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20 January 2021

NOTICE OF MEETING

A meeting of **ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB)** will be held **VIA SKYPE** on **WEDNESDAY, 27 JANUARY 2021 at 1:00 PM**, which you are requested to attend.

BUSINESS

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST (IF ANY)

3. MINUTES (Pages 3 - 14)

Integration Joint Board held on 25 November 2020

4. MINUTES OF COMMITTEES

(a) Clinical and Care Governance Committee held on 19 November 2020
(Pages 15 - 20)

(b) Audit and Risk Committee held on 11 December 2020 (Pages 21 - 24)

(c) Finance and Policy Committee held on 11 December 2020 (Pages 25 - 28)

(d) Clinical and Care Governance Committee held on 14 January 2021 (to follow)

(e) Finance and Policy Committee held on 22 January 2021 (to follow)

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

Report by Chief Officer – Health and Social Care Partnership

6. CULTURE UPDATE

(a) Report by Head of Customer Support Services (to follow)

(b) NHS Highland Board Report by Director of HR and OD (Pages 33 - 44)

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

Report by Associate Director of Public Health

- 8. NHS HIGHLAND PUBLIC HEALTH REPORT** (Pages 71 - 128)
Report by Director of Public Health and Policy
- 9. FINANCE**
Reports by Head of Finance and Transformation
 - (a) Budget Monitoring as at 30 November 2020 (Pages 129 - 154)
 - (b) Covid-19 Response and Financial Implications (Pages 155 - 170)
 - (c) Budget Outlook 2021-22 to 2023-24 (Pages 171 - 182)
 - (d) Financial Risks 2020/21 (Pages 183 - 190)
- 10. 2021/2022 SOCIAL WORK FEES AND CHARGES** (Pages 191 - 196)
Report by Principal Accountant
- 11. HEALTHCARE IMPROVEMENT SCOTLAND - UNANNOUNCED INSPECTION: COWAL COMMUNITY HOSPITAL** (Pages 197 - 200)
Report by Lead Nurse (Formal report to follow after publication on 21 January 2021)
- 12. CHILD POVERTY ACTION PLAN REVIEW 2019-20** (Pages 201 - 266)
Report by Unit Manager, Children and Families
- 13. ARGYLL AND BUTE CHILDREN'S RIGHTS REPORT 2020-23** (Pages 267 - 312)
Report by Unit Manager, Children and Families
- 14. INTEGRATION JOINT BOARD - PERFORMANCE REPORT JANUARY 2021**
(Pages 313 - 324)
Report by Head of Strategic Planning and Performance
- 15. UPDATE TO COMMITTEE TERMS OF REFERENCE** (Pages 325 - 348)
Report by Business Improvement Manager
- 16. DATE OF NEXT MEETING**
Wednesday 31 March 2021

Contact: Hazel MacInnes Tel: 01546 604269



**MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) held
VIA SKYPE
on WEDNESDAY, 25 NOVEMBER 2020**

Present:

Councillor Kieron Green, Argyll and Bute Council (Chair)
 Sarah Compton-Bishop, NHS Highland Non-Executive Board Member (Vice Chair)
 Councillor Robin Currie, Argyll and Bute Council
 Councillor Gary Mulvaney, Argyll and Bute Council
 Councillor Sandy Taylor, Argyll and Bute Council
 Jean Boardman, NHS Highland Non-Executive Board Member
 Professor Boyd Robertson, Chair, NHS Highland
 Dr Gaener Rodger, NHS Highland Non-Executive Board Member

Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
 Linda Currie, Lead AHP, NHS Highland
 Douglas Hendry, IJB Standards Officer/Executive Director, Argyll and Bute Council
 Elizabeth Higgins, Lead Nurse, NHS Highland
 Julie Lusk, Chief Social Worker/Head of Adult Services, Argyll and Bute HSCP
 Joanna Macdonald, Chief Officer, Argyll and Bute HSCP
 Donald MacFarlane, Assistant Clinical Dental Director, NHS Highland
 Angus MacTaggart, GP Representative, Argyll and Bute HSCP
 Margaret McGowan, Independent Sector Representative
 Kevin McIntosh, Staffside Lead, Argyll and Bute HSCP (Council)
 George Morrison, Head of Finance, NHS Highland
 Kirsteen Murray, Chief Executive, Argyll and Bute Third Sector Interface
 Judy Orr, Head of Finance and Transformation, Argyll and Bute HSCP
 Elizabeth Rhodick, Public Representative
 Dr Nicola Schinaia, Associate Director of Public Health, Argyll and Bute HSCP
 Fiona Thomson, Lead Pharmacist, NHS Highland
 Stephen Whiston, Head of Strategic Planning and Performance, Argyll and Bute HSCP

Attending:

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
 Jane Fowler, Head of Customer Support Services, Argyll and Bute Council
 Fiona Hogg, Director of Human Resources and Organisational Development, NHS Highland
 Charlie Gibson, HR Lead, Argyll and Bute HSCP
 Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
 Pamela MacLeod, Local Area Manager, Adult Care, Argyll and Bute Council
 Graeme McMillan, Solicitor, Argyll and Bute Council
 Craig McNally, Senior Health Improvement Specialist, Alcohol and Drugs Partnership
 Pippa Milne, Chief Executive, Argyll and Bute Council
 Patricia Renfrew, Head of Children and Families, Argyll and Bute HSCP
 Jennifer Swanson, Organisational and Workforce Development Manager, Argyll and Bute HSCP

After the sederunt was called there was a request from Kirsteen Murray, Third Sector Representative that the non-voting members of the Board be called before Officers who attend and hold an advisory role to the Board. It was noted that this would be picked up before the next meeting of the Board.

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Pamela Dudek and Dr Rebecca Helliwell.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES

The Minutes of the meeting of the Integration Joint Board held on 16 September 2020 were approved as a correct record.

4. MINUTES OF COMMITTEES

(a) Audit and Risk Committee held on 15 September 2020

The Minutes of the meeting of the Audit and Risk Committee held on 15 September 2020 were noted.

(b) Clinical and Care Governance Committee held on 21 September 2020

The Minutes of the meeting of the Clinical and Care Governance Committee held on 21 September 2020 were noted.

Sarah Compton Bishop, Chair of the Clinical and Care Governance Committee, updated the Board with some emerging issues arising from exception reports considered at their meeting held on 19 November 2020. The Committee had requested that these issues be brought to the attention of the Board and reassurance provided that these issues would be kept in sight of the Committee. These issues included vacancies within the Succoth Ward, pressures within CAHMS, pressures within Campbeltown Community Health Nursing and an example of good practice in the Oban area around complaints.

(c) Finance and Policy Committee held on 25 September 2020

The Minutes of the meeting of the Finance and Policy Committee held on 25 September 2020 were noted.

(d) Audit and Risk Committee held on 20 October 2020

The Minutes of the meeting of the Audit and Risk Committee held on 20 October 2020 were noted.

(e) Finance and Policy Committee held on 30 October 2020

The Minutes of the meeting of the Finance and Policy Committee held on 30 October 2020 were noted.

(f) **Strategic Planning Group held on 14 October 2020**

The Action Note of the Strategic Planning Group held on 14 October 2020 was noted.

5. CHIEF OFFICER'S REPORT

The Board gave consideration to a report from the Chief Officer covering a range of issues including A Big Thank You to Staff, Winter Planning, Flu Vaccination, Caring for People, Progress at Six Months on from Culture Survey.

Decision

The Integration Joint Board –

1. Noted the content of the report by the Chief Officer.
2. Formally recorded their thanks to staff at all levels of the Health and Social Care Partnership, GP practices, commissioned, unpaid carers and third sector staff for their ongoing efforts during the Covid-19 pandemic and associated winter pressures.

(Reference: Report by Chief Officer, Health and Social Care Partnership dated 25 November 2020, submitted)

6. CULTURE

(a) **Argyll and Bute Culture Update**

The Board gave consideration to a report providing an update on the important work 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.

