,232		NHS/LA	Updated 14/09/2020 - removed allowances for responder services - in winter planning costs
Cost to 3rd Parties to Protect Services (where services are currently stopped)	-	50,519	41,769	34,489	98,520	308,979	327,816	110,000	80,000	60,000	60,000	105,000	1,277,092		LA	*Updated for September 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. October includes YTD accrual of £203k*
Additional costs to support carers	-	-	-	-	-	-	-	-	-	-	-	-	-			
Mental Health Services	3,390	4,801	8,961	8,130	-	2,915	10,000	15,000	15,000	15,000	15,000	15,000	113,198		NHS	August costs within additional staff overtime & enhancements. Will be identified and revised in furture return. Requirement for additional staff for MHAU in future months

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	2020/21	Body incurring cost (NHS or LA)	Supporting Narrative
Additional FHS Payments - General Ophthalmic Services	47,455	86,200	82,914	82,658	59,318	23,128	40,000	40,000	40,000	20,000	20,000	20,000	561,673		NHS	*Income top up scheme costs*
Additional FHS Payments- GP Practices	-	373,900	-	-	49,856	10,262	30,000	30,000	30,000	30,000	30,000	30,000	614,018		NHS	Sept payment is reconcilation of payments/claims up to June
Additional FHS Prescribing	40,900	64,100	31,700	-	-	-	16,000	16,000	16,000	16,000	16,000	16,000	232,700		NHS	Public Holiday cover & staffing, & 1% growth less March 2020 increase
Community Hubs	55,589	58,011	15,458	14,583	12,378	56,977	129,100	128,100	130,100	128,100	127,100	131,100	986,596		NHS	Hub staffing requirements, Mix of GPs, nursing and admin staff across the whole of A&B, forecast from SLT paper
Other Community Care	-	-	-	-	-	-	-	-	-	-	-	-	-			
Loss of income	55,337	85,853	93,560	32,174	100,619	34,603	34,500	34,250	37,500	37,500	27,500	27,500	600,895		NHS	Health - Loss of Patient Treatment Income, Catering Income, Dental Treatment Income Social Work - loss of income
Staff Accommodation Costs	7,107	11,174	4,449	4,784	677	1,050	2,000	2,000	5,000	5,000	2,000	2,000	47,241		NHS	
Additional Travel Costs	9	627	1,780	1,301	2,324	573	1,000	1,000	2,000	2,000	1,000	1,000	14,614		NHS	
IT & Telephony Costs	4,767	26,866	4,905	39,416	8,693	62,717	50,000	15,000	10,000	5,000	5,000	5,000	237,364		NHS/LA	Equipment orders, broadband set up
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	13,169	10,134	10,000	10,000	5,000	5,000	5,000	5,000	205,988		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	-	-	-	-	-	1,600	78,310	79,910	79,910	79,910	79,910	79,910	479,460			*A&B submission included in £9.8m value on Highland HB tab*
Management of unmet demand	-	-	-	-	-	-	-	7,952	7,952	7,952	7,952	7,952	39,761			*A&B submission included in value on Highland HB tab*
Covid-19 screening and testing	-	-	-	-	-	-	-	-	-	-	-	-	-			*Included in line 45*
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	-	-	-	-	-	-	200,000	200,000	-	-	-	-	400,000			*Estimate of staff and public flu vaccine additional costs*
Staffing support (Non-Pay), including staff wellbeing	1,925	2,002	-	525	-	-	-	-	-	-	-	-	4,452			*Staff catering costs, rest room equipment*
New ways of working/ Systems transformation	-	-	-	-	-	-	-	-	-	-	-	-	-			
Winter Planning	-	-	-	-	-	-	-	100,000	100,000	100,000	100,000	100,000	500,000		NHS	*Estimate of additional Flu Test kits, Increase in responder services, step up/step down beds*
Other- Update narrative and add additional rows as required	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other- Update narrative and add additional rows as required	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other- Update narrative and add additional rows as required	-	-	-	-	-	-	-	-	-	-	-	-	-			
Offsetting cost reductions - HSCP	(100,000)	(100,000)	(100,000)	(100,000)	(100,000)	(100,000)	-	-	-	-	-	-	(600,000)		NHS	*Mainly staff travel and transport costs*
Total	**611,613**	**1,243,055**	**824,544**	**511,774**	**561,845**	**594,812**	**1,135,217**	**1,066,468**	**938,100**	**875,551**	**782,933**	**766,933**	**9,912,847**	**-**		
												Subtotal		**9,912,847**		
Expected underachievement of savings (HSCP)	382,736	382,736	382,736	382,736	359,757	359,757	316,642	316,640	316,640	316,640	316,640	316,640	4,150,300		NHS/LA	*Delay in progressing savings programme due to Covid mobilisation*
Total	**994,349**	**1,625,791**	**1,207,280**	**894,510**	**921,602**	**954,569**	**1,451,859**	**1,383,108**	**1,254,740**	**1,192,191**	**1,099,573**	**1,083,573**	**14,063,147**	**-**		
												Total		**14,063,147**		

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												
Local Authority- Accrual												

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board **Agenda item:**

Date of Meeting: **25 November 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 there are continuing uncertainties around Covid costs and 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 26 risks have been identified in total, with 16 classified as possible, 5 classified as likely and 1 as almost certain. The remainder have been classed as remote or unlikely. None have been quantified as being over £500,000. Overall these risks have been quantified as potentially amounting to £1.110m. This is significantly reduced from the £2.875m reported to IJB in September. The main changes have been from the removal of the risk regarding the NHS Greater Glasgow & Clyde main SLA following the settlement of this for the current year, and removal of the risks around action 15, ADP, waiting times and PCIF funding and PPE expenditure given recent assurances on these from Scottish Government.

1.4 In addition, there is still 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. National Procurement are taking considerable steps to increase stocks centrally to mitigate EU exit risks. We will continue to monitor developments.

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

Likelihood / Range	**Remote**	**Unlikely**	**Possible**	**Likely**	**Almost certain**	**Total**
<£100k	0	3	6	2	0	**11**
£100k - £300k	0	1	10	3	1	**15**
£300k - £500k	0	0	0	0	0	**0**
£500k - £1.5m	0	0	0	0	0	**0**
>£1.5m	0	0	0	0	0	**0**
Total	**0**	**4**	**16**	**5**	**1**	**26**

3.6 There are 26 risks identified in total with 4 classed as unlikely, 16 classified as possible, 5 classified as likely and 1 as almost certain. None have been identified as over £300k. Quantifying these risks with an expected probability and financial impact gives a total potential adverse impact of £1.110m, very much reduced from the £2.875m previously reported.

3.7 Seven risks have been removed, and two new risks have been added. The main changes have been from the removal of the risks re the NHS Greater Glasgow & Clyde main SLA following the settlement of this for the current year, and removal of the risks around action 15, ADP, waiting times and PCIF funding, loss of income due to Covid and PPE expenditure given recent assurances on these from Scottish Government. We have also removed the risks relating to Office 365 costs this year as our budget now seems adequate, and removed the risk around colocation costs as it is unlikely that there will be further changes this financial year to estates.

3.8 Two new risks have been identified, relating to workforce establishment setting which is now progressing again following delays due to Covid, and additional cleaning standards which Boards are being advised nationally may be a cost pressure – further information is expected on this as little is known about it at present.

3.9 As is normal at this time of year, risks generally have been reduced in terms of likelihood and impact because there is less uncertainty, with all known costs pressures being incorporated into forecasts. These changes are highlighted in Amber on the appendix.

3.10 Financial risks will be reviewed and monitored on a two monthly basis and will be reported to the Board as part of the pack of financial reports.

4. RELEVANT DATA AND INDICATORS

4.1 Financial risks have been identified based on previous and current year cost pressures and those areas of the budget where spending is more volatile. Financial risks have been classified as to their likelihood and an estimate o 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 26 risks identified in total with a potential adverse impact of £1.110m which is not included in the financial forecast. No risks potentially exceed £0.3m.

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 - NOVEMBER 2020 UPDATE

				2020-21			
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	Service wide	High volume of grievances received from health care assistants band 2s who believe they should be re-graded to AfC band 3	Short life working group being established to agree generic job descriptions for band 3 role of Health Care Support Worker	5	100-300	150	
Health	Commissioned Services - 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	Nursing and AHP	Workforce establishment setting still to be completed to meet Safe Staffing Act requirements and may result in needs to increase establishments. Work was delayed due to Covid	Teams have been asked to be innovative and review how they are organised in order to mitigate any pressures	4	100-300	100	added as work has restarted and now remobilising to meet "normal" needs as well as "Covid" needs
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
Health	Adult Services	Continued use of agency nursing staff in Lorn & Islands Hospital	Continuation of attempts to minimise the use of agency staff.	3	100-300	50	Some increase in use experienced
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	EU Exit likely to affect this.
Health	Adult Services	Potential for consultant vacancies at Lorn & Islands Hospital resulting in increased use of locums	Most consultant roles are currently filled by employed staff and there would be an attempt to recruit to vacancies rather than use locums.	3	100-300	50	
Health	Commissioned Services - NHS GG&C	New cystic fibrosis drugs costs higher than budgeted for.	This will be monitored but it is an area where there is limited control.	3	100-300	50	Triple therapy drug being made available by SG, start date of 1 Sept. Likelihood and value of impact reduced as more information now available and reflected in forecast
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	Commissioned Services - Other	Potential for growth in the number of high cost individual patient treatments (joint care packages)	This will be monitored but it is an area where there is limited control.	3	100-300	50	Likelihood reduced as more now built into forecast
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 effectivenss of the SW Training Board. Attendance management processes in place.	3	100-300	50	numbers of agency social workers is reducing. Close management review from CSWO. Likelihood reduced as additional social workers recruited recently
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	100-300	50	Financial impact reduced as later in year and all known are built into forecast

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	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	100-300	50	Financial impact reduced as later in year and all known are built into forecast
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	100-300	50	Financial impact reduced as later in year and all known are built into forecast
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	Additional cleaning standards are being considered	CFN network have advised that there may be an increase in costs from a change in cleaning standards	2	100-300	20	added - limited information available so far
Health	Adult Services	Continued use of locum GPs in Kintyre Medical Group	Practice to be re-advertised in different way post Covid	3	<100	13	Likelihood and impact reduced as later on in financial year, and more taken account of in forecast
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	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.	3	<100	13	Likelihood reduced as later on in financial year, and more taken account of in forecast
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	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.	3	<100	13	budget for 6, already done 8 in YTD, did 9 last year. Likelihood reduced as more now built into forecast
Council	Children with a Disability	Potential increase in the number of children and young people requiring support/families requiring support as well as the potential for increased levels of support required by existing service users.	The weekly Children's Resource Panel is scrutinising requests for service. Consideration is being given to how SDS and other service models could be developed to provide support in the future.	3	<100	13	
Health	Adult Services	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.	2	<100	5	Costs currently contained within budget. Recruitment of Clinical Fellows and Clinical Development Fellows has assisted. Also, fewer doctors going abroad due to Covid.

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 / 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	2	<100	5	Likelihood reduced as now later in year
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.

	Grand Total					1,110	

TOTAL		**1,110**	**Yellow = new risk since last report to IJB**
Split	**Health**	645	**Amber = updated**
	Council	345	

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A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board **Agenda item:**

Date of Meeting: **25 November 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 16 September has been updated.

1.2 The main change has been to update the health cost and demand pressures to reflect a number of new ones for additional junior doctor at LIH, new patients for the Bute dialysis service, additional HR staffing agreed, CareFirst replacement expected costs, re-instatement of a gastro service, additional TAVI (transcatheter aortic valve implantation) patients and some changes to previous estimates. Additional allowance has been made for Physical Disability cost pressures and increases in continuing care for children & families reflecting areas of overspend in the budget monitoring. The allowance for unknown pressures has been removed. These changes have added additional pressures of £171k in the mid-range scenario.

1.3 There have also been minor updates to estimates for inflation, both pay and non-pay.

1.4 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 £15.789m with a gap of £6.448m in 2021-22.

1.4 In contrast, the budget gap in the best case scenario over the three years is £4.291m and in the worst case scenario, the budget gap over the three years is £35.648m. 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	3,030	373	889	**4,291**
Mid-Range	6,448	4,332	5,009	**15,789**
Worst Case	13,942	10,490	11,215	**35,648**

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. A reduction of £149k 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	**2022-233 £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
New SG funding for social work	1,000	2,000	3,000
Total Funding	**291,790**	**297,675**	**303,666**

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 – 2nd 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. This estimate has been revised slightly following completion of the salary templates for next year.

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	980	1,989	3,028
Social Work pay increments	87	174	261
Social work change to pay structure	-5	-5	-5
Total Employee Cost Changes	**3,183**	**6,457**	**9,818**

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. There has been one addition to add in catering inflation for health (was previously included for social care only).

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**
Health:			
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
Catering Purchases	50	100	150
Social Work:			
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	**4,874**	**9,815**	**14,912**

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:

- Additional junior doctor for LIH (no longer funded through NES)
- Increase in cost of day responder services
- Additional staffing for Bute dialysis service following increase in number of patients.
- Share of new West of Scotland sexual assault and rape services
- Share of new national clinical waste disposal contract
- Additional HR staffing for c 18 months
- Carefirst replacement costs
- Additional costs of contracted out laundry service
- Additional TVAI patients
- Re-instatement of gastro service at LIH
- Additional cost of physical disability clients
- Additional cost of children's placements
- Removal of allowance for unknowns for 2021/22

- All others have simply been rolled forward as per the previous outlook, but calculations have been updated to reflect current forecast where this is above budget.

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

	2021-22 £000	**2022-23 £000**	**2023-24 £000**
Health:			
LIH* Laboratory	50	100	150
Additional junior doctor LIH	40	41	42
Day responder services	40	41	42
New high cost care packages	150	150	150
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
Bute Dialysis staffing	115	118	122
Microsoft Licence fees	300	300	300
Cystic fibrosis drugs	250	250	250
WoS* Sexual Assault & Rape Services	28	29	30
New clinical waste disposal contract	50	50	50
CareFirst replacement cost	30	75	78
Additional HR staffing	81	41	0
Gastro service at LIH*	60	62	64
Adaptation of Knapdale Ward	250	0	0
Contracted out laundry service	18	18	18
TAVI procedures	78	80	82
Social Work:			
Older People Growth	371	748	1,131
Care Services for Younger Adults: Learning Disability & Mental Health	308	622	943
Care Services for Younger Adults: Physical Disability	454	518	583
Continuing Care demand pressure in Children & Families	350	600	850
Allowance for Unknown Cost and Demand Pressures	0	1,000	2,000
Total Cost and Demand Pressures	**3,763**	**6,083**	**8,625**

*LIH: Lorn & Isles Hospital *NSD: National Services Division
*WoS West of Scotland

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	3,183	6,457	9,818
Non-Pay Inflation	4,874	9,815	14,912
Cost and Demand Pressures	3,763	6,083	8,625
Management/Operational Savings agreed March 2019	(520)	(520)	(520)
Management/Operational Savings agreed March 2020	(50)	(50)	(50)
Total Estimated Expenditure	**298,238**	**308,455**	**319,455**
Estimated Funding	291,790	297,675	303,666
Estimated Budget Surplus /(Gap) Cumulative	**(6,448)**	**(10,780)**	**(15,789)**
Estimated Budget Surplus / (Gap) In Year	**(6,448)**	**(4,332)**	**(5,009)**

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 £15.789m with a gap of £6.448m in 2020-21.

3.7.3 In contrast, the budget gap in the best case scenario over the three years is £4.291m and in the worst case scenario, the budget gap over the three years is £35.648m. 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)	**(6,268)**	**(10,679)**	**(15,611)**
Employee cost changes	41	22	3
Increase in non-pay inflation	(50)	(100)	(150)
Increase in cost & demand pressures	(171)	(23)	(31)
Revised Budget Gap (mid-range)	**(6,448)**	**(10,780)**	**(15,789)**

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	3,030	373	889	**4,291**
Mid-Range	6,448	4,332	5,009	**15,789**
Worst Case	13,942	10,490	11,215	**35,648**

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 £15.789m with a gap of £6.448m in 2021-22. This has worsened from the outlook previously presented by £180k mainly due to changes in assumptions for these new cost pressures.

13. DIRECTIONS

	Directions to:	tick
Directions required to Council, NHS Board or both.	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

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BUDGET OUTLOOK 2021-22 TO 2023-24 **APPENDIX 1**

INTEGRATION JOINT BOARD 25 NOVEMBER 2020

	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	2,818	5,717	8,697	2,916	5,918	9,007	3,089	6,284	9,586
Pay Increments/change to employee base	267	496	724	267	539	811	452	909	1,366
Total Employee Cost Changes	**3,085**	**6,213**	**9,421**	**3,183**	**6,457**	**9,818**	**3,541**	**7,193**	**10,952**
Non-Pay Inflation:									
Health:									
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
Social Work:									
Catering Purchases	87	158	229	87	158	229	87	158	229
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	**4,102**	**8,173**	**12,314**	**4,874**	**9,815**	**14,912**	**5,777**	**11,576**	**17,493**
Cost and Demand Pressures:									
Health:									
LIH Laboratory	50	100	150	50	100	150	100	200	300
Additional junior doctor LIH	40	41	42	40	41	42	40	41	42
Additional NMAHP (nursing, midwifery & Allied Health Professionals) staffing	0	0	0	0	0	0	250	258	265
Day responder services	40	41	42	40	41	42	40	41	42
New high cost care packages	150	150	150	150	150	150	220	220	220
Low Secure Service NHS Fife	190	190	190	190	190	190	190	190	190

	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
New Craigs Mental Health Rehab Unit	100	100	100	150	150	150	150	150	150
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	115	118	122	115	118	122	115	118	122
Microsoft Licence Fees	200	200	200	200	200	200	200	200	200
Cystic Fibrosis Treatments	250	250	250	250	250	250	356	462	568
WoS Sexual Assault & Rape Services	28	29	30	28	29	30	28	29	30
New Clinical Waste Disposal Contract	0	0	0	50	50	50	75	75	75
Additional HR staffing agreed by IJB for 23 months	81	41	0	81	41	0	81	41	0
Care First replacement cost	30	75	78	30	75	78	30	75	78
Re-instate gastro service at LIH	60	62	64	60	62	64	60	62	64
MACHICC adaptation of Knapdale	250	0	0	250	0	0	250	0	0
contracted out laundry	18	18	18	18	18	18	18	18	18
Additional TAVI procedures	0	0	0	78	80	82	130	134	138
Council:									
Older People Growth	0	0	0	371	748	1,131	742	1,507	2,296
Care Services for Younger Adults	154	309	466	308	622	943	462	938	1,429
Care Services for Younger Adults (< 65 years) LD, MH	227	257	287	454	518	583	682	785	891
Care Services for Younger Adults (< 65 years) PD	50	50	50	350	600	850	650	1,150	1,650
Allowance for Unknown Cost and Demand Pressures	0	500	1,250	0	1,000	2,000	500	1,750	3,750
Total Cost and Demand Pressures	**2,433**	**3,331**	**4,689**	**3,763**	**6,083**	**8,625**	**5,969**	**9,644**	**14,318**
Savings Previously Agreed:									
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	**295,107**	**302,886**	**311,593**	**298,238**	**308,455**	**319,455**	**300,774**	**313,582**	**327,932**
Funding:									
NHS	231,450	237,411	243,552	231,413	236,353	241,416	228,634	232,170	235,769
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**	**287,081**	**289,650**	**292,284**
Budget Surplus / (Gap) Cumulative	**(2,780)**	**(3,153)**	**(4,291)**	**(6,448)**	**(10,780)**	**(15,789)**	**(13,692)**	**(23,932)**	**(35,648)**
Budget Surplus / (Gap) In Year	**(2,780)**	**(373)**	**(1,139)**	**(6,448)**	**(4,332)**	**(5,009)**	**(13,692)**	**(10,240)**	**(11,715)**
Partner Bodies Split:									
Health	(850)	(650)	(828)	(2,574)	(4,298)	(6,278)	(6,042)	(10,347)	(15,407)
Social Work	(1,930)	(2,503)	(3,463)	(3,874)	(6,482)	(9,511)	(7,651)	(13,585)	(20,241)
Budget Surplus / (Gap) Cumulative	**(2,780)**	**(3,153)**	**(4,291)**	**(6,448)**	**(10,780)**	**(15,789)**	**(13,692)**	**(23,932)**	**(35,648)**
Budget Surplus / (Gap) In Year	**(2,780)**	**(373)**	**(1,139)**	**(6,448)**	**(4,332)**	**(5,009)**	**(13,692)**	**(10,240)**	**(11,715)**

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board **Agenda item:**

Date of Meeting: **25 November 2020**

Title of Report: **Budget Savings 2021/22**

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

The Integration Joint Board is asked to:

- Approve the high level timetable for the budget process in 2021-22 set out at 3.5 and the process and approach proposed.
- Delegate approval of the format and content of the proposed Budget Consultation to the Finance and Policy Committee

1. EXECUTIVE SUMMARY

1.1 This report provides an overview of the approach being taken to the budget setting process for 2021-22. It should be noted that there is still considerable uncertainty around the financial impact of the Covid-19 pandemic at this point, whether this will extend into next financial year or not, and when funding announcements will be made by Scottish Government.

1.2 The Finance & Policy Committee considered the approach proposed at its meeting on 30 October. The approach is now presented to the IJB for approval.

2. INTRODUCTION

2.1 The timetable for the budget process for 2021/22 set out in the report to March 2020 IJB has slipped mainly due to the need to respond to the Covid-19 pandemic and the subsequent re-mobilisation effort. The whole of health & social care nationally remains on an emergency footing until at least end of March 2021.

2.2 The Programme for Government announced on 1 September 2020 made it clear that the priority till the end of the Parliament in May 2021 is to continue to respond to and deal with the pandemic. This is in the context of difficult economic conditions and restricted fiscal flexibilities and further uncertainties over EU exit at end of December. The commitments for health and social care include:

- Continue to develop a world class public health services that builds on our Covid-19 response
- Continue to suppress - and preferably eliminate - Covid-19
- Remobilise our NHS services

- Extend the seasonal flu vaccine
- Establish an independent review of adult social care, including consideration of a national care service
- Scale up access to digital care
- Develop network of community treatment centres
- Redesign accident and emergency services
- Expand mental health and wellbeing support for health and social care staff
- Implement workforce specialist service for mental ill health
- Establish community health and wellbeing services to support children, young people and their families
- Retain, develop and support Mental Health assessment centres.

2.3 The independent review of adult social care is due to report in January. It is likely that the recommendations from this review may affect the HSCP in the next financial year.

3. DETAIL OF REPORT

3.1 SLT Members who are key budget holders have been asked to develop savings proposals for consideration at the informal session of the IJB on 25 November 2020. They have been given savings targets for the areas within their remits. In setting these targets, we have taken into accounts key parts of the budget where we are not able to influence spend such as primary care, depreciation, and the main SLA with NHS GG&C (having just concluded our negotiation), and other areas of ring fenced funding.

3.2 A copy of the instructions issued and the template provided for completion is attached at Appendix 1.

3.3 Budget holders have been asked to do this in a consultative manner involving their teams, and with support from finance colleagues and our service improvement officers. There are a number of boards already set up to support the delivery of our existing savings programme (see separate report on agenda entitled Progress update – Transformation programme investment") covering Older Adults; Children & families; Corporate services; and Mental Health & Learning Disability; and these boards are already starting to consider future ways of working and this work will feed into the savings proposals.

3.4 This work has been delayed by the Covid-19 pandemic and subsequent remobilisation activity, and by the delayed completion of the management restructuring. The new teams and structures came into effect at the start of October, albeit there are still a couple of vacancies being recruited to with interim arrangements in the meantime. It has to be noted that we are still on an emergency footing as we deal with increasing infection levels and continue to prepare for future waves of infection. In addition the independent review of adult social care chaired by Derek Feeley is under way, which includes consideration of a national model of care, and we should expect to have to respond to recommendations from this next year. We have to recognise that there are still great uncertainties around Covid funding for this year (with the next announcements for this not due till January) and this necessarily feeds into

national assessments of future year's funding. The date for the Scottish Budget has now been set at 28 January 2021 – this was announced on 11 November.

3.5 The updated budget timetable, taking these factors into account, is presented below for consideration:

Date	Event	Purpose/Agenda
25 November 2020	IJB Development Session	Consideration of initial saving proposals for 2020-21 budget.
25 November 2020	IJB	Updated Budget Outlook report. Budget Consultation approach agreed.
11 December 2020	Finance & Policy	Further consideration of draft savings and budget consultation
December/January	Budget Consultation	Seek views from the public on budget proposals.
22 January 2021	Finance & Policy (date tbc)	Consideration of draft management/operational savings and policy savings
27 January 2021	IJB	Updated Budget Outlook report (reflecting most up to date settlement positions) Consideration of management/operational savings
28 January 2021	Scottish Budget– NHS and Local Government Funding	Will further update Budget Outlook
26 February 2021	Finance & Policy Committee	Feedback on Budget Consultation Consideration of policy savings and any further savings proposals (if necessary) following latest budget outlook report and budget gap position.
18 February 2021	Argyll and Bute Council budget meeting	Will set the Council's contribution to the HSCP for 2021-22.
24 March 2021	IJB	Set Budget for 2021-22.

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 – This paper aims to assist the process of setting a balanced budget in March 2021 for 2021/22.

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 will need to be consulted on implications of all savings.

8. EQUALITY AND DIVERSITY IMPLICATIONS

8.1 Any proposals to address the estimated budget gap will need to consider equalities and EQIAs should be completed.

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 predicted budget gap and there are uncertainties over the level of funding which will be provided from Scottish Government for 2021/22. The level of savings proposed will need to flex to reflect any changes from these factors.

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 plan to develop savings proposals to facilitate the setting of a balanced budget for 2021/22 in March 2021. The IJB is asked to approve the approach set out.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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

APPENDICES:

Appendix 1 – Budget planning 2021/22 instructions to SLT budget holders

Appendix 1: Budget Planning 2021/22 – Instructions to SLT budget holders
Budget Planning 2021/22

The budget gap which we have to meet is £6.268m as per the budget outlook report to be submitted to IJB in September 2020 based on the mid-range scenario. Adding back the previously agreed new saving for prescribing of £500k increases this to £6.768m.

We have excluded areas on both sides where savings are not thought to be possible. After such exclusions and allowing a small amount for contingencies to provide a small degree of choice on savings to the IJB and allow for any existing savings which we may decide are not deliverable, the savings target is 4% for all budgets in scope. This compares with targets last year of 3% for Health and 7.5% for Social Work.

Excluded budgets for Social Work totalling £759k are as follows:

- Chief Officers costs and audit fees
- Vacancy savings
- Community Justice
- CareFirst maintenance budget, central repairs, recharges for leases and hires

Excluded budgets for Health of £101.260m are as follows:

- NHS GG&C main SLA (recently negotiated) £65.756m
- Family Health Services £28.005m
- Salaried dental services £2.988m
- Depreciation £2.301m
- A&B Addictions Team and other ADP budgets £1.394m

This year targets have been set on an overall basis in line with the objectives of full integration. Each Head of Service can determine where to take the savings across their full budget.

Savings targets have been set as follows:

Head of Service	**In Scope budget £k**	**Savings target @ 4% £k**
Patricia Renfrew – Children & Families & Justice	22,079	882
Caroline Cherry – Community & Hospital services	153,544	3,510
Julie Lusk – Mental Health, LD, PD	27,599	1,105
Stephen Whiston – Planning & Performance	2,147	85
Nicola Shinaia – Public Health	939	38
Rebecca Helliwell – Medical Director	386	16
Liz Higgins – Lead Nurse	1494	60
George Morrison – Estates & Finance	6159	247
Donald MacFarlane – Dental	863	35
Fiona Thomson - Prescribing	19,572	783
Jane Fowler – People & Change	627	25
Joanna MacDonald – Chief Officer	1,615	64
Total	**170,187**	**6,850**

Heads of Service are asked to complete savings templates to show how their savings target may be achieved.

The saving templates have to be **completed by Friday 13 November 2020** and sent to Judy Orr, copied to Morven Moir and to David Forshaw. It is up to you how you "chunk" your service and therefore how many templates you produce, but the chunks should be sensible in terms of value and proposals i.e. we don't want lots of templates for low values. You probably want to ensure that you have one for each budget holder that you reports to you, but you have freedom to decide where you want your savings to fall, and you should not feel constrained that an equal share has to fall on each budget holder or service area. It is expected that you will discuss your savings plans within your service management teams, and you should feel free to take advice from your finance contacts. It would be helpful if you could distinguish whether the savings is related to a social work budget or a health budget.

Each template may include a number of different savings proposals or options which together make up the required level of savings. An example template attached has been partially completed to give you an idea of how to complete it. Savings templates will be discussed at the informal IJB on 25 November, so it is imperative that none are returned incomplete or late.

If you have any questions on any of the above instructions, please do not hesitate to contact me or David Forshaw (for Social Work) or Morven Moir (for Health).

Judy Orr
Head of Finance and Transformation
20 October 2020

Supplementary documents attached:
1. Savings Template
2. Summary of in-scope budgets

Appendix 1a: 2021-22 BUDGET PREPARATION – SAVINGS TEMPLATE

Head of [e.g. Strategic Planning and Performance]	**Ref:**
Name of service delivery area	[e.g. Service Development Performance and Best Value
Responsible manager (Budget Holder)	[e.g. Douglas Hunter]
2020-21 Approved Budget:	£
Social Work Budget: Yes/No (please delete as appropriate)	**Health Budget: Yes/No** (please delete as appropriate)
Savings Target:	4% and £

Summary of Savings Proposals for Consideration

Summarise what the savings options are, how they will be delivered, any lead in time for savings and the impact of delivering the savings.

Option Number	Proposed Change	Impact	Lead Time	Saving 21/22 £k	Full year saving £k
1	Remove surplus from xxxx budget. *Achieved by removal of budget line.*	No significant operational risks	End March 2021	xxk	
2	The system will be decommissioned earlier than expected and replaced with xxxx. *Achieved by removal of budget line.*	We expected to continue to use legacy systems beyond the current year but further work will be undertaken to speed up the migration to xxxx	End March 2021	xxk	
3	Reduce staff overtime	No significant short term operational risks but this will introduce xxxx	End March 2021	xxk	
4					
5					
6					

Profile of delivery of savings and impact on staff, taking into consideration any lead in time. The estimated reduction in FTE/Headcount should also be noted. The saving in 2021-22 may be for part year only where this is a lead in time to deliver the saving (for example, redundancies). The 2022-23 saving should be the cumulative full year amount.

	2021-22		2022-23	
	FTE	H/count	FTE	H/count
Sub saving description				
Sub saving description				
Sub saving description				
TOTAL				

Please confirm whether an Equality and Socio Economic Impact Assessment (EqSEIA) is (a) required and (b) if it has been completed in respect of this proposal – delete as appropriate

EqSEIA Required	**Yes/No** (please delete as appropriate)
EqSEIA complete	**Yes/No** (please delete as appropriate)
Sent to:	

Appendix 1b: Summary of in scope budgets £000s and savings @ 4%

Cost centre description		Budget total £k	Savings £k	Head of Service
Ab Children And Fams	A&b Chp Camhs	947	38	Patricia Renfrew
Ab Children And Fams	A&b Chp Child Health Services	329	13	Patricia Renfrew
Ab Children And Fams	Ab Care Packages Childrens	80	3	Patricia Renfrew
Ab Children And Fams	Ab Cfs Ggc Charges	562	22	Patricia Renfrew
Ab Children And Fams	Ab Cfs Other Comm	12	0	Patricia Renfrew
Ab Children And Fams	Ab Child Health Teams	2,832	113	Patricia Renfrew
Ab Children And Fams	Ab Maternity Services	2,144	86	Patricia Renfrew
Ab Children And Fams	Ab Paed Ahps	961	38	Patricia Renfrew
Ab Children And Fams	Mangt Children + Families	122	5	Patricia Renfrew
Ab Comm And Hosp Serv	A&b Commissioning Ser	3,805	152	Caroline Cherry
Ab Comm And Hosp Serv	A&b Cowal & Bute	12,827	513	Caroline Cherry
Ab Comm And Hosp Serv	A&b Hel & Lomond	3,711	148	Caroline Cherry
Ab Comm And Hosp Serv	A&b Maki	15,582	623	Caroline Cherry
Ab Comm And Hosp Serv	A&b Oli	21,542	862	Caroline Cherry
Ab Comm And Hosp Serv	Management	436	17	Caroline Cherry
Ab Comm And Sal Dental	A&b Cds & Sgdp Service	863	35	Donald MacFarlane
Ab Estates	Ab Estates	5,390	216	George Morrison
Ab Income	A&b Comm Income	(1,081)	0	n/a
Ab Lead Nurse	Lead Nurse	1,494	60	Liz Higgins
Ab Management Services	Ab People And Change	627	25	Jane Fowler
Ab Management Services	Finance	769	31	George Morrison
Ab Management Services	General Manager	805	32	Joanna MacDonald
Ab Management Services	Medical Director	147	6	Rebecca Helliwell
Ab Management Services	Practitioner Services	239	10	Rebecca Helliwell
Ab Mental Hlth And Ld	A&b Mental Health	8,588	344	Julie Lusk
Ab Mental Hlth And Ld	Ab Mh Ggc Charges	2,414	97	Julie Lusk
Ab Mental Hlth And Ld	Ab Mh Other Comm	219	9	Julie Lusk
Ab Mental Hlth And Ld	Mh Care Packages	2,306	92	Julie Lusk
Ab Planning And Perf	A&b Chp Facilities	351	14	Stephen Whiston
Ab Planning And Perf	E Health	1,119	45	Stephen Whiston
Ab Planning And Perf	Planning & Performance	87	3	Stephen Whiston
Ab Planning And Perf	Technology Enabled Care (tec)	155	6	Stephen Whiston
Ab Prescribing	A&b Prescribing	317	13	Fiona Thomson
Ab Prescribing	A+b Pharmacy Management	755	30	Fiona Thomson
Ab Prescribing	A+b Prescribing (east)	10,195	408	Fiona Thomson
Ab Prescribing	A+b Prescribing (west)	8,305	332	Fiona Thomson
Ab Public Health	Comms And Engagement	15	1	Nicola Schinaia
Ab Public Health	Public Health	924	37	Nicola Schinaia
ABC Social Work	Chief Officer	810	32	Joanna MacDonald
ABC Social Work	Adult - Older People	29,885	1,195	Caroline Cherry
ABC Social Work	Adult - LD, MH and PD	14,072	563	Julie Lusk
ABC Social Work	Children and Families	14,090	564	Patricia Renfrew
ABC Social Work	Planning & Performance	435	17	Stephen Whiston
	Totals	**170,187**	**6,850**	

Budget Planning 2021/22

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Savings templates will be discussed at the informal IJB on 25 November, so it is imperative that none are returned incomplete or late.

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Judy Orr
Head of Finance and Transformation
20 October 2020

Supplementary documents attached:

1. Savings Template
2. Summary of in-scope budgets

Appendix 2: Summary of in scope budgets £000s and savings @ 4%

Cost centre description		Budget total £k	Savings £k	Head of Service
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	Totals	**170,187**	**6,850**	

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A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board **Agenda item:**

Date of Meeting: **25 November 2020**

Title of Report: **Information Governance Policy**

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

The Integration Joint Board is asked to:

- **Approve** the attached Information Governance Policy
- **Agree** that this Policy should be next reviewed on or before 31 October 2022.

1. EXECUTIVE SUMMARY

1.1 This report proposes a new Information Management Policy for the Integration Joint Board. This follows an Internal Audit review of Information Governance in November 2019 which identified that the IJB would benefit from an overarching Information Governance policy framework that outlines the roles, responsibilities and processes for key areas of Information Governance including GDPR, Freedom of Information, Subject Access Requests along with the existing policies of Record Management and Complaints Handling.

1.2 All of the IJB's information assets are held by its partner organisations, NHS Highland and Argyll and Bute Council. The IJB has a relatively small set of information assets belonging to itself and these are held by Argyll and Bute Council on behalf of the IJB as set out in the Records Management Policy.

1.3 To inform this policy, an assurance mapping exercise has been carried out to confirm how ongoing assurance is obtained from our key partner organisations with regards to the operational effectiveness of their information governance controls and processes. The draft policy was reviewed by Audit & Risk Committee on 20 October 2020 and is now recommended for approval by the IJB.

2. INTRODUCTION

2.1 Information represents one of the major assets held by any organisation. As such, it is essential that appropriate measures are put in place to ensure that information is appropriately managed and secured. Information Governance is a set of policies, procedures, processes and controls implemented to manage information on all media in such a way that it supports an

organisation's immediate and future regulatory, legal, risk, environmental and operational requirements.

2.2 This reports seeks approval of an Information Governance Policy for the Argyll and Bute Integration Joint Board.

3. DETAIL OF REPORT

3.1 Argyll & Bute Integration Joint Board (ABIJB) Records Management Plan covers Record Management only for records created as part of the business of the ABIJB, which is separate from the records management plans attached to each of the employing partners. Although this exists, there is no overarching Information Governance Policy in place at the ABIJB, or a policy document that identifies the areas of responsibility for ABIJB compared to the partner organisations for the components of Information Governance. This was highlighted in the Information Management audit which reported in November 2019, and we now seek to address this gap.

3.2 An Information Governance Policy was presented to the Audit & Risk Committee for consideration and comment. Audit & Risk recommended that the policy should next be reviewed by 31 October 2022. This is now coming to the Integration Joint Board for approval.

3.3 The document contains the following key sections:

- background,
- vision,
- principles,
- governance,
- resourcing, and
- action plan.

3.4 The majority of the responsibilities lie with our partner bodies as they hold our information assets.

4. RELEVANT DATA AND INDICATORS

4.1 The Information Governance Policy refers to data assets held by the IJB's parent bodies.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 The Integration Joint Board has a responsibility to assure itself that its information is appropriately managed and that adequate arrangements are in place for information governance. This policy seeks to deliver that assurance.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – no impact.

6.2 Staff Governance – None directly from this report but it should be noted that staff handle all our information and need to follow the relevant procedures

and policies of their employing body, NHS Highland or Argyll and Bute Council in doing this.

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 This report assists with GDPR compliance.

10 RISK ASSESSMENT

10.1 The proposed policy mitigates the risk that information is not properly managed and controlled.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

11.1 None directly from this report.

12. CONCLUSIONS

12.1 The Integration Joint Board is asked to approve the draft Information Governance Policy attached.

13. DIRECTIONS

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

A direction shall be issued to Argyll and Bute Council and NHS Highland requiring them to observe the terms of the Argyll and Bute Integration Joint board's Information Governance Policy whilst handling and safeguarding Information assets belonging to the IJB.

APPENDICES:
Appendix 1 – Information Governance Policy

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

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Argyll & Bute Integration Joint Board

Information Governance Policy

Version 1.0 October 2020

Approved date: 25 November 2020

Review Date: 31 March 2022

1. Background

An Internal Audit review of Information Governance in November 2019 identified that the Argyll and Bute Integration Joint Board (ABIJB) would benefit from an overarching Information Governance policy framework that outlines the roles, responsibilities and processes for key areas of Information Governance including GDPR, Freedom of Information, Subject Access Requests along with the existing policies of Record Management and Complaints Handling.

Information represents one of the major assets held by any organisation. As such, it is essential that appropriate measures are put in place to ensure that information is appropriately managed and secured. Information Governance is a set of policies, procedures, processes and controls implemented to manage information on all media in such a way that it supports an organisation's immediate and future regulatory, legal, risk, environmental and operational requirements.

Information underpins the Board's over-arching strategic objective and helps it meet its strategic outcomes. Its information supports it to:

- Demonstrate accountability.
- Provide evidence of actions and decisions.
- Assist with the smooth running of business.
- Help build organisational knowledge.
-

Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the Board make:

- Better decisions based on complete information.
- Smarter and smoother work practices.
- Consistent and collaborative workgroup practices.
- Better resource management.
- Support for research and development.
- Preservation of vital and historical records.

All of the IJB's information assets are held by its partner organisations, NHS Highland and Argyll and Bute Council. The IJB has a relatively small set of information assets belonging to itself and these are held by Argyll and Bute Council on behalf of the IJB as set out in the Records Management Plan.

Argyll & Bute Integration Joint Board Records Management Plan covers Record Management only for records created as part of the business of the ABIJB, which is separate from the records management plans attached to each of the employing partners, Argyll and Bute Council and NHS Highland. Although this exists, there has been no overarching Information Governance Policy in place at the ABIJB, or a policy document that identifies the areas of responsibility for ABIJB compared to the partner organisations for the components of Information Governance. This document now sets these out.

2. What Is Information?

For the purpose of this document Information is defined as any printed or electronically held document or structured data stored in databases held by either of the employing bodies NHS Highland or Argyll and Bute Council which relates to the business of ABIJB. This includes:

- Any printed or handwritten document including correspondence received by the ABIJB or by NHS Highland or Argyll and Bute Council on behalf of ABIJB;
- Any electronically held document, including media images, email, office documents, social media, audio and video information (often referred to as unstructured information);
- Any information held in a database or similar repository such as client or patient management information, asset management information or finance information (often referred to as structured information); and
- Informal or tacit information held by individuals in notes of meetings, diaries, site visit notes, knowledge banks.

This deliberately broad and wide ranging definition has the implication that any information, in whatever shape or form, needs to be managed with the appropriate level of care and attention.
Information is essential to all staff, at all levels, and across all services of the ABIJB in order that they can carry out their day to day duties. The ABIJB needs, within its regulatory obligations, to assure itself that the information created or managed on its behalf is securely held, managed and subsequently disposed of when it is no longer needed and holds little value.

Definition of “Information Management”

Information Management describes the means by which an organisation “efficiently governs, plans, controls, collects, creates, evaluates, organises, stores, analyses, disseminates, maintains, and disposes of its information, and through which it ensures that the value of that information is identified and exploited to the fullest extent.” It incorporates many elements including the nature of the information, the technology used to manage the information, the people (both skills and behaviour) used to work with the information and the governance applied to the information including management and leadership.

3. Regulatory Context

The external obligations that are placed on ABIJB include the Freedom Of Information (Scotland) Act 2002 (FOISA), the enhanced Data Protection legislation in the form of the General Data Protection Regulations (GDPR) and Public Records (Scotland) Act 2011 (PRSA). GDPR came in force in the UK on 25 May 2018. It affects all organisations processing the personal data of individuals in the EU in relation to offering goods or services. Significant penalties can be imposed on organisations and individuals in breach of the regulations, with fines of up to €20 million or 4% of annual worldwide turnover, whichever is greater. These requirements will continue after EU exit. Both the GDPR and PRSA legislation requires the ABIJB to evidence the existence of retention and disposal schedules at an operational level.

4. Freedom of Information

The Freedom of Information (Scotland) Act 2002 (FOISA) gives people the right to access information held by Scottish public authorities. The aim of the Act is to increase openness and transparency by giving people access to recorded information. Information can only be withheld where the Act permits it.

Environmental Information - Alongside FOISA, the Environmental Information (Scotland) Regulations 2004 (the EIRs) provide a separate right of access to environmental information that we hold. See the section below for more information about the EIRs.

Publication Scheme - Section 23 of FOISA requires Scottish public authorities to maintain a publication scheme. A publication scheme sets out the types of information that a public authority routinely makes available, and it is possible to access a lot of this information directly from the scheme (instead of having to send in a request for it).

The publication scheme for ABIJB, which reflects the model publication scheme, is available here:
https://www.nhshighland.scot.nhs.uk/Meetings/ArgyllBute/Documents/ABHSCP/IJB%20misc/Final%20draft%20publication%20scheme.pdf

5. Data Protection

The ABIJB does not hold any personal records of service users and patients and as such these are subject to the policies of the parent bodies. **Data protection legislation** controls how your personal information is used. The main principles are:

- We only collect information that we need
- We will keep your personal information secure
- We don't keep your information longer than necessary
- We tell you why we need your information, and what we will do with it
- The information we collect is accurate and, where necessary, kept up to date
- We don't use your information for any purpose other than what we tell you it is collected for (unless required to do so by law)

Data protection legislation provides certain rights to individuals. Some of these are:

- The right to be informed about how we collect and use your personal information (see privacy notices below for more details)
- the right to request information we hold about you. This is known as a subject access request, full details of how to make a request can be found below.
- the right to rectification - if we hold factually inaccurate or incomplete information about you, you can make a request to have this rectified.

There are other rights available in certain circumstances, such as the right to erasure, to restrict processing, to data portability and to object.

If you wish to receive a copy of the personal information held about you, this is known as a **subject access request.** The easiest way to do this is to complete a subject access request form. There is no charge for this, however, our partner bodies may charge a "reasonable fee" in certain circumstances, such as if it is a request for further copies of the same information again.

You have the right to be informed about what information we collect about you, and what we will do with it. We use **privacy notices** for this purpose – every time you provide information about yourself to the Council or NHS Highland as our partner bodies, you should receive a privacy notice.

The Data Protection Officer for the ABIJB is Iain Jackson, Governance, Risk and Safety Manager, Argyll and Bute Council. He is responsible for handling all enquiries, feedback and complaints relating to the publication scheme, or any other aspect of Freedom of Information or Data Protection on behalf of ABIJB. He can be contacted at: Argyll and Bute Council, Kilmory, Lochgilphead, Argyll, PA31 8RT Tel: 01546 604188; E-mail: iain.jackson@argyll-bute.gov.uk.

6. Records Management

Records are vital for the effective functioning of Argyll & Bute IJB: they support the decision-making; document its aims, policies and activities; and ensure that legal, administrative and audit requirements are met to ensure accountability.

The IJB opted on 30 January 2019 to adopt the Records Management Approach of one partner, Argyll & Bute Council, specifically for IJB records. The IJB records management plan reflects the approach of the supporting partner, Argyll & Bute Council. The Chief Officer, Joanna MacDonald has senior responsibility for all aspects of the Board's Records Management, and is the corporate owner of the Records Management Plan. The Chief Officer is also the Board's Senior Information Risk Owner (SIRO).

There is an ongoing working relationship with both partners to ensure that staff are meeting the requirements of the partnership bodies. The IJB maintains a clear understanding of its own responsibility as a separate legal entity. The IJB manages its records in partnership with Argyll & Bute Council in accordance with recommended good practice, standards and guidance issued by Government, The National Records of Scotland, The Information and Records Management Society, Archives and Record Association, The Scottish Council on Archives and British and International Standards.

The identified policy is followed by all IJB members and officers in the creation, storage, archiving and destruction of records on behalf of the IJB.

7. ABIJB Records

Each partner body retains its own Record Management Plan and staff employed by each partner body will work within the policies of these bodies. Staff will be trained in appropriate Data and Information handling policies by their employing partner body.

The IJB Records Management Plan pertains to documents created in the business of the Board. This will include Board minutes, committee minutes as identified in the structure within the Integration Scheme e.g. Audit Committee, policies, plans, formal communications made on behalf of the board by the Chief Officer. An electronic Sharepoint site is under construction centralising both retrospective and ongoing ABIJB records. As stated in the ABIJB Records Management Plan, these records will follow the records management approach of Argyll and Bute Council. Details of these records will be maintained on an Information Asset Register in the format laid down by the Council. Appendix A sets out the list of the main types of ABIJB records included. This is not an exhaustive list.

The business undertaken by the Health and Social Care Partnership at the direction of the IJB, however, will be created and managed by one or more of the partner bodies and sit on the partners' systems. The records will be subject to the policies and procedures of that body or bodies consistent with the employing bodies' statutory responsibility and employer policies and procedures.

8. Information Security

The ABIJB will rely on NHS Highland's and Argyll & Bute Council's arrangements for Information Security as partner bodies. All the systems, devices, information sharing platforms, etc. that the ABIJB relies upon will be owned and maintained by the partner body or bodies.

The Integration Scheme provides the context for data sharing and where further specific or time limited data sharing is required a data sharing agreement is requested and put in place through the partner bodies.

All staff remain employees of either NHS Highland or Argyll & Bute Council. As such they will be subject to the policies and procedures of their employer in relation to Information Security.

9. Governance

The Audit & Risk Committee of the ABIJB has oversight of all internal control arrangements and therefore is the owner of this Information Governance policy. It is responsible for ensuring that this policy is reviewed and updated at least every 2 years. The ABIJB is required to approve any revisions to the policy.

The Chief Officer of the ABIJB is the designated Senior Risk Information Owner, and is the designated owner of all the ABIJB records.

The Council's Governance Risk and Safety Manager is the ABIJB's Data Protection Officer registered with the Information Commissioner's Office and is responsible for maintaining the ABIJB registration details with the ICO and handling all data protection matters on behalf of the ABIJB. He is also responsible for handling all Freedom of Information requests on behalf of the ABIJB and for maintaining the ABIJB's publication scheme.

The two partner bodies, Argyll and Bute Council, and NHS Highland, are each responsible for all Information Governance for records held by them. The Chief Officer of the IJB will seek assurance from each of these partner bodies on an annual basis that they have reviewed their information governance arrangements insofar as they affect the Health & Social Care Partnership and are satisfied that these are satisfactory. This will includes ensuring that all HSCP staff are trained in information governance matters and comply with the policies and procedures of the respective employing organisation. In addition, the Chief Officer will seek assurance from Argyll and Bute Council that it has complied with this policy in respect of all ABIJB records.

Appendix 1 List of ABIJB records

The list below is not an exhaustive list of records. It describes the nature of the key records held:

- Scheme of integration
- Standing orders
- Financial regulations
- Register of Interests
- Publication scheme
- Records Management Plan
- Asset Management Strategy
- Review of progress with Integration
- Strategic Plan
- Strategic Commissioning Plan (under development)
- Committee Terms of Reference
- Committee and Board papers and minutes (now all in Modern.Gov)
- Annual Accounts (audited and unaudited)
- Strategic Risk Register, Financial Risk Register and Operational Risk registers
- Employee governance reports
- HSCP workforce plan
- Chief Officer Reports
- Integrated Complaints Procedure
- Integrated Performance monitoring and reporting regime
- Annual Performance Report and quarterly performance exception reports
- Engagement Framework
- Equality and Socio Economic Impact Assessments
- Carers Strategy
- Chief Social Worker Annual Report
- Criminal Justice annual performance reports
- Equalities outcomes and mainstreaming report
- Housing and Health and care needs report
- Children and Young People's annual report and plan
- Alcohol and Drug Partnership annual reports
- Communication Framework
- Media protocol
- Climate change protocol
- Inspection reports
- Visible changes improvement plan
- Primary Care Improvement Plan

These will be included in an Information Asset Register maintained by Argyll and Bute Council which will include details of where the record is held, who the owner is, and the retention period before disposal.

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board **Agenda item:**

Date of Meeting: **25 November 2020**

Title of Report: **Review of Financial Regulations**

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

Integration Joint Board is asked to:

- **Note** that the Financial Regulations have been reviewed
- **Approve** the addition of a new section 16 on IJB members' expenses, gifts, hospitality and register of interests
- **Approve the next review** to be completed by 31 March 2022

1. EXECUTIVE SUMMARY

1.1. The Integration Joint Board has its own set of Financial Regulations which help it comply with the requirement under Section 95 of the Local Government (Scotland) Act 1973 to have arrangements for the proper administration of its financial affairs. These financial regulations have to be read in conjunction with the Standing Financial Instructions of NHS Highland and the Financial Regulations and Codes of Financial Practice of Argyll and Bute Council, which would apply to resources transferred to them by Argyll and Bute Integration Joint Board. Section 20.3 requires that these Regulations will be reviewed regularly by the Chief Financial Officer in consultation with the NHS Highland Director of Finance and the Section 95 Officer of Argyll and Bute Council, and where necessary, subsequent adjustments will be submitted to the Integration Joint Board for approval. A review has recently been carried out in connection with this requirement and a small number of changes are proposed to include a new section on IJB Members' expenses, gifts, hospitality and register of interests.