Decision

The Integration Joint Board –

1. Noted the content of the culture update.
2. Welcomed the progress is being made to address the findings of the independent Argyll and Bute Culture Survey.
3. Welcomed the extension of the Guardian Service to Argyll and Bute Council employees.

(Reference: Report by Head of Customer Support Services dated 25 November 2020, submitted)

(b) **NHS Highland Board Culture Update**

The Board gave consideration to the Culture Update report that had been presented to the NHS Highland Board on 24 November 2020.

Decision

The Integration Joint Board noted the content of the report.

(Reference: Report by Director of HR and OD dated 24 November 2020, submitted)

Fiona Hogg and Fiona Thompson left the meeting during consideration of the following item of business.

7. COVID-19 PUBLIC HEALTH UPDATE

The Board gave consideration to a report reviewing the work of Public Health in Argyll and Bute in relation to Covid-19. The report built on accounts provided in earlier reports and provided the timeliest update as the pandemic unfolded in Argyll and Bute as well as the improved response, in terms of timely access to testing and clinical management.

Decision

The Integration Joint Board noted the Covid-19 current status update in terms of –

- Distribution of infection rates in Argyll and Bute community.
- Covid-19 testing in Argyll and Bute community.
- Support to Argyll and Bute Community during the peak of Covid-19 pandemic and its adaption to the new response phases.
- Look forward planning themes/implications.

(Reference: Report by Associate Director of Public Health dated 25 November 2020, submitted)

8. ANNUAL REPORTS

(a) Argyll and Bute HSCP Annual Performance Report 2019/20

The Board gave consideration to a report presenting the Annual Performance Report for the year 2019-2020.

Decision

The Integration Joint Board approved the Annual performance Report for the Health and Social Care Partnership for the year 2019-20.

(Reference: Report by Head of Strategic Planning and Performance dated 25 November 2020, submitted)

(b) Annual Chief Social Work Officer Report 2019/2020

The Board gave consideration to a report presenting the Argyll and Bute Chief Social Work Officer report for the period 1 April 2019 to 31 March 2020. The report

provided oversight and accountability within the local authority for all social work and social care services delegated to the Integration Joint Board.

The Chief Social Work Officer paid tribute to Alex Taylor, former Chief Social Work Officer who was responsible for the work carried out during period 1 April 2019 to 31 March 2020.

Decision

The Integration Joint Board –

1. Noted and endorsed the contents of the Chief Social Work Officer Annual Report for 2019 to 2020.
2. Acknowledged 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.
3. Noted that the approved report would be forwarded to the Scottish Government.

(Reference: Report by Head of Adult Services and Chief Social Work Officer dated 25 November 2020, submitted)

The Integration Joint Board adjourned for a comfort break between 3.00pm and 3.05pm.

(c) Alcohol and Drug Partnership Annual Report

The Board gave consideration to a report presenting the Alcohol and Drug Partnership Annual Report for the year 2019 – 2020.

It was noted that, due to connection issues, John Owens, Chair of the Alcohol and Drug Partnership was unable to present the report to the Board and therefore the report was presented by Craig McNally, Senior Health Improvement Specialist, Alcohol and Drugs, on his behalf.

Decision

The Integration Joint Board –

1. Noted the detail of the annual report.
2. Approved the report for publication.

(Reference: Report by Chair, Argyll and Bute Alcohol and Drug partnership dated 25 November 2020, submitted)

9. CHILDREN AND YOUNG PEOPLE'S SERVICE PLAN 2020 - 2023

The Board gave consideration to a report introducing the new Children and Young People's Services Plan as laid out by requirement in Part 3 of the Children and Young People (Scotland) Act 2014.

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 for the period 2020 – 23.
3. Approved the publishing of the Children and Young People's Services Plan once approved by the Council.
4. Approved the submission of the Children and Young People's Services Plan to Scottish Government once approved by the Council.
5. Noted that Argyll and Bute's Children's Strategic Group would 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.