1.2. These changes were considered by the Audit & Risk Committee on 20 October 2020 and are now recommended to the Integration Joint Board for approval.

2. INTRODUCTION

2.1 The recent Internal Audit report on Financial Monitoring and Planning dated July 2020 found that whilst the financial regulations generally reflect current practice, the review date of October 2016 cited on the document was not demonstrably adhered to, and the document has not been reviewed since its approval in December 2015. This creates a risk that they will not be aligned with legislation or reflect current working practices which could result in the regulations being applied incorrectly and inconsistently. A review of the regulations has therefore been carried out by the Head of Finance and Transformation, and in consultation with the NHS Highland Director of Finance and the Section 95 Officer of Argyll and Bute council.

3. DETAIL OF REPORT

3.1 The Audit & Risk Committee is responsible for reviewing the internal control arrangements for the Integration Joint Board. A review of the financial regulations has been carried out by the Head of Finance and Transformation, in consultation with the NHS Highland Director of Finance and the Section 95 Officer of Argyll and Bute council, and the results of the review are now reported.

3.2 This follows the internal audit review of Financial Monitoring and Planning in July 2020 which found that the Financial Regulations generally reflect current practice, but there was no evidence of formal review of them having been carried out since their approval by the Integrating Joint Board in December 2015.

3.3 The financial regulations cover the following topics:

- Responsibilities of the Integration Joint Board; Chief Officer; Chief Financial Officer; Health Board accountable officer; Council section 95 Officer
- Financial Planning
- Limits on Expenditure, legality of expenditure and virements
- Financial monitoring and variations from planned expenditure including recovery plans
- Reserves
- Financial statements and financial records
- Capital expenditure and non-current assets
- Procurement / commissioning of services
- Audit, risk management and insurance
- Best value arrangements
- Partnerships
- Scope and observance of these financial regulations

3.4 The Audit & Risk Committee has noted that the required review has been carried out and that the Financial Regulations were reviewed from 9 other IJBs and most were very similar. The main change proposed is to add a new section on IJB Members' expenses, gifts, hospitality and register of interests. The additional text for this is highlighted in yellow on the appendix at section 16. No other amendments are proposed. The Audit & Risk Committee has reviewed these changes on 20 October 2020 and now recommends the updated set of financial regulations attached at Appendix 1 be approved.

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 financial regulations are a key statutory requirement.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact **–** Financial Regulations are a key component of the internal control arrangements for the Integration Joint Board.

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 None.

11. CONCLUSIONS

11.1 The Integration Joint Board is asked to note that the required review has been carried out and to approve a new section on IJB Members' expenses, gifts, hospitality and register of interests. There are no other amendments.

12. DIRECTIONS

	Directions to:	tick
Directions required to Council, NHS Board or both.	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: Draft Financial Regulations September 2020

ARGYLL AND BUTE INTEGRATION JOINT BOARD
FINANCIAL REGULATIONS

1. SCOPE AND OBSERVANCE

1.1. Argyll and Bute Integration Joint Board is a legal entity in its own right created by Parliamentary Order, following Ministerial approval of the Integration Scheme. It is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a function of management and, therefore, a responsibility placed upon the appointed members and officers of the Integration Joint Board, in particular:

Section 95 of the Local Government (Scotland) Act 1973 requires that every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs, including:

- Approve the financial systems;
- Approve the duties of officers operating these systems; and
- Maintain a written description of such approved financial systems including a list of specific duties.

1.2. These financial regulations should be read in conjunction with the Standing Financial Instructions of NHS Highland and the Financial Regulations and Codes of Financial Practice of Argyll and Bute Council, which would apply to resources transferred to them by Argyll and Bute Integration Joint Board.

1.3. Elected and appointed Members of the Integration Joint Board together with Officers appointed or seconded to the Integration Joint Board or Officers of NHS Highland and Argyll and Bute Council managing resources on behalf of the Integration Joint Board have a duty to abide by the highest standards of probity in dealing with financial issues. This is achieved by ensuring that everybody is clear about the standards to which they are working and the controls in place to ensure these standards are met.

1.4. The key controls and control objectives for financial management standards are:

- The promotion of the highest standards of financial management by the Board;
- A monitoring system to review compliance with the financial regulations;
- Preparation and approval of an annual budget;

- Regular comparisons of actual and forward projection of financial performance with planned/budgeted performance that are reported to the Integration Joint Board, NHS Highland and Argyll and Bute Council;

- Preparation of appropriate documents that inform the medium term financial planning and decision making of the Integration Joint Board; and

- Preparation of annual accounts which will be submitted for external audit.

2. FINANCIAL MANAGEMENT AND PERFORMANCE

2.1. RESPONSIBILITY OF THE INTEGRATION JOINT BOARD

2.1.1. The Integration Scheme sets out the detail of the integration arrangement agreed between NHS Highland and Argyll and Bute Council. In relation to financial management it specifies:

- The establishment of Argyll and Bute Integration Joint Board as a "joint operation" as defined by IFRS 11;

- The Integration Joint Board will make arrangements for the proper administration of its financial affairs by appointing a Chief Financial Officer to discharge the responsibilities that fall within Section 95 of the Local Government (Scotland) Act 1973;

- The financial management arrangements including treatment of budget variances;

- Reporting arrangements between the Integration Joint Board, NHS Highland, and Argyll and Bute Council;

- The method for determining the resources to be made available by NHS Highland and Argyll and Bute Council to the Integration Joint Board; and

- The functions which are delegated to the Integration Joint Board by NHS Highland and Argyll and Bute Council.

2.1.2. The Integration Joint Board will lead the preparation of the Strategic Plan with other stakeholders. The requirements include:

- The payment from Argyll and Bute Council to the Integration Joint Board for delegated social care services; and

- The payment from NHS Highland to the Integration Joint Board for delegated for delegated primary and community healthcare services and for those delegated hospital services managed by the Chief Officer.

2.2. RESPONSIBILITY OF THE CHIEF OFFICER

2.2.1. The Chief Officer is the accountable officer of the Integration Joint Board. The Chief Officer will discharge their duties in respect of the delegated resources by:

- Ensuring that the strategic plan meets the requirement for economy, efficiency and effectiveness in the use of the Integration Joint Board's resources; and

- Giving directions to NHS Highland and Argyll and Bute Council that are designed to ensure resources are spent in accordance with the plan; it is the responsibility of the Chief Officer to ensure that the provisions of the directions enable them to discharge their responsibilities in this respect within available resources.

2.2.2. In his/her operational role within NHS Highland and Argyll and Bute Council, the Chief Officer has no "accountable officer" status but is:

- Accountable to the Chief Executive of NHS Highland for the financial management of the operational budget; and

- Accountable to the Chief Financial Officer (Section 95 officer) of Argyll and Bute Council for the financial management of the operational budget; and

- Accountable to the Chief Executive of NHS Highland and the Chief Executive of Argyll and Bute Council for the operational performance of the services managed by the Chief Officer.

2.3. RESPONSIBILITY OF THE CHIEF FINANCIAL OFFICER

2.3.1. The Chief Financial Officer is the proper officer for the purposes of Section 95 of the Local Government (Scotland) Act 1973. The Chief Financial Officer has a statutory duty to ensure proper administration of the financial affairs of Argyll and Bute Integration Joint Board. The Chief Financial Officer may issue financial instructions to amplify or clarify any of the matters set out in these financial regulations.

2.3.2. The Chief Financial Officer will work closely with the Chief Officer, the Director of Finance of NHS Highland, the Section 95 Officer of Argyll and Bute Council and the Audit Committee of the Integration Joint Board to ensure effective management of the financial resources of Argyll and Bute Integration Joint Board.

2.3.3. Argyll and Bute Integration Joint Board will have regard to the current CIPFA guidance on the role of the Chief Financial Officer in Local Government and any Scottish Government or professional guidance in the operating parameters of the Chief Financial Officer.

2.3.4. CIPFA's guidance sets out five key roles for the Chief Financial Officer:

- Maintaining strong financial management underpinned by effective financial controls;
- Supporting and advising members of the Integration Joint Board;
- Contributing to the corporate management and leadership;
- Supporting and advising officers in their operational roles; and
- Leading and managing an effective and responsive financial service.

2.3.5. The Integration Joint Board Chief Financial Officer and Chief Officer will discharge their duties in respect of the delegated resources by:

- Establishing and maintaining financial governance systems for the proper use of the delegated resources; and
- Ensuring that the Strategic Plan meets the requirement for best value in the use of the Integration Joint Board's resources.

2.4. RESPONSIBILITY OF HEALTH BOARD ACCOUNTABLE OFFICER; NHS HIGHLAND DIRECTOR OF FINANCE & SECTION 95 OFFICER OF ARGYLL AND BUTE COUNCIL

2.4.1. The Health Board Accountable officer and the Section 95 Officer of Argyll and Bute Council discharge their responsibility - as it relates to the resources that are delegated to the Integration Joint Board - by setting out in the Integration Scheme the purpose for which resources are used and the systems and monitoring arrangements for financial performance management. It is their responsibility to ensure that the provisions of the Integration Scheme enable them to discharge their responsibilities in this respect.

2.4.2. The NHS Highland Director of Finance and the Section 95 Officer of Argyll and Bute Council will provide specific advice and professional support to the Chief Officer and Chief Financial Officer to support the production of the Strategic Plan and also to ensure that adequate systems of internal control are established by the Integration Joint Board.

2.4.3. The NHS Highland Director of Finance and the Section 95 Officer of Argyll and Bute Council will provide ongoing support and advice to the Chief Officer and Chief Financial Officer in the delivery of operational services within NHS Highland and Argyll and Bute Council.

3. FINANCIAL PLANNING

3.1. The Integration Joint Board is responsible for the production of a Strategic Plan that sets out the services for their population over a three year term. This should include a financial plan for the resources within the scope of the strategic plan.

3.2. NHS Highland and Argyll and Bute Council will provide indicative three year rolling funding allocations to the Integration Joint Board to support the Strategic Plan and medium term financial planning process. Such indicative allocations will remain subject to annual approval by both organisations.

3.3. It is the responsibility of the Chief Officer and the Chief Financial Officer to develop a business case for the Integrated Budget based on the Strategic Plan and to present this to NHS Highland and Argyll and Bute Council for consideration and agreement within each organisation's budget setting process. The business case should take account of such factors as:

- Activity Changes - The impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long term conditions) and for other planned activity changes;

- Cost inflation - Pay and supplies cost increases;

- Efficiencies - All savings (including increased income opportunities and service rationalisations/cessations) should be agreed between the Integration Joint Board, NHS Highland and Argyll and Bute Council as part of the annual rolling financial planning process to ensure transparency;

- Performance on outcomes - The potential impact of efficiencies on agreed outcomes must be clearly stated and open to challenge by NHS Highland and Argyll and Bute Council.

- Legal requirements - Legislation may entail expenditure commitments that should be considered in adjusting the payment;

- Budget savings required to ensure budgeted expenditure is in line with the funding available including an assessment of the impact and risks associated with these savings; and

- Due diligence of the NHS Highland and Argyll and Bute Council contributions.

3.4. The method for the determination of contributions to the Integrated Budget has been stated in the Integration Scheme.

4. LIMITS ON EXPENDITURE

4.1. No expenditure will be incurred by the Integration Joint Board unless it has been included within the approved Integration Budget and Strategic Plan, except:

- Where additional funding has been approved by NHS Highland and/or Argyll and Bute Council and the Integrated Budget/Strategic Plan updated appropriately; or

- Where a supplementary budget has been approved by the Integration Joint Board; or

- In emergency situations within the terms of the scheme of delegation; or

- As provided for in the Virement rules as described in paragraph 5 below.

5. VIREMENT

5.1. Virement is defined by CIPFA as “the transfer of an underspend on one budget head to finance additional spending on another budget head, in accordance with the Financial Regulations”. In effect virement is the transfer of budget from one main budget heading (employee costs, supplies and services etc), to another, or a transfer of budget from one service to another.

5.2. Virements require approval and they will be permitted subject to any Scheme of Delegation of the Integration Joint Board as follows:

- Virement must not create an additional overall budget liability. One off savings or additional income should not be used to support recurring expenditure or to create future commitments including full year effects of decisions made part way through a year. Where the virement involves the transfer of up to £100,000 between operational budget headings, and will not affect the execution of existing Integration Joint Board policy, the transfer will be approved jointly by the Integration Joint Board Chief Financial Officer and Chief Officer.

- Where the amount is over £100,000 or where the transfer of any amount would affect the execution of existing Integration Joint Board policy, the prior approval of the Integration Joint Board will be required.

- The Chief Officer will not be permitted to vire between the Integrated Budget and those budgets managed by the Chief Officer, but which are outside of the scope of the strategic plan, unless agreed by those bodies.

6. FINANCIAL MONITORING

6.1. The Chief Financial Officer will provide comprehensive financial monitoring reports that are timely, relevant and reliable to the Integration Joint Board on a regular basis (at least quarterly). These reports will set out information, analysis and explanation on:

- Actual expenditure and budget for the year to date;
- Forecast outturn against annual budget;
- Significant variances from budget;
- Action required in respect of significant variances;
- Progress with achievement of any budgetary savings;
- Financial risks;
- Use of reserves; and
- Issues in relation to the review of medium and longer term financial strategy to support delivery of the 3 year strategic plan.

6.2. A copy of the regular financial report to the Integration Joint Board, described in 6.1 above, will be shared with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council prior to consideration by the Integration Joint Board. Following consideration of the regular financial report by the Integration Joint Board the Chief Financial Officer will promptly advise the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council on the outcome.

6.3. The Chief Financial Officer will report monthly to the Chief Officer on the financial performance and position, where appropriate liaising with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council. These reports will be timely, relevant and reliable and will include information, analysis and explanation in relation to:

- Reviewing the 3 year strategic plan;
- Reviewing the medium and longer term financial strategy to support delivery of the 3 year strategic plan;
- Review of the annual budget setting process;

- Reviewing budget savings proposals;
- Actual income and expenditure;
- Forecast outturns and annual budget;
- Explanations of significant variances;
- Reviewing action required in response to significant variances;
- Identifying and analysing financial risks; and
- Use of reserves.

6.4. The Chief Financial Officer will work with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council to ensure managers are provided with monthly financial reports that are timely, relevant and reliable. These reports will include information and analysis in relation to:

- Budget available to managers;
- Actual income and expenditure; and
- Forecast outturns.

6.5. Managers are required to:

- Review and consider the financial reports provided by the Chief Financial Officer;
- Provide updated forecast outturn information;
- Provide explanations of significant variances;
- Identify action required to address significant variances;
- Identify and assess financial risks;
- Identify and assess future medium to longer term budget implications; and
- Report progress with delivery of savings to the Chief Financial Officer.

6.6. The Chief Finance Officer will work with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council to support managers in discharging these requirements.

7. VARIATIONS FROM PLANNED EXPENDITURE

7.1. Managers must report any potential deviation from the planned outturn to the Chief Financial Officer at the earliest opportunity.

7.2. Where instructed by the Chief Financial Officer managers must prepare a report that identifies the cause of the forecast overspend and sets out proposals for a recovery plan to address the forecast overspend and return to a breakeven position. This report is to be provided to the Chief Financial Officer who in conjunction with the Chief Officer will consider the action required.

7.3. Variations from planned outturn and recovery plans will be incorporated into the regular financial reports to the Integration Joint Board and Chief Officer and through these reports will also be advised to the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council.

7.4. Where a potential deviation from planned outturn is significant and there is a reasonable likelihood of it materialising then this along with a proposed recovery plan should be reported by the Chief Financial Officer to the Chief Officer and the Integration Joint Board at the earliest opportunity. In such cases these reports will also be submitted to the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council.

7.5. A recovery plan should aim to bring the forecast expenditure of the Integration Joint Board back in line with the budget within the current financial year. Where an in year recovery cannot be achieved then any recovery plan that extends into later years should ensure that over the period of the strategic plan forecast expenditure does not exceed the resources made available. Where a recovery plan extends beyond the current year the amount of any shortfall or deficit carried forward cannot exceed the reserves held by the Integration Joint Board. Any recovery plan extending beyond in year will require prior approval of NHS Highland and Argyll and Bute Council in addition to the Integration Joint Board.

7.6. 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 the Integration Joint Board. Where there is a requirement for additional payments an analysis of the requirement for additional payments will be carried out by the Chief Financial Officer to determine the extent to which they relate to either budgets delegated back to or activities managed by NHS Highland or Argyll and Bute

Council with the allocation of the additional payments being based on the outcome of this analysis. Any additional payments by NHS Highland and/or Argyll and Bute Council may then be deducted from future years funding/payments.

7.7. The Integration Joint Board may retain any underspend to build up its own reserves however this will be subject to review as part of the general financial management and budgeting arrangements for NHS Highland and Argyll and Bute Council.

8. REPORTS TO THE INTEGRATION JOINT BOARD

8.1. All reports to the Integration Joint Board and sub-committees thereof must specifically identify the extent of any financial implications. These must have been discussed and agreed with the Chief Financial Officer prior to lodging of reports.

9. LEGALITY OF EXPENDITURE

9.1. It will be the duty of the Chief Officer to ensure that no expenditure is incurred, or included within the Strategic Financial Plan unless it is within the power of the Integration Joint Board. In cases of doubt the Chief Officer should consult the respective legal advisors of NHS Highland and/or Argyll and Bute Council before incurring expenditure. Expenditure on new service developments, initial contributions to other organisations and responses to new emergency situations which require expenditure, must be clarified as to legality prior to being incurred.

10. RESERVES

10.1. Legislation, under Section 106 of the Local Government (Scotland) Act 1973 empowers the Integration Joint Board to hold reserves, which should be accounted for in the financial accounts and records of the Integration Joint Board.

10.2. Unless otherwise agreed any unspent funds will be transferred into reserves of the Integration Joint Board at the end of each financial year.

10.3. A policy on reserves will be prepared by the Chief Financial Officer and submitted to the Integration Joint Board for approval. The Chief Financial Officer must consult with Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council in preparing the policy on reserves.

10.4. The policy on reserves must be reviewed annually with a report prepared by the Chief Financial Officer being submitted to the Integration Joint Board for

consideration. The Chief Financial Officer must consult with the Director of Finance of NHS Highland and Section 95 Officer of Argyll and Bute Council in carrying out the annual review of the reserves policy.

10.5. The Integration Joint Board may earmark amounts within reserves for specific purposes. Proposals for earmarking of amounts within reserves must be approved by the Integration Joint Board. Prior to consideration by the Integration Joint Board proposals to earmark amounts within reserves should be submitted to the Chief Officer and Chief Financial Officer of the Integration Joint Board and shared with the Director of Finance of NHS Highland and Section 95 Officer of Argyll and Bute Council for comment.

10.6. The Chief Financial Officer will report regularly to the Integration Joint Board throughout the year (at least quarterly) on the level of reserves and expenditure against earmarked amounts. This report will also be shared with the Director of Finance of NHS Highland and Section 95 Officer of Argyll and Bute Council.

10.7. As any underspend will be held by Argyll and Bute Council on behalf of the Integration Joint Board and only adjusted through subsequent allocations from the Integration Joint Board no interest will be credited to the Integration Joint Board for balances held.

11. FINANCIAL STATEMENTS

11.1. The legislation requires that the Integration Joint Board is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973 (Section 13). This will require audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (Section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973).

11.2. Unaudited financial statements will be prepared and circulated to members of the Integration Joint Board and its Audit Committee in accordance with relevant legislation and professional guidance. The audit of financial statements will be completed and audited financial statements and the auditors' report on the financial statements will be considered by the Integration Joint Board and its Audit Committee in accordance with legislative requirements and professional guidance.

11.3. Financial statements will be prepared to comply with the Code of Practice on Local Authority Accounting and other relevant professional guidance.

11.4. The financial statements will be signed in line with the governance arrangements for the integrated joint boards and as specified in regulations

under section 105 of the Local Government (Scotland) Act 1973.

11.5. Following the end of the financial year the Chief Financial Officer will report to the Integration Joint Board on actual outturn income and expenditure compared to budget for the preceding financial year with an explanation of significant variances.

11.6. A copy of the unaudited accounts, audited accounts, auditors report on the accounts, audit certificate and report on outturn income and expenditure compared to budget will be submitted to the Director of Finance of NHS Highland and Section 95 Officer of Argyll and Bute Council prior to consideration by the Integration Joint Board.

11.7. The Chief Financial Officer will supply any information required to support the development of the year-end financial statements and annual report for both the NHS Highland and Argyll and Bute Council.

11.8. The Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council will supply the Chief Financial Officer with any information required to support the development of the year-end financial statements and annual report of the Integration Joint Board.

11.9. Prior to 31 January each year the Chief Financial Officer will agree with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council a procedure and timetable for the coming financial year end for reconciling payments and agreeing any balances.

11.10. Sufficiently in advance of the end of the relevant financial year the Chief Financial Officer will prepare and issue to relevant staff guidance, instructions and a timetable in relation to the procedures to be followed at the end of the financial year and to support preparation of the financial statements. The guidance, instructions and timetable will be shared with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council.

11.11. Sufficiently in advance of the end of the relevant financial year the Chief Financial Officer will submit a report to the Audit Committee of the Integration Joint Board summarising the arrangements in hand for the end of the financial year and preparation and audit of the financial statements. This report will be shared with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council.

12. FINANCIAL RECORDS

12.1. The Chief Financial Officer is responsible for ensuring appropriate systems and processes are in place to:

- Allow execution of financial transactions;
- Ensure an effective internal control environment over such transactions;
- Maintain a record of the income expenditure, assets and liabilities of the Integration Joint Board;
- Enable reporting of the financial performance and position of the Integration Joint Board; and
- Maintain records of budgets, savings, forecast outturns, variances, variance explanations, proposed remedial actions and financial risks.

12.2. Where funds are allocated to Argyll and Bute Council by the Integration Joint Board for operational delivery of services on behalf of the Integration Joint Board, all financial transactions and activities will be processed, recorded and undertaken using the existing financial systems of Argyll and Bute Council and in compliance with all of the requirements defined in the financial regulations of Argyll and Bute Council.

12.3. Where funds are allocated to NHS Highland by the Integration Joint Board for operational delivery of services on behalf of the Integration Joint Board, all financial transactions and activities will be processed, recorded and undertaken using the existing financial systems of NHS Highland and in compliance with all of the requirements defined in the financial regulations of NHS Highland.

12.4. NHS Highland will initially maintain the accounts of the Integration Joint Board under the direction of the Chief Financial Officer. This will be subject to review annual by the Chief Financial Officer to ensure that the financial information needs of the Integration Joint Board are met. The Chief Financial Officer, in consultation with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute council, will determine which partner maintains the accounts of the Integration Joint Board.

12.5. As and when required the Chief Financial Officer, after consulting the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council, will report the outcome of any review of the arrangements for maintaining financial records and systems and the proposed actions to the Integration Joint Board.

13. CAPITAL EXPENDITURE AND NON-CURRENT ASSETS

13.1. The Integration Joint Board will not receive any capital allocations, grants or have the power to invest in capital expenditure nor will it own any property or other non-current assets. Argyll and Bute Council and NHS Highland will:

- Continue to own any property or non-current assets used by the Integration Joint Board;
- Have access to sources of funding for capital expenditure; and
- Manage and deliver any capital expenditure on behalf of the Integration Joint Board.

13.2. The Chief Officer will work with the relevant officers in NHS Highland and Argyll and Bute Council to prepare and maintain the asset registers of property and non-current assets used by the Integration Joint Board.

13.3. The Chief Officer will work with the relevant officers in NHS Highland and Argyll and Bute Council to prepare an asset management plan for the Integration Joint Board to be approved by the Integration Joint Board within a timescale to be agreed annually by NHS Highland and Argyll and Bute Council. The asset management plan will set out suitability, condition, risks, performance and investment needs related to existing property and other non-current assets identifying any new or significant changes to the asset base.

13.4. Alongside the asset management plan the Chief Officer will work with the relevant officers in NHS Highland and Argyll and Bute Council to prepare a bid for capital funding for property and other non-current assets used by the Integration Joint Board. This should be approved by the Integration Joint Board within a timescale to be agreed annually with NHS Highland and Argyll and Bute Council. A business case approach should be adopted to set out the need and assess the options for any proposed capital investment. Any business case will set out how the investment will meet the strategic objectives of the Integration Joint Board and set out the associated revenue costs.

13.5. Whilst responsibility for managing and delivery of capital expenditure remains the responsibility of NHS Highland and Argyll and Bute Council the relevant officers in NHS Highland and the Council will work with the Chief Officer to report regularly on progress with capital expenditure related to property or other non-current assets used by the Integration Joint Board.

13.6. Argyll and Bute Integration Joint Board, the Council and NHS Highland will work together to ensure capital expenditure and property or other non-current assets are used as effectively as possible and in compliance with the relevant

legislation on the use of public assets.

13.7. Legacy projects will be managed by the relevant partner – either Argyll and Bute Council or NHS Highland with reporting of progress as set out above.

13.8. Depreciation of property or other non-current assets used in the services within the scope of the Integration Joint Board will be charged to the accounts of the Integration Joint Board and incorporated in the budgets and payments to the Integration Joint Board.

13.9. Revenue costs from property and other non-current assets used in the services within the scope of the Integration Joint Board will be charged to the accounts of the Integration Joint Board and incorporated in the budgets and payments to the Integration Joint Board.

13.10. Any gains or losses on disposal of property and other non-current assets used in the services within the scope of the Integration Joint Board will be retained within the accounts of the NHS Highland or Argyll and Bute Council and not charged to the Integration Joint Board.

13.11. Capital receipts will be retained by NHS Highland or Argyll and Bute Council.

14. VAT

14.1. Argyll and Bute Integration Joint Board will apply and treat VAT in accordance with the professional guidance issued by the Integrated Resources Advisory Group established by the Scottish Government and will adapt its practices and processes in accordance with any changes to the Integrated Resources Advisory Group professional guidance.

15. PROCUREMENT/COMMISSIONING OF SERVICES

15.1. The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014/285 provides that the Integration Joint Board may enter into a contract with any other person in relation to the provision to the Integration Joint Board of goods and services for the purpose of carrying out the functions conferred on it by the Act.

15.2. The commissioning and procurement of goods and services undertaken by the partners on behalf of the Integration Joint Board will be subject to the financial regulations and procurement strategy and procedures of the partner that procures/commissions the goods and services.

15.3. As a result of specific VAT and accounting issues associated with the

Integration Joint Board contracting directly for the provision of goods and services the Chief Officer is required to consult with the NHS Highland Director of Finance, the Section 95 Officer of Argyll and Bute Council and the Integration Joint Board Chief Financial Officer prior to any direct procurement exercise being undertaken.

16. IJB MEMBERS' EXPENSES, GIFTS, HOSPITALITY AND REGISTER OF INTERESTS

16.1 IJB MEMBERS' EXPENSES

16.1.1 Members of the Argyll and Bute Integration Joint Board and associated governance groups and committees will from time to time incur expenses in performing their duties. A policy has been approved to ensure that all Members are appropriately reimbursed for expenditure necessarily incurred in performing their duties.

16.1.2 Members of the IJB who are Argyll and Bute Council elected members or NHS Board members or employees of either organisation will continue to claim business expenses in accordance with the policy of their respective organisations. This policy therefore covers all other IJB Members and includes individual members who represent the views of carers or people who use services. These members are recruited as volunteers under NHS Highland's volunteering policy and procedures and related policy for out of pocket expenses for volunteers.

16.1.3 Expenses will only be reimbursed where wholly, exclusively and necessarily incurred on IJB business and are supported by receipts or other evidence. The Chief Officer's Personal Assistant will ensure that a record of all expenses paid under this policy is maintained.

16.2 GIFTS, HOSPITALITY AND REGISTER OF INTERESTS

16.2.1 Members and employees should comply with the IJB's code of conduct when offered gifts, gratuities and hospitality. Argyll and Bute Council and NHS Highland both maintain a register of gifts and hospitality offered. A central register will be maintained by the IJB's Standards Officer for all other IJB Members which includes individual members who represent the views of carers or people who use services.

16.2.2 A separate Register of Interests for IJB Members is to be maintained by the IJB Standards Officer.

17. AUDIT

17.1. INTEGRATION JOINT BOARD AUDIT COMMITTEE

17.1.1. Argyll and Bute Integration Joint Board will establish an Audit Committee to be responsible for overseeing the system of corporate governance and internal

controls. The Audit Committee should operate in accordance with professional guidance for Audit Committees. The Integration Joint Board will approve terms of reference for the Integration Joint Board Audit Committee. The Audit Committee will ensure effective liaison and co-ordination between internal and external audit activity.

17.1.2. The Audit Committee will review the terms of reference annually and report any proposed changes to the Integration Joint Board for consideration.

17.1.3. The terms of reference for the Audit Committee and the outcome of the annual review of the terms of reference will be shared with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council for consultation prior to consideration by the Integration Joint Board.

17.1.4. The Audit Committee will prepare a report for submission to the Integration Joint Board following the end of each financial year summarising the work of the Audit Committee during the year and the Audit Committee's opinion on the effectiveness of arrangements for corporate governance and internal controls. A copy of this report will be shared with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council.

17.2. **EXTERNAL AUDIT**

17.2.1. The Accounts Commission will appoint the external auditors to the Argyll and Bute Integrated Joint Board. The external auditor will submit an annual external audit plan to the Audit Committee prior to the start of each audit year. All reports prepared by the external auditor will be submitted to the Audit Committee. Copies of all external audit reports will also be shared with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council.

17.3. **INTERNAL AUDIT**

17.3.1. Argyll and Bute Integration Joint Board will establish adequate and proportionate internal audit arrangements to review the adequacy of the arrangements for risk management, governance and control of the delegated resources.

17.3.2. The Integration Joint Board will appoint a Chief Internal Auditor to provide internal audit services. The Chief Internal Auditor will report to both the Audit Committee and Chief Officer of the Integration Joint Board. The Chief Internal Auditor of Argyll and Bute Integration Joint Board will liaise effectively with the Chief Internal Auditors of NHS Highland and Argyll and Bute Council to ensure effective delivery of internal audit that is risk based, proportionate and avoids duplication of effort.

17.3.3. An annual internal audit programme will be prepared by the Chief Internal Auditor for approval by the Audit Committee of the Integration Joint Board. Progress against the internal audit plan, the outcome of each audit review and progress against implementation of audit recommendations will be reported to the Audit Committee. The Chief Internal Auditor will submit an annual report summarising audit activity and with an overall audit opinion to the Audit Committee of the Integration Joint Board following the conclusion of each financial year.

17.3.4. Copies of the proposed annual internal audit programme, individual audit reports and the annual internal audit report will be shared with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council prior to consideration by the Audit Committee of the Integration Joint Board.

17.4. **ARGYLL AND BUTE COUNCIL AND NHS HIGHLAND AUDIT REPORTS**

17.4.1. The Section 95 Officer of Argyll and Bute Council and the Director of Finance of NHS Highland will share with the Chief Financial Officer and Chief Internal Auditor of Argyll and Bute Integration Joint Board copies of internal and external audit reports that are relevant to the work of the Integration Joint Board.

18. RISK MANAGEMENT AND INSURANCE

18.1. **RESPONSIBILITY FOR INSURANCE AND RISK**

18.1.1. The Integration Joint Board will make appropriate insurance arrangements for all activities of the Integration Joint Board in accordance with the risk management strategy.

18.1.2. The Chief Officer will arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for all normal insurable risks arising from the activities of the Integration Joint Board and for which it is the general custom to insure. This will include the provision of appropriate insurance in respect of Members of the Integration Joint Board acting in a decision making capacity.

18.1.3. Legislation will provide that the Integration Joint Board may become a member of the Scottish Government Clinical Negligence and Other Risks Scheme (CNORIS) – a risk transfer and financing scheme. The Chief Officer and the Chief Financial Officer will review the requirement for membership of CNORIS on an annual basis.

18.1.4. The NHS Highland Director of Finance and the Section 95 Officer of Argyll and

Bute Council will ensure that the Chief Officer has access to professional support and advice in respect of risk management.

18.2. **RISK STRATEGY AND RISK REGISTER**

18.2.1. The Chief Officer will be responsible for establishing the Integration Joint Board's risk strategy and profile and developing the risk reporting arrangements; this will include arrangements for a risk register. The Risk Management Strategy will be approved by the Integration Joint Board.

18.2.2. NHS Highland and Argyll and Bute Council will continue to identify and manage within their own risk management arrangements risks they have retained under the integration arrangements. The Health Board and Council will continue to report risk management to existing committees, including the impact of the integration arrangements.

18.3. **NOTIFICATION OF INSURANCE CLAIMS**

18.3.1. The Chief Officer and the Chief Financial Officer will put in place appropriate procedures for the notification and handling of any insurance claims made against the Integration Joint Board.

19. ECONOMY, EFFICIENCY AND EFFECTIVENESS (BEST VALUE)

19.1. The Chief Officer will ensure that arrangements are in place to maintain control and clear public accountability over the public funds delegated to the Integration Joint Board. This will apply in respect of:

- The resources delegated to the Integration Joint Board by NHS Highland and Argyll and Bute Council; and

- The resources paid to NHS Highland and Argyll and Bute Council by the Integration Joint Board for use as directed and set out in the Strategic Plan.

19.2. The Integration Joint Board has a duty to put in place proper arrangements for securing Best Value in the use of resources and delivery of services. There will be a process of strategic planning which will have full Member involvement, in order to establish the systematic identification of priorities and realisation of Best Value in the delivery of services. It will be the responsibility of the Integration Joint Board to provide Best Value.

19.3. The Chief Officer will be responsible for ensuring implementation of the strategic planning process. Best Value should cover the areas of human resource and physical resource management, commissioning of services,

financial management and policy, performance and service delivery process reviews.

20. PARTNERSHIPS

20.1. The Integration Joint Board will put in place appropriate governance arrangements to record all joint working arrangements entered into by the Integration Joint Board.

21. OBSERVANCE OF FINANCIAL REGULATIONS

21.1. RESPONSIBILITY OF THE CHIEF OFFICER AND THE CHIEF FINANCIAL OFFICER

21.1.1. It will be the duty of the Chief Officer assisted by the Chief Financial Officer to ensure that these Regulations are made known to the appropriate persons within the Integration Joint Board and to ensure that they are adhered to.

21.2. BREACH OF REGULATIONS

21.2.1. Any breach of these regulations should be reported immediately to the Chief Financial Officer, who may then discuss the matter with the Chief Officer, NHS Highland Chief Executive, Argyll and Bute Council Chief Executive or another nominated or authorised person as appropriate to decide what action to take.

21.3. REVIEW OF FINANCIAL REGULATIONS

21.3.1. These Regulations will be reviewed regularly by the Chief Financial Officer in consultation with the NHS Highland Director of Finance and the Section 95 Officer of Argyll and Bute Council, and where necessary, subsequent adjustments will be submitted to the Integration Joint Board for approval.

Approved Date: 20 October 2020
Review Date: 31 March 2022

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Date of Meeting: 25 November 2020

Title of Report: Review of the Health and Social Care Integration Scheme

Presented by: Douglas Hendry, IJB Standards Officer

The Integration Joint Board is asked to:

- Note the revised Integration Scheme (Appendix 1), which has been further updated to take account of feedback received from the SG as part of their review.
- Note that a similar report is being tabled at the NHS Highland Board on 24th November for their approval.
- Note that the Chief Executives of the two parent bodies will jointly submit the further revised Scheme to the Scottish Government for final sign off

1. EXECUTIVE SUMMARY

1.1 The Business Continuity Committee and NHS Highland Board, at their meetings held on 16th April and 26th March 2020 respectively, approved revisions made to the Health and Social Care Integration Scheme following a 6 week joint consultation process, which ran from 9th December 2019 to 17 January 2020 (the outcome of this exercise was reported to the IJB on 25th March 2020).

1.2 The revised Scheme was subsequently submitted to the Scottish Government for their review. This report provides details of the changes proposed by the SG and provides a copy of the revised Scheme (attached at appendix 1), which has been updated accordingly.

2. INTRODUCTION

2.1 The legal requirement to complete a review of an Integration Scheme is set out in Section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act). The Scheme must be reviewed each subsequent period of 5 years beginning with the day on which the Scheme was approved, in the case of Argyll and Bute, 27 June 2015. On this basis the review of the Scheme in Argyll and Bute was required by law to be completed by 27 June 2020. The statutory responsibility to review the Scheme sits with the Board of NHS Highland and Argyll and Bute Council.

3. DETAIL OF REPORT

3.1 Following a joint consultation exercise, which ran from 9th December 2019 to 17 January 2020, a number of revisions were made to the Scheme to take account of the feedback received and approved by NHS Highland Board and the Business Continuity Committee at their respective meetings in March and April this year.

3.2 It was the intention to submit the revised Scheme to Scottish Ministers in April 2020 for review, but due to Covid-19 the SG advised the parent bodies that due to other priorities they did not wish to receive any updated Integration Schemes until the situation had subsided. On this basis, the Scheme was not submitted to the SG until July 2020.

3.3 The SG have now completed their review of the Argyll and Bute Integration Scheme and provided both verbal and written feedback on 7th and 28th October 2020 respectively. The Scheme has been further updated to take account of the SG comments, which are summarised below and highlighted in appendix 1. The majority of the revisions are technical in nature and do not alter anything of substance or policy.

i. Pages 37 – 40 – Health Board functions delegated by virtue of s.1(6) and s.1(8) of the 2014 Act listed separately to provide clarity on those functions that “can” and “must” be delegated.

ii. Page 38 – year changed from 2004 to 2018 in respect of The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004.

iii. Page 49 – title of the Social Care (Self-directed Support) (Scotland) Act 2013 has been written in full.

iv. Page 52 – The column header “enactment conferring function” updated to “functions conferred by virtue of enactments”.

v. Page 53 – section 19 (Local authority plans for services for children) of The Children (Scotland) Act 1995 removed as these functions are repealed from the Public Bodies (Joint Working) (Scotland) Act 2014.

vi. Page 54 – reference to section 24 and 24A of The Children (Scotland) Act 1995 removed as these functions are repealed and have been removed from the 2014 Act. This does not create a gap in integration planning as both the relevant new functions for carer planning (sections 6 and 12 of the Carer’s (Scotland) Act 2016) are included in the Scheme.

vii. Page 55 – Section 4 (local authority plan) of the Adoption and Children (Scotland) Act 2007 removed as these functions are repealed from the Public Bodies (Joint Working) (Scotland) Act 2014.

3.4 With regard to (v) and (vii) above the SG have advised that a legislative piece of work is being carried out to remove the repealed legislation from the Public Bodies (Joint Working) (Scotland) Act 2014 Schedule. This should not be an onerous piece of work however, due to the pressures of Covid and Brexit it has been agreed that the SG shall delay carrying out this work until the next

parliamentary term, and look to secure an appropriate legislative vehicle at the earliest opportunity to make the amendment.

3.5 In light of the further changes, the Scheme has been submitted to meetings of the NHS Highland Board scheduled for 24th November and Council on 26th November 2020 to obtain their approval. If agreeable, both parent bodies will then arrange for the revised Scheme to be jointly submitted to Scottish Ministers for final sign off.

3.6 Thereafter, the Council and NHS Highland will arrange for the final Integration Scheme to be published as soon as practicable after it takes effect.

4 RELEVANT DATA AND INDICATORS

4.1 The legal requirement to undertake a quinquennial review of the Integration Scheme is set out in section 44(5) of the Public Bodies (Joint Working) (Scotland) Act 2014.

5 CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 The Scheme and Standing Orders provide the key governance documents for the IJB that support the delivery of the work of the Health and Social Care Partnership.

6 GOVERNANCE IMPLICATIONS

6.1 Financial Impact

No impact arising from this report.

6.2.1 Staff Governance

No impact arising from this report.

6.2.2 Clinical Governance

No impact arising from this report.

7 EQUALITY & DIVERSITY IMPLICATIONS

No impact arising from this report.

8 GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Activity is undertaken in line with GDPR regulations.

9 RISK ASSESSMENT

Risk of non-compliance with statutory measures under the Public Bodies (Joint Working) (Scotland) Act 2014.

10 PUBLIC & USER INVOLVEMENT & ENGAGEMENT

n/a for this report. Previous report tabled at IJB on 25 March 2020 detailed outcome of public/user consultation exercise which ran from 9th December 2019 until 17th January 2020.

10 CONCLUSIONS

11.1 Following review by the SG, the Argyll and Bute Integration Scheme has been further updated to take account of the comments received, as detailed at section 3.4 of the paper. The IJB is asked note the revised Scheme as set out at Appendix 1.

11 DIRECTIONS

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

12 APPENDICES

Appendix 1 – Revised Scheme of Integration as at November 2020

REPORT AUTHOR AND CONTACT

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3 November 2020

INTEGRATION SCHEME

BETWEEN

ARGYLL AND BUTE COUNCIL

AND

NHS HIGHLAND

~~Revised February~~ November 2020

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Introduction

1. Vision and Values:

The vision of Argyll and Bute Council and NHS Highland is that the people in Argyll and Bute will live longer, healthier, happier, independent lives.

The core values of Argyll and Bute Council and NHS Highland are: caring; creative; committed; collaborative; teamwork; excellence; and integrity.

The core values of the Health and Social Care Partnership are: compassion; integrity; respect; continuous learning; leadership; and excellence.

2. Aims and Outcomes:

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes.

Argyll and Bute Integration Joint Board (IJB) will plan for and deliver high quality health and social care services to, and in partnership with, the communities of Argyll and Bute.

The IJB will set out within its Strategic Plan how it will effectively use allocated resources to deliver the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in regulations under section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014, namely that:

- People are able to look after, and improve, their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.

- Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
- People using health and social care services are safe from harm.
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Resources are used effectively and efficiently in the provision of health and social care services.
- Any other National Health and Well Being outcome prescribed in the future will also be adopted.

Argyll and Bute Council and NHS Highland have agreed that Social Care services for Children & Families and Justice Services should be included within the functions and services to be delegated to the IJB, therefore the specific national outcomes as detailed below for Children & Families and Justice are also included:

The national outcomes for Children & Families are:-

- Our children have the best start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens; and
- We have improved the life chances of children, young people and families at risk.
- Any national outcomes prescribed in the future will also be adopted.

National outcomes and standards for Social Care Services in the Justice System are:-

- Community safety and public protection.
- The reduction of re-offending.
- Social inclusion to support desistance from offending.
- Any national outcomes prescribed in the future will also be adopted

3. Scope of Integration:

Argyll and Bute Council and NHS Highland have agreed to delegate to the IJB the following functions:

- All NHS services that the legislation permits for delegation.
- All Adult social care services.
- All Children & Families social care services.
- All Justice social care services.

4. Finance arrangements:

The general principles are agreed as:

- The Council and NHS Highland recognise that they each have continuing financial governance responsibilities, and have agreed to establish the IJB as a "joint operation" as defined by IFRS 11.
- The Council and NHS Highland will work together in the spirit of partnership, openness and transparency.
- The Council and NHS Highland payments to the IJB derive from a process that recognises that both organisations have expenditure commitments that cannot be avoided in the short to medium term. The Council and NHS Highland will prepare and maintain a record of what those commitments are and provide this to the IJB.
- The IJB will monitor its financial position and make arrangements for the provision of regular, timely, reliable and relevant information on its financial position which will be shared with the Council and NHS Highland. The IJB, the Council and NHS Highland will share financial information to ensure all parties have a full understanding of their current financial information and future financial challenges and funding streams.
- The existing financial regulations of the Council and NHS Highland will apply to resources transferred to the IJB.

Integration Scheme

The Parties:

The Argyll and Bute Council, established under the Local Government (Scotland) Act 1994 and having its principal offices at, Kilmory, Lochgilphead, Argyll, PA31 8RT (herein after referred to as "the Council");

And

NHS Highland Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as "Argyll and Bute CHP") and having its principal offices at Assynt House, Beechwood Park, Inverness, IV2 3BW (hereinafter referred to as "NHS Highland") (together referred to as "the Parties").

1. Definitions and Interpretation

1.1 "The Act" means the Public Bodies (Joint Working) (Scotland) Act 2014.

1.2 "Argyll and Bute Integration Joint Board" means the Integration Joint Board established by Order under section 9 of the Act.

1.3 "IJB" means Argyll and Bute Integration Joint Board.

1.4 "Outcomes" means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act.

1.5 "The Integration Scheme Regulations" means The Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.

1.6 "Integration Joint Board Order" means The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

1.7 "Scheme" means this Integration Scheme.

1.8 “Strategic Plan” means the plan which the IJB is required to prepare and implement in relation to the delegated provision of health and social care services to adults and children in accordance with section 29 of the Act.

1.9 ‘’Acute Services’’ means medical and surgical treatment provided mainly in hospitals and minor injury units.

1.10 “Locality Planning Groups” mean local planning groups comprising representatives of local partners and stakeholders who are accountable to the Strategic Planning Group for the planning and partnership delivery of agreed local health and care service priorities. Their specific purpose is to develop a locality plan, influence priorities for their local area, agree mechanisms for the delivery of actions at a local level and review and report on the locality plan annually.

In implementation of their obligations under the Act, the Parties hereby agree as follows:

In accordance with section 1(2) of the Act, the Parties have agreed that the integration model set out in sections 1(4)(a) of the Act will be put in place for the IJB, namely the delegation of functions by the Parties to a body corporate that is to be established by Order under section 9 of the Act. This revised Scheme comes into effect on the date the Parliamentary Order comes into force.

2. Local Governance Arrangements

2.1 The role and constitution of the IJB is established through legislation, with the Parties having agreed that the voting membership will be:

2.1.1 NHS Highland: 4 members of the NHS Highland Health Board.

2.1.2 Council: 4 Elected Members of the Council nominated by the Council.

2.1.3 The Parties have agreed that the first Chair of the IJB will be the nominee of the Council. The term of office of the Chair and the Vice Chair will be a period of two years.

2.2 The IJB sets out within its Strategic Plan how it will effectively use allocated resources to deliver the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in regulations under section 5(1) of the Act, namely that:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
- People using health and social care services are safe from harm.
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Resources are used effectively and efficiently in the provision of health and social care services.
- Any other National Health and Well Being outcomes prescribed by the Scottish Ministers.

2.3 The Parties have agreed that Social Care services for Children & Families social care and Justice social care should be included within the functions and services to be delegated to the IJB. Therefore, the specific national outcomes as detailed below for Children & Families and Justice are also included:

The national outcomes for Children & Families are:-

- Our children have the best start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens; and
- We have improved the life chances of children, young people and families at risk.
- Any national outcomes prescribed in the future will also be adopted.

National outcomes and standards for Social Care Services in the Justice System are:-

- Community safety and public protection.
- The reduction of re-offending.
- Social inclusion to support desistance from offending.
- Any national outcomes prescribed in the future will also be adopted

3. Delegation of Functions

3.1 The Parties agree to delegate a comprehensive range of health and social care functions for adults and children to the IJB.

3.2 The functions that are to be delegated by NHS Highland to the IJB are set out in Annex 1.

3.3 The functions that are to be delegated by the Council to the IJB are set out in Annex 2

4. Local Operational Delivery Arrangements

4.1 The local operational arrangements agreed by the Parties are:

4.1.2 The IJB has responsibility for the planning and delivery of services. This will be

achieved through the Strategic Plan.

4.1.3 The IJB is responsible for the operational oversight of Integrated Services and, through the Chief Officer, will be responsible for the operational management of Integrated Services.

4.1.4 The IJB will be responsible for the operational oversight of the planning, commissioning and contracting of delegated Acute Services and, through the Chief Officer, will be responsible for the operational management, and budget of Acute Services.

4.1.5 As the majority of Acute services are contracted from a neighbouring Health Board (NHS Greater Glasgow and Clyde), the IJB will be responsible for the operational oversight of Acute Services. A lead Director for Acute Services in NHS Greater Glasgow and Clyde (GG&C) has been identified as the contract liaison officer who is responsible for the operational management of Acute Services in NHS GG&C.

4.1.6 NHS Greater Glasgow and Clyde will provide information as part of the contract monitoring arrangements on a regular basis to the Chief Officer and the IJB on the operational delivery and performance of these services.

4.2 Support for Strategic Plan

4.2.1 The IJB is required under section 29 of the Act to prepare a strategic plan. All Health and Social Care Partnerships' primary responsibility is the achievement of the national health and wellbeing outcomes through the delivery of the principles of integration. A critical element in discharging this responsibility is the production and delivery of a Strategic Plan.

4.2.2 The NHS Board will share with the IJB necessary activity and financial data for services, facilities and resources that relate to the planned use of services by service users within Argyll and Bute for its service and for those provided by other Health Boards.

4.2.3 The Council will share with the IJB necessary activity and financial data for services, facilities and resources that relate to the planned use of services by service users within Argyll and Bute for its services and for those provided by other councils.

4.2.4 The Parties agree to use all reasonable endeavours to ensure that other

Integration Joint Boards and any other relevant Integration Authority will share the necessary activity and financial data for Services, facilities and resources that relate to the planned use by service users within the area of their Integration Authority.

4.2.5 The Parties shall ensure that their Officers acting jointly will consider the Strategic Plans of the other Integration Joint Boards or Authorities to ensure that they do not prevent the Parties and the IJB from carrying out their functions appropriately and in accordance with the Integration Planning and Delivery Principles, and to ensure they contribute to achieving the National Health and Wellbeing Outcomes. The Integration Authorities that are most likely to be affected by the Strategic Plan are:

- West Dumbarton Integration Joint Board
- Inverclyde and Renfrew and East Renfrew Integration Joint Boards share a common acute provider of services (NHS Great Glasgow and Clyde)

4.2.6 The Parties shall advise the IJB where they intend to change service provision of non- Integrated Services that will have a resultant impact on the Strategic Plan.

4.2.7 The NHS Highland Board will consult with the IJB to ensure that any overarching Strategic Plan for Acute Services and any plan setting out the capacity and resource levels required for non- delegated budgets for such Acute Services is appropriately co-ordinated with the delivery of Services across the NHS Highland area. The parties shall ensure that a group including the Chief Operating Officer, NHS Highland and Chief Officer of the IJB will meet regularly to discuss such issues.

4.3 Corporate Support Services

4.3.1 The Parties will continue to provide the corporate support required to fulfil the duties of the IJB. The Parties will:

- Identify and agree on an ongoing basis, the corporate support services required to fully discharge the IJB's duties under the Act.
- The Parties will continue to provide the IJB with the corporate support services it requires to fully discharge its duties under the Act.

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4.4 Performance Targets, Improvement Measures and Reporting Arrangements

4.4.1 The Parties will identify a core set of indicators that relate to services, from publicly accountable and national indicators and targets against which the Parties currently report. A list of indicators and measures which relate to integration functions will be collated in a Performance Management Framework and will provide information on the data gathering and reporting requirements for performance targets and improvement measures. The Parties will share all performance information, targets and indicators from the Performance Management Framework with the IJB. The improvement measures will be a combination of existing and new measures that will allow assessment at local level. The performance targets and improvement measures will be linked to the national and local outcomes to assess the timeframe and the scope of change.

4.4.2 The Performance Management Framework will also indicate where the responsibility for each measure lies, whether in full or in part. Where there is an ongoing requirement in respect of organisational accountability for a performance target for the NHS Board or the Council, this will be taken into account by the IJB when preparing the Strategic Plan.