(Reference: Report by Head of Children and Families dated 25 November 2020, submitted)

Boyd Robertson left the meeting during consideration of the following item of business.

10. STAFF GOVERNANCE REPORT FOR FINANCIAL QUARTER TWO (2020/21)

The Board gave consideration to a report on staff governance performance for financial quarter 2 (July – September 2020) and the activities of the Human Resources and Organisational Development teams.

Decision

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

(Reference: Report by Head of Customer Support Services dated 25 November 2020, submitted)

11. CLOSURE OF KNAPDALE WARD - ASSURANCE

The Board gave consideration to a report providing a clear oversight and assurance of decision making in relation to the closure of Knapdale Ward, Mid Argyll.

Decision

The Integration Joint Board noted the decision from the Board in March 2020 to close Knapdale Ward to progress the Enhanced Community Dementia Model.

(Reference: Report by Head of Adult Care dated 25 November 2020, submitted)

12. ROUTE MAP FOR STRATEGIC COMMISSIONING PLAN AND STRATEGIC PLAN REVIEW AND DEVELOPMENT 2021 ONWARDS

The Board gave consideration to a report summarising the requirements and detailing the process and timeline to refresh the JSNA and to produce the HSCP's Strategic and Supporting Commissioning Plan.

It was noted that the Head of Strategic Planning and Performance had connection issues during consideration of this item and that any questions Members of the Board had could be followed up by email after the meeting.

Decision

The Integration Joint Board –

1. Agreed the recommendation to refresh the themes drawn out of the JSNA and their alignment to the Strategic Plan Objectives following the Covid-19 pandemic.
2. Approved the recommendation for timescale/route map for the Strategic Commissioning Plan and future alignment with the next Strategic Plan.

(Reference: Report by Head of Strategic Planning and Performance dated 25 November 2020, submitted)

13. CARERS STRATEGY UPDATE

The Board gave consideration to a report providing an update on areas of progress and highlighting some areas that require further focused collective leadership and implementation in relation to the Carers Act.

Decision

The Integration Joint Board noted the progress of the Carers Act implementation.

(Reference: Report by Lead Allied Health Professional dated 25 November 2020, submitted)

Angus MacTaggart and Kevin McIntosh left the meeting at this point.

14. FINANCE

(a) Budget Monitoring as at 30 September 2020

The Board gave consideration to a report providing a financial summary of the financial position of the Health and Social Care Partnership as at 30 September 2020. The report noted that there was still considerable uncertainty around the financial impact of the Covid-19 pandemic at the point the report was written.

Decision

The Integration Joint Board –

1. Noted the forecast outturn position for 2020-21 was a forecast overspend of £2.561m as at 30 September 2020 and that there was a year to date overspend of £2.883m as at the same date.
2. Noted the above position excludes any provision for Scottish Government assistance with non-delivery of savings due to Covid-19 and the recently announced Covid funding via NHS Highland.
3. Noted the progress against the Financial Recovery Plan agreed by the IJB on 16 September 2020.

(Reference: Report by Head of Finance and Transformation dated 25 November 2020, submitted)

Robin Currie left the meeting at this point.

(b) **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 the costs of dealing with the Covid-19 response. These cost estimates were updated on a regular basis and were still 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 has 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 November 2020, submitted)

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

The Board gave consideration to a report providing an updated assessment of financial risks from the meeting held on 16 September 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 there were continuing uncertainties around Covid costs and funding

which were described in more detail in a separate report.

3. Noted that financial risks would continue to be reviewed and monitored on a two monthly basis and reported to the Board.

(Reference: Report by Head of Finance and Transformation dated 25 November 2020, submitted)

(d) **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 which was an update to the budget outlook presented to the Board on 16 September 2020.

Decision

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

(Reference: Report by Head of Finance and Transformation dated 25 November 2020, submitted)

(e) **Budget Savings 2021/22**

The Board gave consideration to a report providing an overview of the approach being taken to the budget setting process for 2021-22. The report noted that there was considerable uncertainty around the financial impact of the Covid-19 pandemic at the time the report was written, whether it would extend into the next financial year or not, and when funding announcements would be made by Scottish Government.