4.4.3 The Performance Management Framework will also be used to prepare a list of any targets, measures and arrangements which relate to functions of the Parties, which are not delegated to the IJB, but which are affected by the performance and funding of integration functions and which are to be taken account of by the IJB when preparing the Strategic Plan.

4.4.4 The Performance Management Framework will be reviewed regularly to ensure the improvement measures it contains continue to be relevant and reflective of the national and local outcomes to which they are aligned.

4.4.5 The Parties will continue to provide support to the IJB for arrangements regarding Performance Targets, Improvement Measures and Reporting, including the effective monitoring and reporting of targets and measures for

adjoining NHS Boards and Integration Joint Boards.

4.4.6 The IJB will receive performance management information for consideration, approval and agreement, and will act appropriately as necessary, in response to all relevant performance management information, including:-

4.4.6.1 Public Health and Wellbeing Status reports including analysis of Argyll and Bute population, at macro, demographic specific and locality level.

4.4.6.2 Clinical and Care Governance reports to be assured of the quality, safety, risk and effectiveness of services.

4.4.6.3 Staff Governance reports to be assured of compliance and best practice in workforce relations, workforce planning and organisational development.

4.4.6.4 Patients and Users of Care Services; Involvement and Community Engagement reports ensuring their involvement in the shaping, delivery and evaluation of service performance.

4.4.6.5 Financial Governance reports including financial management, budget setting recommendation, expenditure reporting, financial recovery plan and cost improvement plans for consideration and approval.

4.4.6.6 Performance Management Framework information, to be assured of the performance of services against targets, indicators and outcomes.

5. Clinical and Care Governance

5.1 The Parties and the IJB are accountable for ensuring appropriate clinical and care governance arrangements in respect of their duties under the Act. The Parties will have regard to the principles of the Scottish Government's Clinical and Care Governance Framework, including the focus on localities and service user and carer feedback.

5.2 The Parties recognise that the establishment and continuous review of the arrangements for Clinical and Care Governance and Professional Governance are essential in delivering their obligations and quality ambitions. The arrangements

described in this section are designed to assure the IJB of the quality and safety of services delivered in Argyll and Bute.

5.3 Explicit lines of professional and operational accountability are essential to assure the IJB and the Parties of the robustness of governance arrangements for their duties under the Act. They underpin delivery of safe, effective and person-centered care in all care settings delivered by employees of the Council, NHS Highland, the third and independent sectors, and by informal carers.

5.4 In relation to existing health and social care services, NHS Highland is accountable for health functions and services, whilst Argyll and Bute Council is responsible for social care services. Professional governance responsibilities are carried out by the professional leads through to the health and social care professional regulatory bodies.

5.5 The Chief Social Work Officer holds professional accountability for social care services. The Chief Social Work Officer reports directly to the Chief Executive and Elected Members of the Council in respect of professional social care matters. He/she is responsible for ensuring that social work and social care services are delivered in accordance with relevant legislation and that staff delivering such services do so in accordance with the requirements of the Scottish Social Services Council.

5.6 Principles of Clinical and Care Governance will be embedded at service user/clinical care/professional interface using the framework outlined below. The IJB will ensure that explicit arrangements are made for professional supervision, learning, support and continuous improvement for all staff.

5.7 The IJB will fulfil its devolved responsibility in terms of overseeing delivery of delegated functions by ensuring that there is evidence of effective performance management systems. Professional and service user networks or groups will inform the agreed Clinical and Care Governance framework directing the focus towards a quality approach and continuous improvement.

5.8 The Clinical and Care Governance and Professional Governance framework will encompass the following:

- Measure the quality of integrated service delivery by measuring delivery of

personal outcomes and seeking feedback from service users and/or carers.

- Professional regulation and workforce development.
- Information governance.
- Safety of integrated service delivery and personal outcomes and quality of registered services

5.9 Each of the four elements, listed at 5.8, will be underpinned by mechanisms to measure quality, clinical and service effectiveness and sustainability. They will be compliant with statutory, legal and policy obligations strongly underpinned by human rights values and social justice. Service delivery will be evidence-based, underpinned by robust mechanisms to integrate professional education, research and development.

5.10 The IJB is responsible for embedding mechanisms for continuous improvement of all services through application of a Clinical and Care Governance and Professional Governance Framework. The IJB will be responsible for ensuring effective mechanisms for service user and carer feedback and for complaints handling.

5.11 NHS Highland Executive Medical Director and Board Nurse Director share accountability for Clinical and Professional Governance across NHS Highland as a duty delegated by NHS Highland. This will include ensuring:

- Quality monitoring and governance arrangements that include compliance with professional codes, legislation, standards, guidance and that these are regularly open to scrutiny.
- Systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.
- Effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.
- Systems to support the structured, systematic monitoring, assessment and management of risk.
- Co-ordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.
- Improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- Mechanisms that encourage effective and open engagement with staff on the

design, delivery, monitoring and improvement of the quality of care and services.

- Planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.

5.12 The Medical Director, or his/her depute, will be a member of the Clinical and Care Governance Committee and will provide professional advice in respect of the overview and consistency of the Clinical and Care Governance and Professional Governance Framework.

5.13 The Board Nurse Director, or his/her depute, will be a member of the Clinical and Care Governance Committee and will provide professional advice in respect of the overview and consistency of the Clinical and Care Governance and Professional Governance Framework.

5.14 The Chief Social Work Officer, through delegated authority holds professional and operational accountability for the delivery of safe and high quality social work and social care services within the Council. An annual report on these matters will be provided to the Council, NHS Highland and the IJB.

5.15 The Chief Social Work Officer will be a member of the Clinical and Care Governance Committee and will provide professional advice in respect of the delivery of social work and social care services by Council staff and commissioned care providers in Argyll and Bute.

5.16 The Parties, in support of the IJB will put in place structures and processes to support clinical and care governance, thus providing assurance on the quality of health and social care in Argyll and Bute. A Clinical and Care Governance Committee, bringing together senior professional leaders across Argyll and Bute, including the Medical Director, Board Nurse Director, Chief Social Work Officer, and the Director of Public Health, will be established. This committee, chaired by one of its members, will ensure that quality monitoring and governance arrangements are in place for safe and effective health and social care service delivery in Argyll and Bute. This will include the following:

- compliance with professional codes, legislation, standards, guidance
- systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.

- effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.
- systems to support the structured, systematic monitoring, assessment and management of risk.
- co-ordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.
- improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services.
- planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.

5.17 The Clinical and Care Governance Committee will provide advice to the IJB, the Strategic Planning Group and to locality planning groups, all of whom may seek relevant advice directly from the Clinical and Care Governance Committee, as required.

5.18 Arrangements will be put in place so that the Area Clinical Forums, Managed Care networks, other appropriate professional groups, and the Adult and Child Protection Committees are able to directly provide advice to the Clinical and Care Governance Committee.

5.19 The Clinical and Care Governance Committee will report directly to the IJB and will provide clear robust, accurate and timely information on the quality of service performance.

5.20 Information will be used to provide oversight and guidance to the Strategic Planning Group in respect of Clinical and Care Governance and Professional Governance, for the delivery of Health and Social Care Services across localities identified in the Strategic Plan.

5.21 Annex 3 provides a schematic to show the systems governance arrangements.

5.22 Annex 4 provides a schematic to show the clinical and care governance

arrangements.

6. Chief Officer

6.1 The Chief Officer has both strategic and operational responsibility for the delivery of services. The Chief Officer will be directly responsible to and line-managed by the Chief Executive Officers of both Parties, and via the Chief Executive Officers is responsible to NHS Highland and the Council. The Chief Officer is also accountable to the IJB.

6.2 The Chief Officer will be accountable directly to the IJB for the preparation, implementation of, and reporting on, the Strategic Plan. The Chief Officer will also be responsible for operational delivery of services and the appropriate management of staff and resources.

6.3 The Chief Officer will establish a senior management team, equipped to direct and oversee the structures and procedures necessary to carry out all functions in accordance with the Strategic Plan.

6.4 In the event that there is a prolonged period when the Chief Officer is unable or unavailable to fulfil his/her functions, interim arrangements will be required to temporarily replace the Chief Officer. The Parties will nominate suitably qualified and experienced senior officers to carry out the functions of the Chief Officer for the duration of the interim period, and submit the said nominations for approval by the IJB.

6.5 The Chief Officer's objectives will be set annually and performance appraised by the Chief Executive Officers of both Parties, in consultation with the Chair and Vice Chair of the IJB.

6.6 The Chief Officer will be a full member of both the Council and NHS Highland's corporate management teams, as well as a non-voting member of the IJB.

6.7 The Chief Officer will ensure the maintenance of an up to date integrated risk register in respect of all functions delegated to the IJB.

6.8 The Chief Officer will routinely liaise with appropriate officers of NHS Highland in

respect of the IJB's role in contributing to the strategic planning of acute NHS healthcare services and provision (in accordance with the Act) and delivery of agreed targets that have mutual responsibility. Operational management of Integrated Services and acute services will be the responsibility of the Chief Officer, as detailed in sections 4.1.3, 4.1.4 and 4.1.5.

6.9 The Chief Officer will routinely liaise with the appropriate Officer(s) of the Council in respect of the IJB's role in informing strategic planning for local housing and the delivery of housing support services. Housing functions, apart from equipment, adaptations and aspects that relate to personal support, are outside the scope of the IJB; however, close liaison between the Chief Officer and the appropriate Officer(s) will assist in the strategic planning process.

6.10 The Chief Officer will develop close working relationships with Elected Members of the Council and Executive and Non-Executive members of NHS Highland.

6.11 The Chief Officer will establish and maintain effective relationships with a range of key stakeholders across the Scottish Government, NHS Highland, the Council, Independent and Third sectors, service users, Trades Unions, professional organisations and informal carers.

6.12 The Chief Officer will ensure appropriate arrangements are in place in respect of information governance and the requirements of the Information Commissioner's Office.

7. Workforce

7.1 The Parties are committed to producing and maintaining a fully integrated Workforce and Organisational Development Plan, relating to the delegated functions, as prescribed in the Act. This will include engagement and learning and development for all staff, to promote the development of a robust organisational structure and healthy organisational culture. The plan will remain under annual review. Chief Officer, the IJB will be responsible for implementation and review of the plan, in conjunction with the implementation of the Strategic Plan.

7.2 The development of the plan will be remitted to the Human Resources and Workforce Development and Organisational Development work streams already in place, for completion. These workstreams are led by Human Resources and

organisational Development Leads from both Parties and include NHS staff side (Trade Unions representing NHS Highland staff) and Trades Unions representatives (representing Council staff), as well as other key stakeholders.

8. Finance

8.1 Roles and Responsibilities

8.1.1 The IJB will make arrangements for the proper administration of its financial affairs by appointing a Chief Financial Officer to discharge the responsibilities that fall within Section 95 of the Local Government (Scotland) Act 1973.

8.1.2 The Chief Financial Officer is accountable for financial management of delegated budgets and overall financial resources of the IJB.

8.1.3 The Chief Financial Officer of the IJB will be responsible for managing preparation of the annual budget of the IJB, managing the medium term financial planning process to support the strategic plan, and providing financial advice and information to support the planning and delivery of services by the IJB.

8.1.4 The Chief Financial Officer of the IJB will be responsible for producing regular finance reports to the IJB and managers, ensuring that those reports are timely, relevant and reliable.

8.1.5 The Chief Financial Officer of the IJB will be responsible for preparing the IJB's accounts and ensuring compliance with statutory reporting requirements as a body under the relevant legislation.

8.1.6 The Chief Financial Officer of the IJB will work with the Council Section 95 Officer and NHS Highland Director of Finance to ensure the Council and NHS Highland are kept informed on the financial position, performance and plans of the IJB.

8.1.7 The Chief Executive Officers of Argyll and Bute Council and NHS

Highland are responsible for the resources that are allocated by the IJB to their respective organisations for operational delivery.

8.1.8 The Chief Financial Officer will work with the Council Section 95 Officer and NHS Highland Director of Finance to ensure both organisations work together to develop systems which will allow the recording and reporting of the IJB financial transactions.

8.2 Management of Revenue Budget

8.2.1 The IJB's Strategic Plan will incorporate a medium term financial plan for its resources. On an annual basis the annual financial statement will be prepared setting out the amount the IJB intends to spend to implement its Strategic Plan. This will be known as the annual budget. The medium term financial strategy will be prepared for the IJB following discussions with the Council and NHS Highland who will provide a proposed budget based on payment for year 1, indicative payments for year 2 and 3 and outline projections for later years. The medium term financial strategy will be used in conjunction with the Strategic Plan to ensure the commissioned services by the IJB are delivered within the financial resources available.

8.2.2 The IJB is able to hold reserves. There is an expectation that it will deliver the objectives of the Strategic Plan within agreed resources. The IJB cannot approve a budget which exceeds resources available.

8.2.3 The term payment is used to maintain consistency with legislation and does not represent physical cash transfer. As the IJB does not operate a bank account, the net difference between payments into and out of the IJB will result in a balancing cash payment between the Council and NHS Highland. An initial schedule of payments will be agreed within the first 40 working days of each new financial year and may be updated taking into account any additional payments in-year.

8.2.4 The Council and NHS Highland will establish a core baseline budget for each function and service that is delegated to the IJB to form an integrated budget.

8.2.5 The budgets will be based on recurring baseline budgets plus anticipated non-recurring funding for which there is a degree of certainty for each of the functions delegated to the IJB and will take account of any applicable inflationary uplift, planned efficiency savings and any financial strategy assumptions. These budgets will form the basis of the payments to the IJB. These budgets will be reviewed against actual levels of expenditure for the previous 3 financial years. For NHS funding, the starting point will normally be the Argyll & Bute NRAC share of baseline funding.

8.2.6 For each financial year information will be provided by the Parties on the financial performance of the delegated services against budget in their respective areas to enable all parties to undertake due diligence to gain assurance that the delegated resources are sufficient to deliver the delegated functions.

8.2.7 The Parties will each prepare a schedule outlining the detail and total value of the proposed initial payment in each financial year, the underlying assumptions behind that initial payment and the financial performance against budget for the delegated services in the preceding year for their respective areas. These schedules should be prepared and concluded at least one month before the start of the financial year they relate to. The payment will include funding relating to service level agreements for hospital services provided by other Health Boards to Argyll and Bute residents. The schedules will also identify any amounts included in the payments that are subject to separate legislation or subject to restrictions stipulated by third party funders. These documents must be approved by the Director of Finance for NHS Highland and the Section 95 Officer for the Council prior to submission to the IJB.

8.2.8 The IJB Chief Financial Officer will review these documents and reach agreement with both parties on the value of the initial payment. The Chief Financial Officer will then prepare a schedule that describes the agreed value of the payments. The Council's Section 95 Officer, NHS Highland Director of Finance and the IJB Chief Officer must sign this schedule to confirm their agreement.

8.2.9 The process for agreeing the subsequent payments to the IJB will be contingent on the corporate planning and financial planning processes of the

Council and NHS Highland. The funding available to the IJB will be dependent on the funding available to the Council and NHS Highland and the corporate priorities of both. Both parties will provide indicative three year allocations to the IJB subject to annual approval through the respective budget setting processes. These indicative allocations will take account of changes in NHS funding and changes in Council funding.

8.2.10 Each year the Chief Financial Officer and Chief Officer of the IJB should prepare a draft budget for the IJB, based on the agreed funding and present this to the Council and NHS Highland for information within such timescale as may be agreed.

8.2.11 The draft annual budget should be prepared to take account of the matters set out above and uses the previous year payment as a baseline that will be adjusted to take account of:

- Activity Changes arising from the impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long term conditions) and for other planned activity changes.
- Cost inflation on pay and other costs.
- Efficiency savings that can be applied to budgets.
- Performance on outcomes. The potential impact of efficiencies on agreed outcomes must be clearly stated and open to challenge by the Council and NHS Highland.
- Legal requirements that result in additional and unavoidable expenditure commitments.
- Transfers to/from the budget for hospital services set out in the Strategic Plan.
- Budget savings required to ensure budgeted expenditure is in line with funding available including an assessment of the impact and risks associated with these savings.

8.2.12 The Director of Finance of NHS Highland, the Section 95 Officer of the Council and the Chief Financial Officer of the IJB will ensure a consistency of approach and application of processes in considering budget assumptions

and proposals.

8.2.13 Due diligence of the Council and NHS Highland contributions will be undertaken annually and the Chief Financial Officer of the IJB will prepare a schedule outlining the agreed value of the payments. The schedule must be approved by the IJB Chief Officer, the Council Section 95 Officer and the NHS Highland Director of Finance.

8.2.14 The allocations made from the IJB to the Council and NHS Highland for operational delivery of services will be approved by the IJB.

8.2.15 The annual direction from the IJB to the Council and NHS Highland will take the form of a letter from the Chief Officer referring to the arrangements for delivery set out in the Strategic Plan and will include information on:

- The delegated function/(s) that are being directed.
- The outcomes and activity levels to be delivered for those delegated functions.
- The amount and method of determining the payment to carry out the delegated functions.

8.2.16 Once issued, these can be amended or varied by a subsequent direction by the IJB.

8.2.17 Any potential deviation from the planned outturn should be reported to the IJB, the Council and NHS Highland at the earliest opportunity.

8.2.18 Where it is forecast that an overspend will arise, then the Chief Officer and Chief Financial Officer of the IJB will identify the cause of the forecast overspend and prepare a recovery plan setting out how they propose to address the forecast overspend and return to a breakeven position. The Chief Officer and Chief Financial Officer of the IJB should consult the Section 95 Officer of the Council and the Director of Finance of NHS Highland in preparing the recovery plan. The recovery plan should be approved by the IJB. The report setting out the explanation of the forecast overspend and the recovery plan should also be submitted to the Council and NHS Highland.

8.2.19 A recovery plan should aim to bring the forecast expenditure of the IJB

back in line with the budget within the current financial year. Where an in-year recovery cannot be achieved and a recovery plan extends beyond the current year the amount of any shortfall or deficit carried forward cannot exceed the reserves held by the IJB unless there is prior approval of the Council and NHS Highland.

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, the Parties will consider making interim funds available. An analysis will be undertaken to determine the extent to which the overspends relate to either budgets delegated back to or activities managed by the Council or NHS Highland with the allocation of the interim funds being based on the outcome of this analysis. Any interim funds provided by the Council or NHS Highland will be repaid in future years based on a revised recovery plan agreed by both parent bodies, as required by either of the Parties. The NHS and Council will require to be satisfied that the recovery plan provides reasonable assurance that financial balance will be achieved. If the revised recovery plan cannot be agreed by the Parties or is not approved by the IJB, the dispute resolution mechanism in clause 14 hereof, will be followed.

8.2.21 Subject to there being no outstanding payments due to the partner bodies, the IJB may retain any underspend to build up its own reserves and the Chief Financial Officer will maintain a reserves policy for the IJB.

8.2.22 There will be arrangements in place to allow budget managers to vire budgets between different budget heads set out in the financial regulations.

8.2.23 Redeterminations to payments made by the Council and NHS Highland to the IJB would apply under the following circumstances:

- Additional one off funding is provided to Partner bodies by the Scottish Government, or some other body, for expenditure within a service area delegated to the IJB. This would include in year allocations for NHS and redeterminations as part of the local government finance settlement. The payments to the IJB should be adjusted to reflect the full amount of these as they relate to the delegated services. The Parties agree that an adjustment to the payment is required to reflect changes to demand and activity levels.

- Where either Party requires to reduce the payment to the IJB, any proposal requires a justification to be set out and then agreed by both Parties and the IJB.

8.2.24 Where payments by the Council and NHS Highland are agreed under paragraphs 8.2.3 to 8.2.23 above, they should only be varied as a result of the circumstances set out in paragraphs 8.2.16, 8.2.22 and 8.2.23. Any proposal to amend the payments outwith the above, including any proposal to reduce payments as a result of changes in the financial circumstances of either the Council or NHS Highland requires a justification to be set out and the agreement of both Parties.

8.3 Financial Systems

8.3.1 The Chief Financial Officer will work with the Section 95 Officer of the Council and Director of Finance of NHS Highland to ensure appropriate systems and processes are in place to:

- Allow execution of financial transactions.
- Ensure an effective internal control environment over such
- Maintain a record of the income, expenditure, assets and liabilities of the IJB.
- Enable reporting of the financial performance and position of the IJB.
- Maintain records of budgets, budget savings, forecast outturns, variances, variance explanations, proposed remedial actions and financial risks.

8.4 Financial reporting to the IJB:

8.4.1 The Chief Financial Officer will provide comprehensive financial monitoring reports to the IJB. These reports will set out information on actual expenditure and budget for the year to date and forecast outturn against annual budget together with explanations of significant variances and details of any action required. These reports will also set out progress with achievement of any budgetary savings required. The Chief Financial Officer will also report to the IJB as appropriate in relation to:

- Developing a medium and longer term financial strategy to

support delivery of the Strategic Plan.

- Preparation and review of the annual budget.
- Collating and reviewing budget savings proposals.
- Identifying and analysing financial risks.
- Considering the proposals in relation to reserves.

8.4.2 On a monthly basis the Parties will provide comprehensive financial monitoring reports to the Chief Financial Officer. The reports will set out information on actual expenditure and budget for the year to date and forecast outturn against annual budget together with explanations of significant variances and details of any action required. These reports will also set out progress with achievement of any budgetary savings required.

8.5 Financial reporting to management:

8.5.1 The Chief Financial Officer will work with the Section 95 Officer of the Council and Director of Finance of NHS Highland to ensure:

- Managers are consulted in preparing the budget of the IJB.
- Managers are supported in identifying budgetary savings.
- Managers are made aware of the budget they have available.
- Managers are provided with information on actual income and expenditure.
- Managers are provided with information on previous forecast outturns.
- Managers are supported to provide up to date information on forecast outturns.
- Managers are supported to provide explanations of significant variances.
- Managers are supported to identify action required.
- Managers are supported to identify and assess financial risks.
- Managers are supported to identify and assess future medium to longer term budget implications.

8.6 Financial Statements:

8.6.1 The Chief Financial Officer of the IJB will supply any information required

to support the development of the year-end financial statements and annual report for both the Council and NHS Highland.

8.6.2 The Section 95 Officer of the Council and the Director of Finance of NHS Highland will supply the Chief Financial Officer of the IJB with any information required to support the development of the year-end financial statements and annual report of the IJB.

8.6.3 Prior to 31 January each year, the Chief Financial Officer of the IJB will agree with the Section 95 Officer of the Council and the Director of Finance of NHS Highland a procedure and timetable for the coming financial year end for reconciling payments and agreeing any balances.

8.7 Capital Expenditure and Non-Current Assets

8.7.1 The IJB will not receive any capital allocations, grants or have the power to invest in capital expenditure nor will it own any property or other non-current assets. The Council and NHS Highland will:

- Continue to own any property or non-current assets used by Argyll and Bute Integration Joint Board.
- Have access to sources of funding for capital expenditure.
- Manage and deliver any capital expenditure on behalf of the IJB.

8.7.2 The Chief Financial Officer of the IJB will be required to work with the relevant officers in the Council and NHS Highland to extract details of the asset registers of property and noncurrent assets used by the IJB.

8.7.3 The Chief Officer of the IJB will work with the relevant officers in the Council and NHS Highland to prepare an asset management plan for the IJB to be approved by the IJB within a timescale to be agreed annually by the Council and NHS Highland (it is expected this would normally be 30 September). The asset management plan will set out suitability, condition, risks, performance and investment needs related to existing property and other non-current assets identifying any new or significant changes to the asset base.

8.7.4 Alongside the asset management plan, the Chief Officer of the IJB will work with the relevant officers in the Council and NHS Highland to prepare a bid for capital funding for property and other non-current assets used by the IJB. This should be approved by the IJB within a timescale to be agreed annually with the Council and NHS Highland. A business case approach should be adopted to set out the need and assess the options for any proposed capital investment. Any business case will set out how the investment will meet the strategic objectives of the IJB and set out the associated revenue costs.

8.7.5 Whilst responsibility for managing and delivery of capital expenditure remains the responsibility of the Council or NHS Highland, the relevant officers in the Council and NHS Highland will work with the Chief Officer of the IJB to report quarterly on progress with capital expenditure related to property or other non-current assets used by the IJB.

8.7.6 The IJB, the Council and NHS Highland will work together to ensure capital expenditure and property or other non- current assets are used as effectively as possible and in compliance with the relevant legislation on use of public assets.

8.7.7 Depreciation of NHS Highland owned property and other non-current assets used in the services within the scope of the IJB will be charged to the accounts of the IJB and incorporated in the budgets and payments to the IJB.

8.7.8 Revenue costs from property and other non-current assets used in the services within the scope of the IJB will be charged to the accounts of the IJB and incorporated in the budgets and payments to the IJB.

8.7.9 Any gains or losses on disposal of property and other non-current assets used in the services within scope of the IJB will be retained within the accounts of the Council or NHS Highland and not charged to the IJB.

8.7.10 Capital receipts will be retained by the Council or NHS Highland.

8.8 VAT

8.8.1 The IJB will not be required to be registered for VAT, on the basis it is not delivering any supplies that fall within the scope of VAT. The actual delivery of functions delegated to the IJB will continue to be the responsibility of the Council and NHS Highland.

8.8.2 Both the Council and NHS Highland will continue to adhere to their respective VAT arrangements which will be accounted for through respective financial ledgers and statements. The IJB will consult HMRC regarding any VAT issues arising from proposed transfer of services between the Parties (e.g. VAT leakage) taking specialist external VAT advice beforehand if necessary.

9 Participation and Engagement

9.1 A joint consultation took place on the revised Integration Scheme during December/January 2019/20. The stakeholders who were consulted in this joint consultation were:

- Local communities / general public
- Health professionals; GPs, management teams, clinical groups including Nursing Staff and Allied Health Professionals
- Social work and social care professionals
- Users of health services
- Carers of users of health care
- Commercial providers of health care
- Non-commercial providers of health care
- Argyll and Bute Council employees
- Staff side / Trades Unions
- Users of social care
- Carers of users of social care
- Commercial providers of social care
- Non-commercial providers of social care
- Non-commercial providers of social housing
- The Highland Council
- Locality Planning Groups Community / voluntary / Third Sector organisations
- Community Councils

- Argyll and Bute Council - local Councillors
- Scottish Ambulance Service
- NHS 24
- Scottish Health Council
- Local MPs / MSPs
- Dentists
- Pharmacists
- NHS Greater Glasgow & Clyde
- Police Scotland
- Scottish Fire & Rescue
- Argyll and Bute Advice Network (ABAN)
- Lomond & Argyll Advocacy Service
- Citizens Advice Bureau / Patient Advice & Support Service (PASS)
- Argyll and Bute Community Planning Partnership
- Health and Wellbeing Networks

9.2 The range of methodologies used to contact these stakeholders included both Parties' websites and intranets, e-mail and postal correspondence.

9.3 The Communication and Engagement Strategy, along with the supporting Engagement Framework and Quality standards provides a platform for stakeholders to have their voices heard, their views considered and acknowledged, as well as strengthening relationships and building capacity. The IJB has adopted the "You Said, We Did" philosophy. A wide range of engagement methods have been adopted.

9.4 The Parties will carry out Equality and Socio-Economic Impact Assessments (EQSEIAs), to ensure that services and policies do not disadvantage communities and staff.

9.5 The Parties will continue to allocate responsibility to senior managers and their teams to support local public and staff involvement and communication.

10 Information Sharing and Data Handling

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10.1 The Parties agree to be bound by the Information Sharing Protocol and to continuance of the existing agreement to use the Scottish Information Sharing

Toolkit and guidance from the Information Commissioners Office, in respect of information sharing.

10.2 The Parties have developed an Information Sharing Protocol which covers guidance and procedures for staff for sharing of information.

10.3 All staff managed within the delegated functions will be contractually required to comply and adhere to respective local information security policies and procedures including data confidentiality policies of their employing organisations and the requirements of the IJB's agreed Information Sharing Protocol.

10.4 The Data Protection Officers of NHS Highland and Argyll and Bute Council, acting on behalf of the Parties, will meet annually, or more frequently, if required, to review the Information Sharing Protocol and will provide a report detailing recommendations for amendments, for the consideration of the IJB.

10.5 With regard to individually identifiable material, data will be held in both electronic and paper formats and only be accessed by authorised staff, in order to provide the patient or service user with the appropriate service.

10.6 In order to provide fully integrated services it will be necessary to share personal information between the parties and with external agencies. Where this is the case, the IJB will apply a legal basis contained in Article 6 of the General Data Protection Regulations ('the GDPR'). Generally this will be either public task or legal obligation but, where appropriate, any of the other legal bases contained in Article 6 will be used.

10.7 Where the sharing consists of 'special category' information the legal basis for sharing will be consistent with the requirements of Article 9 of the GDPR and schedule 1 of the Data Protection Act 2018 ('the DPA').

10.8 In order to comply with the requirements of the DPA and the GDPR, the IJB will always ensure that personal data it holds will be processed in line with the Data Protection Principles contained within Article 5 of the GDPR and section 35- 40 of the DPA.

11 Complaints

The Parties agree the following arrangements in respect of complaints on behalf of, or by, service users.

11.1 Both Parties will retain separate complaints policies reflecting the distinct statutory requirements.

11.1.1 There will be a single point of contact for complainants. This will be agreed between the Parties to co-ordinate complaints specific to the delegated functions to ensure that the requirements of existing legal/prescribed elements of health and social care complaints processes are met.

11.1.2 Staff within the delegated functions will apply the complaints policy of the relevant Party, depending on the nature of the complaint made. Where a complaint could be dealt with by the policies of both Parties, the appropriate manager will determine whether both need to be applied separately or a single joint response is appropriate. Where a joint response to such a complaint is not possible or appropriate, the material issues will be separated and progressed through the respective Party's procedures.

11.2 In the first instance all complaints will be handled by front line staff. If they are unresolved, they will then be passed to a relevant senior manager and thereafter to the Chief Officer.

11.3 If the complaint remains unresolved, the complainant may refer the matter to the Scottish Public Services Ombudsman for health or for social care, as appropriate.

11.4 All complaints procedures will be clearly explained, well publicised, accessible, will allow for timely recourse and will sign-post independent advocacy services.

11.5 The person making the complaint will always be informed which policies are being applied to their complaint.

11.6 The Parties will produce a quarterly joint report, outlining the learning from upheld complaints. This will be provided for consideration by the IJB.

12 Claims Handling, Liability & Indemnity

The Parties agree the following arrangements in respect of claims handling, liability and indemnity:

12.1 The IJB, whilst having a legal personality in its own right has neither assumed nor replaced the rights or responsibilities of either NHS Highland or the Council as the employers of staff who are managed within the delegated functions, or for the operation of buildings or services under the operational remit of those staff.

12.2 The Parties will continue to indemnify, insure and accept responsibility for the staff that they employ; their particular capital assets that the IJB uses to deliver services with or from; and the respective services themselves, which each Party has delegated to the IJB.

12.3 Liabilities arising from decisions taken by the IJB will be shared between the Parties.

13 Risk Management

13.1 The Parties will develop a shared risk management strategy that will identify, assess and prioritise risks related to the delivery of services under integration functions, particularly any which are likely to affect the IJB's delivery of the Strategic Plan.

13.2 The risk management strategy will identify and describe processes for mitigating those risks and set out and agree the reporting standard, which will include:

- Risk Management Process
- Escalation of Risks
- Risk Register and Action Plans
- Risk Tolerance
- Training

13.3 The risk management strategy will be approved by both Parties. The risk management strategy will allow for any subsequent changes to the strategy to be approved by the IJB.

13.4 The risk management strategy will include an agreed risk monitoring framework and arrangements for reporting risks and risk information to the relevant parties from the date of inception of the IJB.

13.5 The Parties will develop an integrated risk register that will set out the key risks for the IJB. Risk officers from each of the Parties will review respective procedures and formulate revised procedures which will allow associated risks, scoring and mitigations to be identified for inclusion in the integrated risk register.

13.6 The Integrated Risk Register will be reported to the IJB on a timescale and format agreed by the IJB, but this will not be less that once per year.

13.7 The risk integrated management strategy will set out the process for amending the integrated risk register.

13.8 The Parties will make appropriate resources available to support the IJB in its risk management.

14 Dispute Resolution Mechanism

14.1 Where either of the Parties fails to agree with the other on any issue related to this Scheme, they will follow a process which comprises:

14.1.1 A representative of NHS Highland and the Council will meet to resolve the issue, supported by appropriate Officers.

14.1.2 In the event that the issue remains unresolved, the Chief Executive Officers of NHS Highland and the Council, and the Chief Officer, will meet to resolve the issue, supported by appropriate Officers.

14.1.3 In the event that the issue remains unresolved, the Chair of NHS Highland and the Leader of the Council will meet to resolve the issue, supported by appropriate Officers.

14.1.4 In the event that the issue remains unresolved, NHS Highland and the Council will proceed to mediation with a view to resolving the issue.

14.2 With regard to the process of appointing a mediator, a representative of NHS Highland and a representative of the Council will meet with a view to appointing a suitable independent mediator. If agreement cannot be reached, a referral will be

made to the President of The Law Society of Scotland inviting the President to appoint a mediator. The Parties agree to share the cost of appointing a mediator.

14.3 Where an issue remains unresolved following the process of mediation, the Chief Executive Officers of NHS Highland and the Council will communicate in writing with Scottish Ministers, on behalf of the Parties, informing them of the issue under dispute and that agreement cannot be reached

Annex 1

Part 1

Functions delegated by NHS Highland to the IJB

Functions prescribed for the purposes of Section 1(6) of the Act

Column A	*Column B*
The National Health Service (Scotland) Act 1978	
All functions of Health Boards conferred by, or by virtue of, the The National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 9[1] (local consultative committees); section 17A[2] (NHS contracts); section 17C[3] (personal medical or dental services); section 17J[4] (Health Boards' power to enter into general medical services contracts); section 28A[5] (remuneration for Part II services); section 48[6] (residential and practice accommodation); section 57[7] (accommodation and services for private patients); section 64[8] (permission for use of facilities in private practice); section 79[9] (purchase of land and moveable property); section 86[10] (accounts of Health Boards and the Agency); section 88[11] (payment of allowances and remuneration to members of certain bodies connected with the health services);

[1] As relevantly amended by the National Health Service and Community Care Act 1990 (c.19), section 29(5) and the Health Act 1999 (c.8), Schedule 4.
[2] Section 17A was inserted by the National Health Service and Community Care Act 1990 (c.19) and was relevantly amended by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2; the Health Act 1999 (c.8), Schedules 4 and 5; the Health and Social Care (Community Health and Standards) Act 2003 (c.43), Schedule 14; the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 17; and the Health and Social Care Act 2012 (c.7), Schedule 21.
[3] Section 17C was inserted by the National Health Service (Primary Care) Act 1997 (c.46), section 21 and relevantly amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 2.
[4] Section 17J was inserted by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4.
[5] Section 28A was inserted by the Health Act 1999 (c.8), section 57.
[6] The functions of the Secretary of State under section 48 are conferred on Health Boards by virtue of S.I. 1991/570.
[7] Section 57 was substituted by the Health and Medicines Act 1988 (c.49), section 7(11), and relevantly amended by the National Health Service and Community Care Act 1990 (c.19), Schedules 9 and 10. The functions of the Secretary of State under section 57 are conferred on Health Boards by virtue of S.I. 1991/570.
[8] The functions of the Secretary of State under section 64 are conferred on Health Boards by virtue of S.I. 1991/570.
[9] As relevantly amended by the Health and Social Services and Social Security Adjudications Act 1983 (c.41), Schedule 7. National Health Service and Community Care Act 1990 (c.19), Schedule 9, the Requirements of Writing (Scotland) Act 1995 (c.7), Schedule 5 and the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 1. The functions of the Secretary of State under section 79 are conferred on Health Boards by virtue of S.I. 1991/570.
[10] As relevantly amended by the National Health Service and Community Care Act 1990 (c.19), section 36(6) and the Public Finance and Accountability (Scotland) Act 2000 (asp 1), schedule 4.
[11] The functions of the Secretary of State under section 88(1) (e) and (2) (d) are conferred on Health Boards by virtue of S.I. 1991/570. There are no amendments to section 88 relevant to the exercise of these functions by a Health Board.

	paragraphs 4, 5, 11A and 13 of Schedule 1[12] (Health Boards);
	and functions conferred by—
	The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000[13];
	The Health Boards (Membership and Procedure) (Scotland) Regulations 2001[14],
	The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004[15];
	The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018[16]
	The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006[17];
	The National Health Service (Discipline Committees) (Scotland) Regulations 2006[18];
	The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009[19];
	The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009[20]; and
	The National Health Service (General Dental Services) (Scotland) Regulations 2010[21].
Disabled Persons (Services, Consultation and Representation) Act 1986[22]	
Section 7 (persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002	
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by section 22 (approved medical practitioners).

[12] Paragraph 4 of Schedule 4 was substituted by the Health Boards (Membership and Elections) (Scotland) Act 2009 (asp 5), schedule 1. Paragraph 5 of Schedule 1 was amended, and paragraph 11A of Schedule 1 inserted, by the Health Services Act 1980 (c.53), Schedule 6.

[13] To which there are amendments not relevant to the exercise of a Health Board's functions.

[14] To which there are amendments not relevant to the exercise of a Health Board's functions.

[15] As relevantly amended by S.S.I. 2004/216; S.S.I. 2006/136; S.S.I. 2007/207 and S.S.I. 2011/392.

[16] As relevantly amended by S.S.I. 2004/217; S.S.I. 2010/395; and S.S.I. 2011/55.

[17] As relevantly amended by S.S.I. 2007/193; S.S.I. 2010/86; S.S.I. 2010/378 and S.S.I. 2013/355.

[18] Amended by S.S.I 2009/183; S.S.I. 2009/308; S.S.I. 2010/226; S.I. 2010/231 and S.S.I. 2012/36.

[19] To which there are amendments not relevant to the exercise of a Health Board's functions.

[20] As relevantly amended by S.S.I. 2009/209; S.S.I. 2011/32; and S.S.I. 2014/148.

[21] As relevantly amended by S.S.I. 2004/292 and S.S.I 2010/378.

[22] Section 7 is relevantly amended by S.I. 2013/2341.

Education (Additional Support for Learning) (Scotland) Act 2004	Section 23 (other agencies etc. to help in exercise of functions under this Act)
Public Services Reform (Scotland) Act 2010	
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010.	Except functions conferred by— section 31 (Public functions: duties to provide information on certain expenditure etc.); and section 32 (Public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011	
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011.	
Children and Young People (Scotland) Act 2014	
All functions of Health Boards conferred by, or by virtue of, Part 4 (provision of named persons) and Part 5 (child's plan) of the Children and Young People (Scotland) Act 2014.	
Carers (Scotland) Act 2016	
Section 12 (duty to prepare young carer statement)	
Section 31 (duty to prepare local carer strategy)	

Functions Prescribed for the purposes of Section 1(8) of the Act

Column A	*Column B*
The National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 2CB[23] (functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 17I[24] (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 38[25] (care of mothers and young children); section 38A[26] (breastfeeding); section 39[27] (medical and dental inspection, supervision

[23] Section 2CB was inserted by S.S.I. 2010/283, regulation 3(2) (as section 2CA) and re-numbered as section 2CB by S.S.I. 2013/292, regulation 8(2).

[24] Section 17I was inserted by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2 and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4. The functions of the Scottish Ministers under section 17I are conferred on Health Boards by virtue of S.I. 1991/570, as amended by S.S.I. 2006/132.

[25] The functions of the Secretary of State under section 38 are conferred on Health Boards by virtue of S.I. 1991/570.

[26] Section 38A was inserted by the Breastfeeding etc. (Scotland) Act 2005 (asp 1), section 4. The functions of the Scottish Ministers under section 38A are conferred on Health Boards by virtue of S.I. 1991/570 as amended by S.S.I. 2006/132.

[27] Section 39 was relevantly amended by the Self Governing Schools etc. (Scotland) Act 1989 (c.39) Schedule 11; the Health and Medicines Act 1988 (c.49) section 10 and Schedule 3, and the Standards in Scotland's Schools etc. Act 2000 (asp 6), schedule 3.

	and treatment of pupils and young persons); section 48 (residential and practice accommodation); section 55[28] (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A[29] (remission and repayment of charges and payment of travelling expenses); section 75B[30] (reimbursement of the cost of services provided in another EEA state); section 75BA[31] (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); section 79 (purchase of land and moveable property); section 82[32] use and administration of certain endowments and other property held by Health Boards); section 83[33] (power of Health Boards and local health councils to hold property on trust); section 84A[34] (power to raise money, etc., by appeals, collections etc.); section 86 (accounts of Health Boards and the Agency); section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98[35] (charges in respect of nonresidents); and paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards); and functions conferred by— The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989[36]; The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302; The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018; The National Health Service (Discipline Committees) (Scotland) Regulations 2006;

[28] Section 55 was amended by the Health and Medicines Act 1988 (c.49), section 7(9) and Schedule 3 and the National Health Service and Community Care Act 1990 (c.19), Schedule 9. The functions of the Secretary of State under section 55 are conferred on Health Boards by virtue of S.I. 1991/570.

[29] Section 75A was inserted by the Social Security Act 1988 (c.7), section 14, and relevantly amended by S.S.I. 2010/283. The functions of the Scottish Ministers in respect of the payment of expenses under section 75A are conferred on Health Boards by S.I. 1991/570.

[30] Section 75B was inserted by S.S.I. 2010/283, regulation 3(3) and amended by S.S.I. 2013/177.

[31] Section 75BA was inserted by S.S.I. 2013/292, regulation 8(4).

[32] Section 82 was amended by the Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 4), section 10(2) and the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 2.

[33] There are amendments to section 83 not relevant to the exercise of a Health Board's functions under that section.

[34] Section 84A was inserted by the Health Services Act 1980 (c.53), section 5(2). There are no amendments to section 84A which are relevant to the exercise of a Health Board's functions.

[35] Section 98 was amended by the Health and Medicines Act 1988 (c.49), section 7. The functions of the Secretary of State under section 98 in respect of the making, recovering, determination and calculation of charges in accordance with regulations made under that section is conferred on Health Boards by virtue of S.I. 1991/570.

[36] As amended by S.I. 1992/411; S.I. 1994/1770; S.S.I. 2004/369; S.S.I. 2005/445; S.S.I. 2005/572; S.S.I. 2006/141; S.S.I. 2008/290; S.S.I. 2011/25 and S.S.I. 2013/177.

	The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; The National Health Service (General Dental Services) (Scotland) Regulations 2010; and The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011[37].
Disabled Persons (Services, Consultation and Representation) Act 1986 Section 7 (persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002 All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003 All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (approved medical practitioners); section 34 (inquiries under section 33: co-operation)[38]; section 38 (duties on hospital managers: examination, notification etc.)[39]; section 46 (hospital managers' duties: notification)[40]; section 124 (transfer to other hospital); section 228 (request for assessment of needs: duty on local authorities and Health Boards); section 230 (appointment of patient's responsible medical officer); section 260 (provision of information to patient); section 264 (detention in conditions of excessive security: state hospitals); section 267 (orders under sections 264 to 266: recall); section 281[41] (correspondence of certain persons detained in hospital); and functions conferred by— The Mental Health (Safety and Security) (Scotland) Regulations 2005[42]; The Mental Health (Cross border transfer: patients subject

[37] To which there are amendments not relevant to the exercise of a Health Board's functions.

[38] There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.

[39] Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 ("the 2003 Act") provides a definition of "managers" relevant to the functions of Health Boards under that Act.

[40] Section 46 is amended by S.S.I. 2005/465.

[41] Section 281 is amended by S.S.I. 2011/211.

[42] To which there are amendments not relevant to the exercise of the functions of a Health Board. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.

	to detention requirement or otherwise in hospital) (Scotland) Regulations 2005[43]; The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and The Mental Health (England and Wales Cross-border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.
Education (Additional Support for Learning) (Scotland) Act 2004 Section 23 (other agencies etc. to help in the exercise of functions under this Act)	
Public Services Reform (Scotland) Act 2010	
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010.	Except functions conferred by— section 31 (public functions: duties to provide information on certain expenditure etc.); and section 32 (public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011	
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36[44].

[43] Section 329(1) of the 2003 Act provides a definition of “managers” relevant to the functions of Health Boards.

[44] Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of “relevant NHS body” relevant to the exercise of a Health Board's functions.

Part 2

Services currently provided by NHS Highland which are to be integrated

- Hospital inpatient (scheduled and unscheduled)
- Rural General Hospitals
- Mental Health
- Pediatrics
- Community Hospitals
- Hospital Outpatient Services
- NHS Community Services (Nursing, Allied Health Professionals, Mental Health Teams, Specialist End of Life Care, Homeless Service, Older Adult Community Psychiatric Nursing, Re-ablement, Geriatricians Community/Acute, Learning Disability Specialist, Community Midwifery, Speech and Language Therapy, Occupational Therapy, Physiotherapy, Audiology
- Community Children's Services - Child and Adolescent Mental Health Service, Primary Mental Health workers, Public Health Nursing, Health visiting, School Nursing, Learning Disability Nursing, Child Protection Advisors, Speech and Language Therapy, Occupational Therapy, Physiotherapy and Audiology, Specialist Child Health Doctors and Service Community Pediatricians
- Public Health
- GP Services
- GP Prescribing
- General Dental, Opticians and Community Pharmacy
- Support Services
- Contracts and Service Level agreements with other NHS boards covering adults and children

Annex 2

Part 1

Functions delegated by the Council to the IJB

Functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

Column A *Enactment conferring function*	*Column B* *Limitation*
National Assistance Act 1948([11])	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958([12])	
Section 3 (Provision of sheltered employment by local authorities)	

(10) 1948 c.29; section 48 was amended by the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 39, paragraph 31(4) and the Adult Support and Protection (Scotland) Act 2007 (asp 10) schedule 2 paragraph 1.

(11) 1958 c.33; section 3 was amended by the Local Government Act 1972 (c.70), section 195(6); the Local Government (Scotland) Act 1973 (c.65), Schedule 27; the National Health Service (Scotland) Act 1978 (c.70), schedule 23; the Local Government Act 1985 (c.51), Schedule 17; the Local Government (Wales) Act 1994 (c.19), Schedules 10 and 18; the Local Government etc. (Scotland) Act 1994 (c.49), Schedule 13; and the National Health Service (Consequential Provisions) Act 2006 (c.43), Schedule 1

Column A *Enactment conferring function*	*Column B* *Limitation*
The Social Work (Scotland) Act 1968([13])	
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.

(12) 1968 c.49; section 1 was relevantly amended by the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Children Act 1989 (c.41), Schedule 15; the National Health Service and Community Care Act 1990 (c.19) ("the 1990 Act"), schedule 10; S.S.I. 2005/486 and S.S.I. 2013/211. Section 4 was amended by the 1990 Act, Schedule 9, the Children (Scotland) Act 1995 (c.36) ("the 1995 Act"), schedule 4; the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) ("the 2003 Act"), schedule 4; and S.S.I. 2013/211. Section 10 was relevantly amended by the Children Act 1975 (c.72), Schedule 2; the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13; the Regulation of Care (Scotland) Act 2001 (asp 8) ("the 2001 Act") schedule 3; S.S.I. 2010/21 and S.S.I. 2011/211. Section 12 was relevantly amended by the 1990 Act, section 66 and Schedule 9; the 1995 Act, Schedule 4; and the Immigration and Asylum Act 1999 (c.33), section 120(2). Section 12A was inserted by the 1990 Act, section 55, and amended by the Carers (Recognition and Services) Act 1995 (c.12), section 2(3) and the Community Care and Health (Scotland) Act 2002 (asp 5) ("the 2002 Act"), sections 8 and 9(1). Section 12AZA was inserted by the Social Care (Self Directed Support) (Scotland) Act 2013 (asp 1), section 17. Section 12AA and 12AB were inserted by the 2002 Act, section 9(2). Section 13 was amended by the Community Care (Direct Payments) Act 1996 (c.30), section 5. Section 13ZA was inserted by the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 64. Section 13A was inserted by the 1990 Act, section 56 and amended by the Immigration and Asylum Act 1999 (c.33), section 102(2); the 2001 Act, section 72 and schedule 3; the 2002 Act, schedule 2 and by S.S.I. 2011/211. Section 13B was inserted by the 1990 Act sections 56 and 67(2) and amended by the Immigration and Asylum Act 1999 (c.33), section 120(3). Section 14 was amended by the Health Services and Public Health Act 1968 (c.46), sections 13, 44 and 45; the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Guardianship Act 1973 (c.29), section 11(5); the Health and Social Service and Social Security Adjudications Act 1983 (c.41), schedule 10 and the 1990 Act, schedule 9. Section 28 was amended by the Social Security Act 1986 (c.50), Schedule 11 and the 1995 Act, schedule 4. Section 29 was amended by the 1995 Act, schedule 4. Section 59 was amended by the 1990 Act, schedule 9; the 2001 Act, section 72(c); the 2003 Act, section 25(4) and schedule 4 and by S.S.I. 2013/211.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982([14])	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986([15])	

(13) 1982 c.43; section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000([16])	
Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions

(14) 1986 c.33. There are amendments to sections 2 and 7 which are not relevant to the exercise of a local authority's functions under those sections.
(15) 2000 asp 4; section 12 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 5(1). Section 37 was amended by S.S.I. 2005/465. Section 39 was amended by the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and by S.S.I. 2013/137. Section 41 was amended by S.S.I. 2005/465; the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and S.S.I. 2013/137. Section 45 was amended by the Regulation of Care (Scotland) Act 2001 (asp 8), Schedule 3.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001([17])	
Section 92 (Assistance to a registered for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002([18])	
Section 5 (Local authority arrangements for residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003([19])	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	

(16) 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.
([18]) 2002 asp 5.
(19) 2003 asp 13; section 17 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), section 111(4), and schedules 14 and 17, and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 25 was amended by S.S.I. 2011/211. Section 34 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006([20])	
Section 71(1) (b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007([21])	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 11 (Assessment Orders.)	
Section 14 (Removal orders.)	
Section 18 (Protection of moved persons property.)	
Section 22 (Right to apply for a banning order.)	
Section 40 (Urgent cases.)	
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013 ([22])	

(20) 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.
(21) 2007 asp 10; section 5 and section 42 were amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17 and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 43 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 14.
([22]) 2013 asp 1.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 5 (Choice of options: adults.)	
Section 6 (Choice of options under section 5: assistances.)	
Section 7 (Choice of options: adult carers.)	
Section 9 (Provision of information about self-directed support.)	
Section 11 (Local authority functions.)	
Section 12 (Eligibility for direct payment: review.)	
Section 13 (Further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	
Carers (Scotland) Act 2016 [2324]	
Section 6 (Duty to prepare adult carer support plan)	
Section 21 (Duty to set local eligibility criteria)	
Section 24 (Duty to provide support)	

(23) section 21 was inserted into the Schedule of the Public Bodies (Joint Working) (Scotland) Act 2014 by paragraph 6 of the schedule of the Carers (Scotland) Act 2016 (asp 9)

(24)inserted by Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment Regulations 2017/190

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 25 (Provision of support to carers: breaks from caring) Section 31 (Duty to prepare local carer strategy) Section 34 (Information and advice service for carers) Section 35 (Short breaks services statements)	

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

Column A *Enactment conferring function*	*Column B* *Limitation*
The Community Care and Health (Scotland) Act 2002 Section 4([25]) **The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002([26])**	

([25]) Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp13) schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10) section 62(3)

([26]) S.S.I. 2002/265, as amended by S.S.I. 2005/445.

Additional Functions delegated by the Council to Argyll and Bute Integration Joint Board

Column A	Column B
Functions conferred by virtue of enactments	Limitation
National Assistance Act 1948	
Section 45 **(**Recovery in cases of misrepresentation or non-disclosure.)	
Matrimonial Proceedings (Children) Act 1958	
Section 11 **(**Reports as to arrangements for future care and upbringing of children.)	
The Social Work (Scotland) Act 1968	
Section 5 **(**Powers of Secretary of State.)	
Section 6B (Local authority inquiries into matters affecting children.)	
Section 27 (Supervision and care of persons put on probation or released from prisons etc.)	
Section 27ZA (Advice, guidance and assistance to persons arrested or on whom sentence deferred.)	
Section 78A (Recovery of contributions)	
Section 80 (Enforcement of duty to make contributions.)	
Section 81 (Provisions as to decrees for ailment.)	
Section 83 (Variation of trusts.)	
Section 86 (Adjustment between authority providing accommodation etc., and authority of area of residence.)	
The Children Act 1975	
Section 34 (Access and maintenance.)	
Section 39	

(Reports by local authorities and probation officers.)

Section 40
(Notice of application to be given to local authority.)

Section 50
(Payments towards maintenance of children.)

Health and Social Services and Social Security Adjudications Act 1983

Section 21
Recovery of sums due to local authority where persons in residential accommodation have disposed of assets.)

Section 22
(Arrears of contributions charged on interest in land in England and Wales)

Section 23
(Arrears of contributions secured over interest in land in Scotland)

Foster Children (Scotland) Act 1984

Section 3
(Local authorities to ensure well-being of and to visit foster children.)

Section 5
(Notification by persons maintaining or proposing to maintain foster children.)

Section 6
Notification by persons ceasing to maintain foster children.)

Section 8
(Power to inspect premises.)

Section 9
(Power to impose requirements as to the keeping of foster children.)

Section 10
(Power to prohibit the keeping of foster children.)

The Children (Scotland) Act 1995

Section 17
(Duty of local authority to child looked after by them.)

~~Section19~~
~~(Local authority plans for services for children)~~

Section 20
(Publication of information about services for children)

Section 21
(Co-operation between authorities)

Section 22
(Promotion of welfare of children in need)

Section 23

(Children affected by disability)

~~Section 24~~
~~(Assessment of ability of carers to provide care for disabled children)~~

~~Section 24A~~
~~(Duty of local authority to provide information to carer of disabled child)~~

Section 25
(Provision of accommodation for children etc.)

Section 26
(Manner of provision of accommodation to child looked after by local authority)

Section 26A
(Provision of continuing care: looked after children)

Section 27
(Daycare for pre-school and other children)

Section 29
(Aftercare)

Section 30
(Financial assistance towards expenses of education or training and removal of power to guarantee indentures etc.)

Section 31
Review of case of child looked after by local authority)

Section 32
(Removal of child from residential establishment)

Section 36
(Welfare of certain children in hospitals and nursing homes etc.)

Section 38
(Short term refuges for children at risk of harm.)

Section 76
(Exclusion orders.)

Criminal Procedure (Scotland) Act 1995

Section 51
(Remand and committal of children and young persons.)

Section 203
Reports.)

Section 234B
(Drug treatment and testing order.)

Section 245A
(Restriction of liberty orders.)

The Adults with Incapacity (Scotland) Act 2000

Section 40
(Supervisory bodies.)

The Community Care and Health (Scotland) Act 2002

Section 4
(Accommodation more expensive than usually provided.).)

Section 6
Deferred payment of accommodation costs.)

Management of Offenders etc (Scotland) Act 2005

Sections 10
(Arrangements for assessing and managing risks posed by certain offenders)
Section 11
(Review of arrangements)
(
Adoption and Children (Scotland) Act 2007

Section 1
(Duty of local authority to provide adoption service.)

~~Section 4~~
~~(Local authority plan)~~

Section 5
(Guidance)

Section 6
(Assistance in carrying out functions under sections 1 and 4)

Section 9
(Assessment of needs for adoption support services)

Section 10
(Provision of services)

Section 11
(Urgent provision)

Section 12
(Power to provide payment to person entitled to adoption support service)

Section 19
(Notice under Section 18 local authorities duties)

Section 26
(Looked after children - adoption is not proceeding.)

Section 45
(Adoption support plans.)

Section 47
(Family member's right to require review of plan)

Section 48
(Other cases where authority under duty to review plan)

Section 49
(Re-assessment of needs for adoption support services)

Section 51
(Guidance)

Section 71

(Adoption allowance schemes.)

Section 80
(Permanence Orders.)

Section 90
(Precedence of certain other orders)

Section 99
(Duty of local authority to apply for variation or revocation.)

Section 101
(Local authority to give notice of certain matters.)

Section 105
(Notification of proposed application for order)

The Adult Support and Protection (Scotland) Act 2007

Section 7
(Visits)

Section 8
(Interviews)

Section 9
(Medical examinations)

Section 10
(Examination of records etc.)

Section 16
(Right to remove adult at risk)

Children's Hearings (Scotland) Act 2011

Section 35
(Child assessment orders.)

Section 37
(Child protection orders.)

Section 42
(Parental responsibilities and rights directions.)

Section 44
(Obligations of local authority.)

Section 48
(Application for variation or termination

Section 49
(Notice of an application for variation or termination.)

Section 60
(Local authorities duty to provide information to Principal Reporter.)

Section 131
(Duty of implementation authority to require review.)

Section 144

(Implementation of a compulsory supervision order; general duties of implementation authority.)

Section 145
(Duty where order requires child to reside in a certain place.)

Section 153
(Secure accommodation: regulations.)

Section 166

(Review of requirement imposed on local authority)

Section167
(Appeal to Sheriff Principal: section 166)

Section 180
(Sharing of information: panel members.)

Section 183-
(Mutual Assistance)

Section 184
(Enforcement of obligations of health board under section 183)

Social Care (Self-directed Support) (Scotland) Act 2013

Section 8
(Choice of options; children and family members.)

Section 10
(Provision of information; children under 16.)

Carers (Scotland) Act 2016

Section12
(Duty to prepare a Young Carer Statement)

Part 2

Services currently provided by the Council which are to be integrated:

All permitted Council functions apart from housing and housing support services, other than aids and adaptations aspects of housing support.

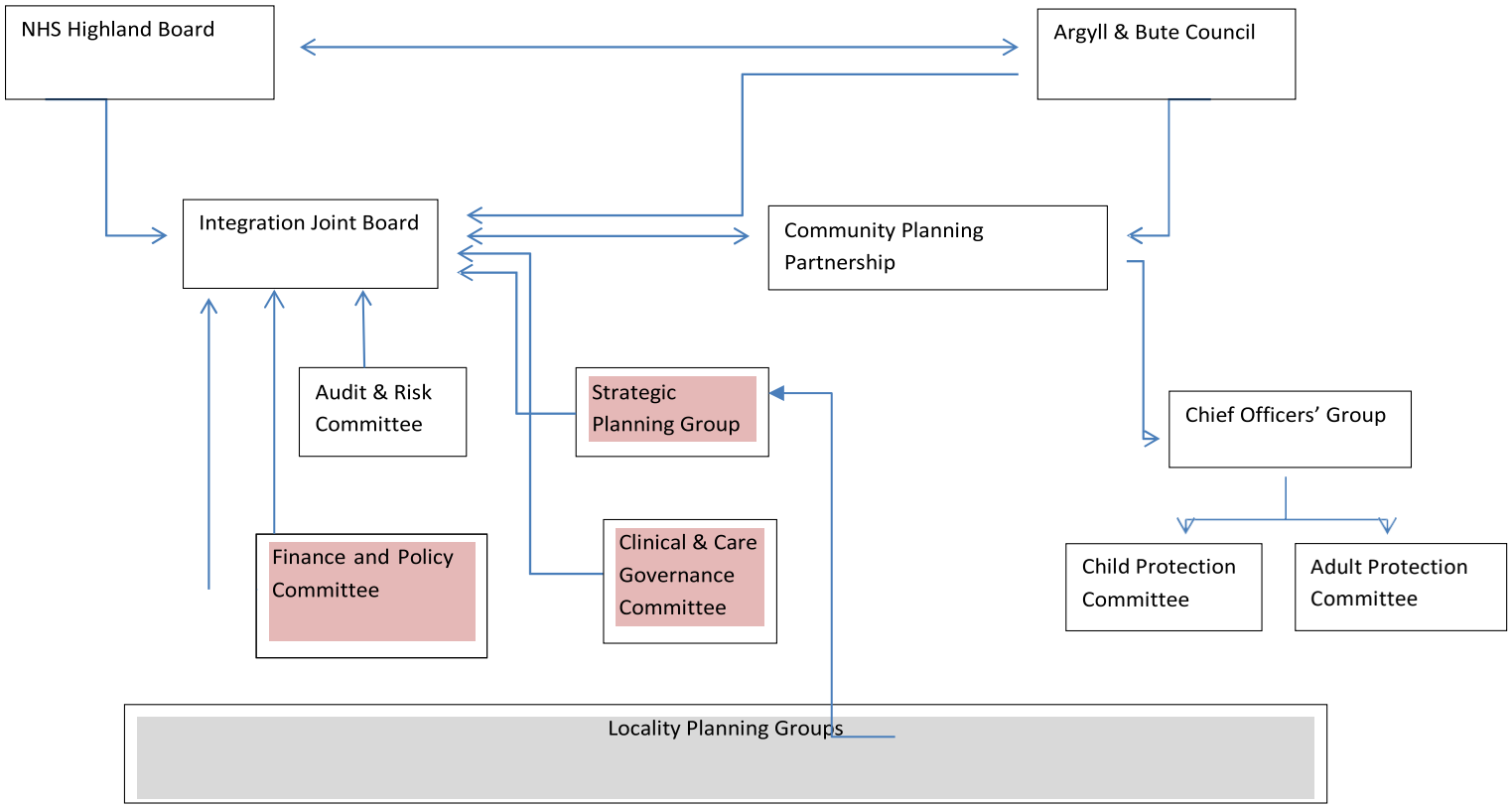
- Social care Services for Adults and Older People
    - Services and Support for Adults with Physical Disabilities and Learning Disabilities
    - Mental Health Services
    - Drug and Alcohol Services
    - Adult Protection and Domestic Abuse
    - Carers Support Services

        - Community Care Assessment Teams
        - Support Services
        - Care Home Services
        - Adult Placement Services
        - Health Improvement Services
        - Housing support including Aids and Adaptions
        - Day Services
        - Local Area Co-ordination
        - Self-Directed support
        - Respite Provision for adults and young people
        - Occupational Therapy Services
        - Re-ablement Services, Equipment and Telecare
    - Social care services for children and young people
        - Child Care Assessment and Care Management
        - Looked After and accommodated Children
        - Child Protection
        - Adoption and Fostering
        - Special Needs/Additional Support
        - Early Intervention
        - Through-care Services
        - Youth Justice Services

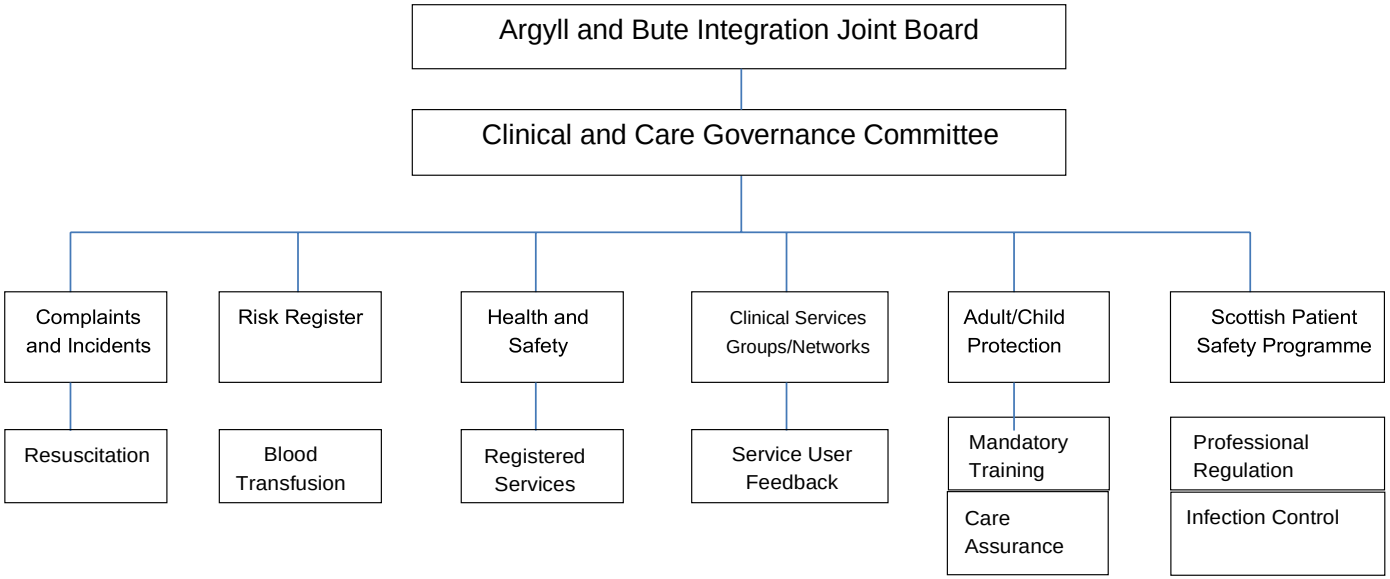
- Social care Justice Services
    - Services to Courts and Parole Board
    - Assessment of offenders
    - Diversions from Prosecution and Fiscal Work Orders
    - Supervision of offenders subject to a community based order
    - Through care and supervision of released prisoners
    - Multi Agency Public Protection Arrangements

Annex 3: Systems Governance.

System Governance Schematic



Annex 4: Clinical and Care Governance structure.



A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Date of Meeting: 25 November 2020

Title of Report: Directions from Integration Authorities to Health Boards and Local Authorities

Presented by: Douglas Hendry, IJB Standards Officer

The Integration Joint Board is asked to:

- Note the content of the new Statutory Guidance with regard to directions
- Approve the proposed improvement actions summarised at section 3.3.1 of the report; and
- Agree that Officers now put in place the necessary arrangements to implement the proposed changes.

1. EXECUTIVE SUMMARY

1.1 Following the publication of new statutory guidance in January 2020 from the Scottish Government entitled 'Health and Social Care Integration, Statutory Guidance, Directions from Integration Authorities to Health Boards and Local Authorities' (attached at Appendix 1), a review of the current arrangements within the Argyll and Bute HSCP with regard to the use of directions has been undertaken.

1.2 Members of the IJB are asked to consider and approve the actions arising from this review.

2. INTRODUCTION

2.1 Officers from the Council and the HSCP have reviewed the current operational arrangements with regard to directions and, having taken account of the legislative requirements and the new statutory guidance, propose a number of improvement actions to ensure good practice and compliance.

3. DETAIL OF REPORT

3.1 Context

3.1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to develop a strategic plan/strategic commissioning plan, for integrated functions and budgets under their control.

3.1.2 Integration Authorities require a mechanism to action their strategic plans and this is laid out in sections 26 to 28 of the Act (see detail at Appendix 2). This mechanism takes the form of binding directions from the Integration Authority to one or both of the Health Board and Local Authority. Directions are also the means by which a record is maintained of which body decided what and with what advice, which body is responsible for what, and which body should be audited for what, whether in financial or decision making terms.

3.1.3 In the case of an Integration Joint Board (IJB), a direction must be given in respect of every function that has been delegated to the IJB. A direction must set out how each integrated function is to be exercised, and identify the budget associated with that. Directions are the means by which an IJB tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan.

3.1.4 The Scottish Government had previously published in March 2016 a 'Good Practice Note' in respect of directions from Integration Authorities to Health Boards and Local Authorities to provide guidance on implementing the legislative duties within the 2014 Act.

3.1.5 Following a review by the Ministerial Strategic Group for Health and Community Care in respect of progress with integration across Scotland, a number of proposals were put forward with a view to increasing the pace and effectiveness of integration. One of these proposals was that new statutory guidance would be published (January 2020) to support improved practice in issuing and implementing directions. This new statutory guidance supersedes the previous guidance issued in 2016, and emphasises that directions must be recognised as a key means of clarifying responsibilities and accountabilities between statutory partners, and for ensuring delivery in line with decisions.

3.2 <u>Review of current arrangements / new statutory guidance</u>

3.2.1 The current Argyll and Bute Scheme of Integration states the following in respect of directions:-

<u>Section 8.2.15</u> *The annual direction from the IJB to the Council and NHS Highland will take the form of a letter from the Chief Officer referring to the arrangements for delivery set out in the Strategic Plan and will include information on:*

- *The delegated function(s) that are being directed*
- *The outcomes and activity levels to be delivered for those delegated functions*
- *The amount and method of determining the payment to carry out the delegated functions*

<u>Section 8.2.16</u> *Once issued, these can be amended or varied by a subsequent direction by the IJB.*

3.2.2 A review of directions issued since the Argyll and Bute HSCP was formed has been undertaken and it would appear that directions were issued by letter from the Chief Officer of the IJB on 23 December 2016 and 21 April 2020, to both the Council and NHS Highland, as well as a direction to partners to recruit additional HR resource. The use of directions is not optional for IJBs, Health Boards or Local Authorities, it is required by law. Based on the current practice in Argyll and Bute, there is a need to change and improve, ensuring that directions are issued at the appropriate times, for example following any decisions that are made at the IJB which will impact on delivery partners such as service change and service re-design.

3.2.3 During the last year, the reporting template for the IJB has been updated to incorporate a specific section on directions which requires the author to decide and record if the report requires a direction to be issued to the Local Authority, NHS Highland Health Board, or both, or that no direction is required (attached at Appendix 3). To date, three directions have been issued using this reporting mechanism. The new statutory guidance from the Scottish Government recommends that this approach should be adopted as standard practice across IJBs so it is positive that this has already been implemented in Argyll and Bute. It would be beneficial, however, to put in place guidance for Officers who are required to submit reports to the IJB, to ensure there is an understanding of when directions are required.

3.2.4 The Scottish Government have reported that it has been the practice of most IJBs to issue generic directions to delivery partners at the point of agreeing their budgets for the following financial year. However, it is not possible for IJBs to make all decisions about all service change at this juncture, therefore it is recommended that the issuing of directions should be taking place at any time throughout the year, as well as the start of the financial year. At present, this is not happening in Argyll and Bute, but the consistent application of the reporting mechanism detailed in section 3.2.3 will provide an initial prompt.

3.2.5 A further recommendation arising from the new statutory guidance, which will assist Officers/IJBs in determining whether a direction is necessary, is that IJBs should develop a directions policy, based on the content of the new guidance. The following areas are suggested for consideration when deciding if a direction is required/what it might include:-

- Scope and scale of the function
- Finance involved
- Scale and nature of change
- Those impacted by the change
  - Patients
  - People who use services
  - Carers
  - Local communities
  - Staff
  - Others
- Timescale for delivery

3.2.6 In respect of the form and content of directions, Section 27 of the Act provides they must include detailed information on the financial resources that are available for carrying out the functions that are the subject of the directions, including the allocated budget and how that budget is to be used. The full text of Section 27 should be referred to for further detail, which is contained within Appendix 2.

3.2.7 The Act further provided that directions must be in writing. The Guidance states they should be sufficiently detailed to ensure the intention of the IJB is adequately captured and effectively communicated. The Guidance states directions should include information on the required delivery of the function, for example, changing the model of care, as well as detailed information on the financial resources that are available for carrying out the functions that are the subject of the directions, including the allocated budget and how that budget is to be used.

3.2.8 The content of a direction should be informed by the content of a report on the function(s) submitted to and approved by the IJB. For example, where an IJB discusses and approves a report that makes changes to arrangements for the provision of a particular service, the direction would draw on the reports content. It is recommended that the direction should be contained in the same report, using a standard format, in order that it can be approved by the IJB at the same time as the report and its recommendations are approved.

3.2.9 The new statutory guidance recommends that directions should be issued as soon as is practicable following their approval by the IJB. It is recommended that this should be a maximum of, say, 14 days after the decision by the IJB.

3.2.10 Directions should remain in place until such time as they are varied, revoked, or suspended by a later direction in respect of the same functions. It is recommended that a log of all directions should be maintained, ensuring that it is checked for accuracy and kept up to date. This log should include, as a minimum, the function(s) covered, any identifier (such as log number), date of issue, identify to which delivery partner(s) issued, any delivery issues, and the total resource committed. The log should be regularly monitored and reviewed by the IJB and used as part of performance management processes.

3.2.11 Directions that are issued at the start of the financial year should be reviewed and if necessary revised during the year in response to ongoing developments, including as a consequence of decisions in year about service change by the IJB, or for example, should an overspend be forecast in either of the operational budgets for health or social care services delivered by the Health Board and Local Authority and corrective actions proposed which require a direction.

3.3 Summary of proposed actions

3.3.1 As a consequence of the new statutory guidance, the following actions are proposed for implementation to ensure consistent practice across IJBs with respect to directions:-

i. Full adoption of the IJB reporting template that has been in operation for the last year;
ii. Development of a directions policy to assist IJBs/Officers in determining when directions are required;
iii. Ensure that any directions issued include detail on the required delivery of the function and financial resources;
iv. The content of directions should be informed by the content of a report on function(s) approved by the IJB and should be contained in the same report, using a standard format;
v. Directions should be issued as soon as practicable following approval by the IJB, usually by the IJB Chief Officer to the Chief Executive of either the Health Board or the Local Authority, or both. Each in their role as accountable officers to the relevant statutory body.
vi. A log of all directions issued, revised, revoked, and completed should be maintained. This log should be periodically reviewed by the IJB and used as part of performance management processes, including audit and scrutiny.

4. RELEVANT DATA AND INDICATORS

Compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 – Sections 26 – 28

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Binding directions are the mechanism by which Integration Authorities action their strategic plans for integrated services and budgets.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Improved governance arrangements and accountability, ensuring effective delivery of integration.

6.1 Staff Governance

n/a

6.2 Clinical Governance

n/a

7. PROFESSIONAL ADVISORY

Report was prepared in consultation with senior management across the Council and HSCP.

8. EQUALITY & DIVERSITY IMPLICATIONS

n/a

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Compliant

10. RISK ASSESSMENT

Non - compliance with the statutory guidance and the Public Bodies (Joint Working) (Scotland) Act 2014 will reduced clarity and transparency in terms of decision making and budget control.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

n/a

12. CONCLUSIONS

12.1 A review of progress with integration of health and social care has been undertaken by the Ministerial Strategic Group for Health and Community Care, which has resulted in a number of proposals being put forward to increase the pace and effectiveness of integration, including the publication of new statutory guidance "Directions from Integration Authorities to Health Boards and Local Authorities'. As a consequence of this, a review of the current arrangements in place within Argyll and Bute HSCP with regard to directions has been undertaken, and a number of improvement actions proposed to ensure compliance with the new guidance.

13. DIRECTIONS

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

14. APPENDICES

- Appendix 1 – Statutory Guidance – 'Directions from Integration Authorities to Health Boards and Local Authorities'
- Appendix 2 – Public Bodies (Joint Working) (Scotland) Act 2014 – Sections 26 – 28
- Appendix 3 – IJB Reporting Template

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Health and Social Care Integration

Statutory Guidance

Directions from Integration Authorities to Health Boards and Local Authorities

Public Bodies (Joint Working) (Scotland) Act 2014

January 2020

Scottish Government
Riaghaltas na h-Alba
gov.scot

DIRECTIONS FROM INTEGRATION AUTHORITIES TO HEALTH BOARDS AND LOCAL AUTHORITIES UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

1. What is this guidance about?

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to develop a strategic plan, also known as a strategic commissioning plan, for integrated functions and budgets under their control for which we have published statutory guidance: https://www.gov.scot/publications/strategic-commissioning-plans-guidance/pages/9/. Integrated functions and budgets are those delegated by the Health Board and Local Authority. The legislation sets out what functions and budgets must be delegated and those that may be delegated: http://www.legislation.gov.uk/asp/2014/9/contents/enacted.

1.2 Each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term, using integrated budgets under their control. Stakeholders must be fully engaged in the preparation, publication and review of the strategic commissioning plan, in order to establish a meaningful co-production approach, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration.

1.3 Integration Authorities require a mechanism to action their strategic commissioning plans and this is laid out in sections 26 to 28 of the Act. This mechanism takes the form of ***binding directions*** from the Integration Authority to one or both of the Health Board and Local Authority. Directions are also the means by which a record is maintained of which body decided what and with what advice, which body is responsible for what, and which body should be audited for what, whether in financial or decision making terms.

1.4 In the case of an Integration Joint Board (IJB), a direction ***must*** be given in respect of every function that has been delegated to the IJB. In a ***lead agency*** arrangement, the Integration Authority ***may*** issue directions or may opt to carry out the function itself. In either case, a direction must set out how each integrated function is to be exercised, and identify the budget associated with that. Not unexpectedly, only IJBs have made directions to delivery partners to date and this guidance is therefore mainly aimed at IJBs and their delivery partners in Health Boards and Local Authorities.

1.5 Put simply, directions are the means by which an IJB tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan.

1.6 Directions are also the legal basis on which the Health Board and the Local Authority deliver services that are under the control of the IJB. If directions are not being provided or they lack sufficient detail, Health Boards and Local Authorities should be actively seeking directions in order to properly discharge their statutory duties under the Act.

1.7 This guidance sets out how to improve practice in the issuing (by IJBs) and implementation (by Health Boards and Local Authorities) of directions issued under the Public Bodies (Joint Working) (Scotland) Act 2014. It supersedes the Good Practice Note on Directions issued in March 2016.

2. Why are we publishing this guidance now?

2.1 Directions are a key aspect of governance and accountability between partners. This has previously been largely unrecognised, with the effect that there is a lack of transparency, governance and accountability for integrated functions that are under the control of IJBs, and delivered by Health Boards and Local Authorities. This must be a matter of concern for all parties, each of which is responsible for ensuring that they are complying with their individual duties under the Act.

2.2 Scottish Government has worked closely with IJB Chief Officers to better understand the diversity of practice across Scotland surrounding directions and to identify good practice. We have also discussed the use of directions with a range of local systems at our regular partnership engagement meetings, including with Health Board and Local Authority Chief Executives.

2.3 In February 2019 the Ministerial Strategic Group for Health and Community Care (MSG) published its report on the review of progress with integration: https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/. This contains 25 proposals intended to increase the pace and effectiveness of integration. One of these proposals was that statutory guidance on directions would be published to support improved practice in issuing and implementing directions.

2.4 Chairs and Vice Chairs of IJBs have expressed a keen interest in improving practice and in better understanding how they can take responsibility for improvement, and in collaborating with partners to ensure accountability and effective governance. IJBs, Local Authorities and Health Boards must each take individual and several responsibility for complying with their statutory duties, and for being clear about lines of accountability between one another.

2.5 One issue appears to have been that directions have previously been regarded as being issued by Chief Officers to themselves as senior operational directors in Health Boards and Local Authorities. The Act confers the duty of issuing directions on the Integration Authority to constituent authorities. Directions may be issued on behalf of the IJB by an IJB Chief Officer, in their role as the accountable officer to the IJB, to Chief Executives in the Health Board and Local Authority in their roles as accountable officers to the Health Board and Local Authority. These are senior executives acting on behalf of the three statutory public bodies. It may also be helpful to copy the relevant IJB Chair, Council Leader and the NHS Chair into directions. See Appendix 1 on roles and responsibilities of each of the statutory partners and their accountable officers, under integration.

2.6 Directions are a legal mechanism and are intended to clarify responsibilities and requirements between partners, that is, between the IJB, the Local Authority and the Health Board. They are the means via which clarity on decision making is achieved under integration. Directions are therefore both a necessary and important aspect of governance under integration, providing a means by which responsibilities are made clear and evident.

2.7 As a legal requirement, the use of directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory. How local systems are using them will be subject to internal and external audit and scrutiny. At the time of publishing this guidance, practice is evidently variable and needs to be improved, with any impediments overcome jointly by partners using a collaborative approach that properly acknowledges the roles of the different partners.

3. Process for issuing directions

3.1 It is essential that directions are understood to be the ***end point*** of a process of decision making by the IJB. Directions should not contain surprising or completely unknown information about service change or redesign and should follow a period of wider engagement on the function(s) that are the subject of the direction. This would normally be part of the service planning and design phase of strategic commissioning.

3.2 While directions are not a means of launching unheard-of service change onto delivery partners in the Health Board and Local Authority, nor are they something that can be ignored by delivery partners in the Health Board and Local Authority.

3.3 Directions are binding, which is why they come at the end point of a process of planning and decision making. The delivery partners are required to comply with all directions received from the IJB, and the law is clear that they may not amend, ignore, appeal or veto any direction. Neither the Local Authority nor the Health Board may use resources allocated via the Integration Authority in pursuit of a direction for any other purpose than that intended. This demands a mature and collaborative approach to the planning and delivery of change in health and social care services that delivers sustainability**. It is designed to help local partners improve quality and outcomes for local populations**.

3.4 Integration Authorities have been established to put in place plans to improve the health and wellbeing of their local populations and to make best use of the total resource available to them, hitherto managed and allocated separately by Health Boards and Local Authorities. They have an agenda of change and improvement, working in partnership with their delivery partners. It can therefore reasonably be expected that a number of decisions made by IJBs will impact on delivery partners that will require directions to be issued. Otherwise, nothing would be changing – which would not help integration's purpose to improve the sustainability and quality of care.

3.5 It has been the practice of most IJBs to issue generic directions to delivery partners at the point of agreeing their budgets for the following financial year. However, it is not possible for IJBs to make all decisions about all service change at this juncture, although they will still require to allocate funding across the functions they are responsible for.

3.6 IJBs make decisions about service change, service redesign, and investment and disinvestment at many of their meetings. Such decisions will necessitate directions to the Health Board or Local Authority, or both, and may indeed require the delivery partners to carry out a function jointly. The issuing of directions should be taking place at any time throughout the year, as well as at the start of the financial year.

3.7 Some duties conferred on IJBs also relate directly to duties on Health Boards and Local Authorities, such as Equalities, Best Value and Climate Change. This further enhances the need for collaborative working on a formal basis between the partner bodies.

3.8 To assist with the determination of when a direction should be issued, a number of IJBs have added a short section to their report format that requires the author to decide and record if the report requires a direction to be issued to the Local Authority, the Health Board, to both, or that no direction is required. This provides an initial prompt and should be adopted as standard practice across IJBs.

3.9 Directions should not be issued unnecessarily and should be proportionate. A direction should always be prompted by a decision made by the IJB. It would be helpful for IJBs to develop a directions policy, based on this guidance. The following might be considered when thinking about when a direction requires to be issued and what it might include:

- Scope and scale of the function
- Finance involved
- Scale and nature of change
- Those impacted by the change
    - Patients
    - People who use services
    - Carers
    - Local communities
    - Staff
    - Others
- Timescale for delivery

3.10 Overly general or ambiguously worded directions will not be helpful to delivery partners in understanding what they have to deliver. They will also cause problems in identifying whether a direction has been progressed or completed and therefore need to remain on a log of directions indefinitely and be unable to be closed off. This should be avoided by issuing clear directions, thoughtfully constructed and capable of being monitored effectively with delivery timescales, milestones and outcomes.

3.11 Any direction issued by the IJB must meet all clinical and care governance requirements and standards to ensure patient safety and public protection as well as ensure staff and financial governance. Every IJB has senior professional, clinical and financial advisors as part of their core membership to provide scrutiny of these aspects and to provide assurance. This does not require to be remitted for additional checking through Local Authority of Health Board systems: Local Authorities and Health Boards should ensure that the professional and clinical advisors tasked to provide advice to IJBs are appropriately experienced and supported in their role.

4. Form and content of directions

4.1 Directions must be in writing and should be sufficiently detailed to ensure the intention of the IJB is adequately captured and effectively communicated. The direction should include information on the required delivery of the function, for example changing the model of care, as well as the financial resources that are available for carrying out the function. The direction may specify in some detail what the Health Board, the Local Authority or both are to do in relation to carrying out a particular function. A lack of detail or specificity in a direction may cause difficulties in performance monitoring and hamper the effective delivery of a function.

4.2 The primary purpose is to set a clear framework for the operational delivery of the functions that have been delegated to the IJB and to convey the decision(s) made by the IJB about any given function(s).

4.3 Directions must clearly identify which of the integrated health and social care functions they relate to. The IJB can direct the carrying out of those functions by requiring that a particular named service or services be provided. Where appropriate, the same document can be used to give directions to carry out multiple functions.

4.4 Directions must include detailed information on the financial resources that are available for carrying out the functions that are the subject of the directions, including the allocated budget and how that budget (whether this is a payment or a sum set aside and made available) is to be used. However, directions should not be seen as a mechanism only to advise the delivery partners of resources available to them. Rather, directions are intended to provide clear advice to delivery partners on the expected delivery of any given function, together with the identified resource available.

4.5 The exercise of each function can be described in terms of delivery of services, achievement of outcomes and/or by reference to the strategic commissioning plan.
4.6 The financial resource allocated to each function in a direction is a matter for the IJB to determine. The Act makes particular provision for the allocation of budgets for the sum “set aside” in relation to large hospital functions, which gives flexibility for the IJB to direct how much of the sum set aside is to be used for large hospital services and for the balance to be used for other purposes. This requires mature and collaborative working to achieve agreement on the best use of this budget, particularly with those responsible for the delivery of acute services, however the decision about the use of this budget lies with the IJB. The statutory guidance on finance issued in 2015 provides detailed advice on set aside: https://www.gov.scot/publications/finance-guidance-health-social-care-integration/

4.7 The content of a direction should be informed by the content of a report on the function(s) submitted to and approved by the IJB. For example, where an IJB discusses and approves a report that makes changes to arrangements for the provision of day services for people with a learning disability, the direction would draw on the report’s content. The direction should be contained in the same report, using a standard format, in order that it can be approved by the IJB at the same time as the report and its recommendations are approved. There should also be a process in place where the IJB is able to raise queries about the clarity or content of a direction and for these queries to prompt action by officials to make any necessary amendments to the direction.

4.8 The issuing of a direction following such a decision by the IJB is the means by which the IJB will let its delivery partners in the Local Authority, Health Board, or both, know what has been agreed and what is to change in the delivery of the function, together with any concomitant change to the allocation of resources.

5. Process for issuing and revising directions

5.1 Directions should be issued as soon as is practicable following their approval by the IJB.

5.2 A direction will remain in place until it is varied, revoked or superseded by a later direction in respect of the same functions. A log of all directions issued, revised, revoked and completed should be maintained, ensuring that it is checked for accuracy and kept up-to-date. This log should include, as a minimum, the function(s) covered, any identifier (such as a log number), date of issue, identify to which delivery partner(s) issued, any delivery issues and the total resource committed. The log should be regularly monitored and reviewed by the IJB and used as part of performance management, including audit and scrutiny. This should include monitoring the implementation and/or status of directions that have been approved by the IJB.

5.3 To assist with monitoring and reviewing directions issued, the IJB may seek information from either the Health Board or the Local Authority, or both, about the delivery of a function that is the subject of a direction, including, but not exclusively, when issues are identified in implementation and delivery of a direction.

5.4 The Act does not set out fixed timescales for directions. This flexibility allows directions to ensure that the delivery of integrated health and social care functions is consistent with the strategic commissioning plan and takes account of any changes in local circumstances. In contrast with the strategic commissioning plan, there is therefore scope for directions to include detailed operational instructions in respect of particular functions.

5.5 A level of detail and specificity is highly desirable in directions, especially where a service is new or to be radically redesigned, or where a complex set of interdependent changes is planned.

5.6 Directions issued at the start of the financial year should subsequently be revised during the year in response to ongoing developments, including as a consequence of decisions made in year about service change by the IJB.

5.7 For example, should an overspend be forecast in either of the operational budgets for health or social care services delivered by the Health Board and Local Authority, the Chief Officer will need to agree a recovery plan to balance the overspending budget (this must be done in line with the Integration Scheme, which will detail arrangements for managing the balance of any over or underspends, and statutory guidance for finance under integration).This may require an increase in payment to either the Health Board or Local Authority funded by either:

- Utilising underspend on the other part of the operational integrated budget to reduce the payment to that body; and/or
- Utilising the balance of the general fund, if available, of the Integration Joint Board.

5.8 A revision to the directions will be required in either case.

6. Multi-partnership co-ordination

6.1 Effective co-ordination arrangements between contiguous IJBs within a Health Board area is essential where directions for acute care are under consideration. This will assist in effective planning for services that may be destabilised by conflicting or incompatible directions from different IJBs within the one area.

6.2 When unscheduled acute care is being planned, Chief Officers and their senior teams from across local partnerships should be meeting regularly in a joint forum with colleagues from the acute system. This will ensure effective co-ordination and collaboration across the multi-partnership area. This will also enable a joint plan to be developed that recognises the context, complexity or features relevant to each IJB. There may be other services and functions that also require this level of co-ordination.

6.3 Detailed directions will be necessary and particularly important where one Chief Officer is the lead for operational delivery of any given function on behalf of other Chief Officers, usually within the confines of a Health Board area and often referred to as “hosted services” or less often, lead partnership arrangements.
6.4 In such arrangements, all decisions about delegated functions still require to be made by constituent IJBs, whatever the operational delivery arrangements are in place for hosting services. Detailed directions will facilitate a feedback loop and IJBs should be seeking from the delivery partners any necessary information regarding progress with service change, investment or disinvestment. The issuing of more detailed directions will also be important for any other services not under the direct operational management of the Chief Officer.

6.5 In addition to officer level co-ordination, IJBs also require a degree of co-ordination in terms of governance and decision making when considering plans and therefore directions that span more than their area of jurisdiction. An IJB cannot delegate its responsibilities to another IJB or back to a Health Board or Local Authority. This, therefore, may be best managed by the same report being considered by each relevant IJB supplemented with any additional information or reflections required by each to ensure very localised matters are taken account of. The sequencing and co-ordination of this will require the full support of relevant IJB Chief Officers and others.

6.6 It is essential in pursuing effective co-ordination and collaboration on operational arrangements for managing delegated services and functions through the Chief Officer that this is not conflated with the statutory duties of the IJB for governance, decision making and resource allocation.

6.7 IJBs should maintain active consideration of whether the effect of delivery partners carrying out any direction they propose to issue would have an undesirable impact on another IJB (and its population) or for the local health and social care system more broadly. A process of co-ordination and mitigation will be needed in circumstances where issues of this nature are identified.

7. Improving practice and summary of key actions

7.1 This guidance is intended to provide impetus to improving practice in the issuing of directions by IJBs and their implementation by Health Boards and Local Authorities, and to deliver the proposal made in the MSG review about providing statutory guidance on directions.

7.2 The importance of directions as a vital aspect of governance and accountability between partners cannot be overstated. The need to learn from and implement good practice is evident. Chief Officers, through their network, are well placed to facilitate the sharing of practice and are key to implementing this locally.

7.3 As practice develops further, IJBs should continue to develop and improve their practice in respect of issuing directions. Local Authorities and Health Boards as the key delivery partners also need to accept and work with these new arrangements, and respond positively to direction issued to them, including the provision of any information regarding the delivery of a function that is the subject of a direction.

7.4 This guidance has been prepared as part of wider work to accelerate the pace and impact of integration. This can only be achieved by the partners working closely together, in mutual regard, and demonstrating a strong, shared commitment to integration through concerted action to deliver sustainable, and improved health and social care services, capable of delivering good outcomes for the people of Scotland.

7.5 Key actions identified throughout this guidance, which should be implemented as consistent practice include:

- A standard covering report format, which includes a brief section requiring the report author to decide and record if the report requires a direction to be issued to the Health Board, the local Authority or both, or that no direction is required.
- Directions should include detail on the required delivery of the function and financial resources.
- The content of a direction should be informed by the content of a report on the function(s) approved by the IJB and should be contained in the same report, using a standard format.
- Directions should be issued as soon as practicable following approval by the IJB, usually by the IJB Chief Officer to the Chief Executive of either the Health Beard or the Local Authority, or both. Each in their role as accountable officers to the relevant statutory body.
- A log of all directions issued, revised, revoked and completed should be maintained. This log should be periodically reviewed by the IJB and used as part of performance management processes, including audit and scrutiny.

APPENDIX 1

Statement of responsibilities and accountabilities of Integration Authorities, Health Boards and Local Authorities and their accountable officers under integration.

Integration Authorities bring together Health Boards, Local Authorities and others to ensure the delivery of efficient, integrated services. Demographic change, rising demand and growing public expectations means that radical service redesign is required in health and social care in order to deliver sustainable services that meet these challenges and improve outcomes for people.

The Public Bodies (Joint Working) (Scotland) Act 2014 establishes governance and financial arrangements, together with principles and a set of outcomes. It is predicated on a collaborative approach between Integration Authorities, Local Authorities and Health Boards, each with their own accountabilities and responsibilities, to ensure effective delivery of integration.

Integration Authorities - are responsible for planning, designing and commissioning services in an integrated way from a single budget in order to take a joined up approach, more easily shifting resources to best meet need. They have a duty to publish a strategic (commissioning) plan for integrated functions and budgets under their control. Collectively, Integration Authorities manage almost £9 billion of resources that Health Boards and Local Authorities previously managed separately, and they have the power and authority to drive real change.

All requirements for quality and safety apply to the Integration Authority just as they do to the Local Authority and Health Board. Integration Authorities have available clinical and professional advice from a range of advisors to assist them in making decisions and explore issues of quality, supported by integrated clinical and care governance arrangements.

Directions are vitally important in clarifying responsibilities and requirements between partners, that is, between the Integration Authority, the Local Authority and the Health Board. Directions are the legal mechanism by which Integration Authorities action their strategic commissioning plans. These binding directions are issued to one or both of the Health Board and Local Authority. They are the means via which clarity and transparency on decision making and budgets is achieved under integration.

Chief Officers – are the chief accountable officer to the Integration Joint Board. Chief Officers also accountable to each of the constituent authorities, and report jointly to the relevant Chief Executive of the Health Board and Local Authority as senior operational directors.

Health Boards – are responsible for delegating functions and budgets to the Integration Authority. The legislation sets out what functions and budgets must be delegated and those that may be delegated. They are jointly responsible with the Local Authority for the development of an Integration Scheme and for submitting these to Scottish Ministers for approval.

Health Boards must comply with all directions received from the Integration Authority and they may not amend, ignore, appeal or veto any direction. The Health Board may not use resources allocated via the Integration Authority in pursuit of a direction for any other purpose than that intended.

Health Board Chief Executives – are the chief accountable officer to the Health Board. They are jointly responsible, together with the relevant Chief Executive of the Local Authority, for the line management of the Chief Officer. They should ensure that directions issued to the Health Board by the Integration Authority are implemented and remain responsible for the delivery of services that are delegated.

Local Authorities - are responsible for delegating functions and budgets to the Integration Authority. The legislation sets out what functions and budgets must be delegated and those that may be delegated. They are jointly responsible with the Health Board for the development of an Integration Scheme and for submitting these to Scottish Ministers for approval.

Local Authorities must comply with all directions received from the Integration Authority and they may not amend, ignore, appeal or veto any direction. The Local Authority may not use resources allocated via the Integration Authority in pursuit of a direction for any other purpose than that intended.

Local Authority Chief Executives – are the chief policy adviser to the Local Authority and are the link between Local Authority officials and elected members. They are jointly responsible, together with the relevant Chief Executive of the Health Board, for the line management of the Chief Officer. They should ensure that directions issued to the Local Authority by the Integration Authority are implemented and remain responsible for the delivery of services that are delegated.

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at

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Public Bodies (Joint Working) (Scotland) Act 2014 asp 9 (Scottish Act)
s. 26 Directions by integration authority

Law In Force

Version 2 of 2
28 November 2014 - Present

Subjects
Health; Local government

Keywords
Delegated powers; Directions; Health boards; Integration joint boards; Local authorities; Scotland

26.— Directions by integration authority

(1) Where the integration authority is an integration joint board, it must give a direction to a constituent authority to carry out each function delegated to the integration authority.

(2) Where [, as mentioned in section 59(b) or (c),] [1] the integration authority is a local authority or a Health Board, it may give a direction to the Health Board or local authority which prepared the integration scheme by virtue of which it is the integration authority to carry out any function delegated to the integration authority.

[

(2A) Where, as mentioned in section 59(d)(i), the integration authority in relation to a particular function is a local authority or Health Board, the integration authority may give a direction to the Health Board or, as the case may be, the local authority which delegated the function to carry out the function.

][2]

(3) A person to whom a direction under this section may be given must provide the integration authority with such information as the integration authority may reasonably require for the purpose of its deciding—

(a) whether to give the direction,

(b) the content of the direction.

(4) A direction under this section may be given to more than one person in relation to the same function.

(5) If a direction such as is mentioned in subsection (4) is given, the direction may—

(a) require the persons to carry out the function jointly or only in so far as is specified in the direction,

(b) require each person to carry out the function in relation to an area specified in the direction,

(c) require each person to do particular things in relation to the function.

Notes

1 Words inserted by Public Bodies (Joint Working) (Scotland) Act 2014 (Modifications) Order 2014/342 (Scottish SI) art.2(4)(a) (November 28, 2014)

2 Added by Public Bodies (Joint Working) (Scotland) Act 2014 (Modifications) Order 2014/342 (Scottish SI) art.2(4)(b) (November 28, 2014)

Public Bodies (Joint Working) (Scotland) Act 2014 asp 9 (Scottish Act)
s. 27 Section 26: supplementary

Law In Force

Version 1 of 1
22 September 2014 - Present

Subjects
Health; Local government

Keywords
Delegated powers; Directions; Health boards; Integration joint boards; Integration schemes; Local authorities; Payments; Scotland; Scottish Ministers

27.— Section 26: supplementary

(1) A direction under section 26—

(a) must, where provision of the type mentioned in section 1(3)(d) is included in the integration scheme in relation to the function to which the direction relates, set out the amount which has been set aside by the Health Board for the use of the person who is to carry out the function,

(b) must, in any other case, set out, or set out a method of determining, payments that are to be made by the integration authority to the person who is to carry out the function,

(c) must specify how such an amount or, as the case may be, such a payment is to be used,

(d) may—

(i) regulate the manner in which the function is to be carried out,

(ii) make such supplementary, incidental or consequential provision as the integration authority considers appropriate.

(2) The provision referred to in subsection (1)(d)(ii) may include in particular the imposition on the person who is to carry out the function of requirements—

(a) to provide information to the integration authority,

(b) to take action to enable the integration authority to comply with any order of a court made against it in connection with the carrying out of the function.

(3) The integration authority must make payments in accordance with any provision included in the direction by virtue of subsection (1)(b).

(4) A person to whom a direction under section 26 is given must comply with the direction.

(5) A direction under section 26—

(a) may vary or revoke an earlier direction under that section given by the same integration authority,

(b) must be in writing.

(6) If the conditions in subsection (7) are met, the Scottish Ministers may by order provide that an integration authority which is an integration joint board may decide not to give a direction under section 26 in relation to the carrying out of a function specified in the order.

(7) The conditions are—

(a) that the Scottish Ministers receive a written application from the constituent authorities requesting that an order be made in relation to the functions specified in the application, and

(b) that the Scottish Ministers consider that the making of an order in relation to some or all of those functions would improve compliance with the integration delivery principles and contribute to achieving the national health and wellbeing outcomes in relation to the carrying out of the functions.

(8) If the Scottish Ministers do not consider under subsection (7)(b) that the making of an order under subsection (6) would improve compliance with the integration delivery principles or contribute to achieving the national health and wellbeing outcomes in relation to the carrying out of any functions, they need not include those functions in the order.

Public Bodies (Joint Working) (Scotland) Act 2014 asp 9 (Scottish Act)
s. 28 Health funding: further provision

Law In Force

Version 1 of 1
22 September 2014 - Present

Subjects
Health; Local government

Keywords
Delegated powers; Directions; Funding; Health boards; Integration schemes; Scotland

28.— Health funding: further provision

(1) This section applies where under section 14(3) or 19(2) a Health Board is required to set aside an amount in respect of certain functions delegated to an integration authority.

(2) The integration authority may by direction require a Health Board—

(a) to carry out a function delegated to the integration authority by the Health Board and in relation to which amounts have been set aside, and

(b) to use an amount of the set aside amount specified in the direction (the "specified amount") for that purpose.

(3) If the integration authority gives a direction under subsection (2) and, despite the direction, the Health Board does not use all of the specified amount, the integration authority may require the Health Board to pay to it the unused amount of the specified amount.

(4) If the integration authority gives a direction under subsection (2) and, despite the direction, the Health Board requires to use more than the specified amount, the Health Board may require the integration authority to reimburse it for the additional amount used.

(5) The Health Board must give reports to the integration authority about such matters relating to the amounts set aside as the integration authority may specify.

(6) Reports under subsection (5) must be given at such times and in relation to such periods as the integration authority may specify.

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Appendix 3

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Place meeting here

Date of Meeting:

Title of Report:

Presented by:

The ****** is asked to:**

- Note
- Approve
- Discuss

1. EXECUTIVE SUMMARY

1.1 Text

2. INTRODUCTION

Text

3. DETAIL OF REPORT

3.1 Text

4. RELEVANT DATA AND INDICATORS

Text

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Text

6. GOVERNANCE IMPLICATIONS

Guidance: Please ensure that you have followed the appropriate governance structure taking consideration of the following areas prior to submitting your paper.

6.1 Financial Impact

Text

6.2 Staff Governance

Text

6.3 Clinical Governance

Text

7. PROFESSIONAL ADVISORY

Guidance: Please ensure you have consulted appropriately with professional leadership where required and evidence here.

8. EQUALITY & DIVERSITY IMPLICATIONS

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

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Text

10. RISK ASSESSMENT

Risks should be identified and checked against both operational and strategic risk registers.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Please ensure you have submitted an engagement specification where necessary and checked the governance route for public consultation prior to submitting your paper.

12. CONCLUSIONS

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Author Name ********
Email **********

Meeting Schedule 2021-22

	2021												2022			
Committee	Jan	Feb	March	April	May	June	July	Aug	Sept	**Oct**	Nov	Dec	Jan	Feb	Mar	April
IJB	Wed 27		Wed 24			Wed tbc			Wed 15		Wed 24		Wed 26		Wed 30	
IJB Training & Development (Full Day)		Wed 24		Wed 28		Wed tbc				Wed 27		Wed 15		Wed 23		Wed 27
IJB Pre-Agenda (Telecon)	Wed 13		Wed 10		Wed 12th		tbc		Wed 1		Wed 10		Wed 12		Wed 9	
Finance & Policy	Fri 22nd	Fri 26	Fri 19	Fri 23	Fri 21	Fri 25		Fri 6	Fri 24	Fri 22	Fri 19	Fri 10	Fri 21	Fri 25	Fri 18	Fri 22
Audit & Risk (10.30am – 12.30pm)		Tues 16		Tues 13		Tues **23**			Tues 14			Tues 14		Tues 15		Tues 12
SLT Business (10am – 3pm)	Wed 6	Wed 3	Wed 3	Wed 7	Wed 5	Wed 9	Wed 14	Wed 4	Wed 8	Wed 6	Wed 3	Wed 1	Wed 5	Wed 2	Wed 2	Wed 6
Clinical Care & Governance 2pm – 4.30pm	Thurs 14		Thurs 18		Thurs 27				tbc		Thurs 11					
Strategic Planning Group (2pm – 4pm)	Thurs 28th		Thurs 4			Thurs 3			Thurs 2			Thurs 2			Thurs 3	
Joint Partnership Forum (1pm)																
Staff Liaison (1pm)																
Organisational Change (2pm)																

Key: Agreed | Proposed

16th Nov 2020 (V1)

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