Decision

The Integration Joint Board –

1. Approved the high level timetable for the budget process in 2021-22 as set out at paragraph 3.5 of the submitted report and the process and approach proposed.
2. Delegated approval of the format and content of the proposed Budget Consultation to the Finance and Policy Committee.

(Reference: Report by Head of Finance and Transformation dated 25 November 2020, submitted)

15. GOVERNANCE

(a) **Information Governance Policy**

The Board gave consideration to a report proposing a new Information Management Policy for the Integration Joint Board. This followed an Internal Audit review of Information Governance in November 2019 identifying that the Integration Joint Board would benefit from an overarching Information Governance

Policy framework that outlines the roles, responsibilities and processes for key areas of Information Governance including GPDR, Freedom of Information, Subject Access Requests along with the existing policies of Record Management and Complaints Handling.

Decision

The Integration Joint Board –

1. Approved the Information Governance Policy.
2. Agreed that the Policy should be next reviewed on or before 31 October 2022.

(Reference: Report by Head of Finance and Transformation dated 25 November 2020, submitted)

(b) Review of Financial Regulations

The Board gave consideration to a report advising that a required review had been carried out on the Financial Regulations and which sought approval of a new section on IJB Members' expenses, gifts, hospitality and register of interests.

Decision

The Integration Joint Board –

1. Noted that the Financial Regulations had been reviewed.
2. Approved the addition of a new Section 16 on members' expenses, gifts, hospitality and register of interests.
3. Approved that the next review would be completed by 31 March 2022.

(Reference: Report by Head of Finance and Transformation dated 25 November 2020, submitted)

(c) Review of the Health and Social Care Integration Scheme

The Board gave consideration to a report providing details of the changes proposed by the Scottish Government to the Health and Social Care Integration Scheme following a review of the Scheme.

Decision

The Integration Joint Board –

1. Noted the revised Integration Scheme, which had been further updated to take account of feedback received from the Scottish Government as part of their review.
2. Noted that a similar report was tabled at the NHS Highland Board on 24 November 2020 for their approval.

3. Noted that the Chief Executives of the two parent bodies would jointly submit the further revised Scheme to the Scottish Government for final sign off.

(Reference: Report by IJB Standards Officer dated 25 November 2020, submitted)

(d) **Directions from Integration Authorities to Health Boards and Local Authorities**

The Board considered a report proposing a number of improvement actions to ensure good practice and compliance following a review of the current arrangements with regard to directions taking into account new statutory guidance from the Scottish Government entitled 'Health and Social Care Integration, Statutory Guidance, Directions from Integrations Authorities to Health Boards and Local Authorities'.

Decision

1. Noted the content of the new Statutory Guidance with regard to directions.
2. Approved the proposed improvement actions summarised at section 3.3.1 of the submitted report.
3. Agreed that Officers put in place the necessary arrangements to implement the proposed changes.

(Reference: Report by IJB Standards Officer dated 25 November 2020, submitted)

(e) **IJB / Committee Meeting Dates**

The Board gave consideration to a proposed schedule of meetings for the year 2021/22.

Decision

The Integration Joint Board approved the proposed schedule of meetings for 2021/22.

(Reference: Report by Business Improvement Manager dated 25 November 2020, submitted)

16. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 27 January 2020.

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Clinical and Care Governance Committee
 TEAMS
 Thursday 19th 2pm-4pm

MINUTE

	Item	Action
1.	<p>WELCOME AND APOLOGIES</p> <p>PRESENT Sarah Compton Bishop (SCB) – IJB Deputy Chair (Chair) Rebecca Helliwell (RH), Associate Medical Director Elizabeth Higgins (EH)– A&B Lead Nurse Fiona Campbell (FC)-Clinical Governance Manager Sarah Campbell (SC) – Clinical Governance Support Manager Charlotte Craig (CG) - Business Improvement Manager Linda Currie (LC) – Lead AHP Caroline Cherry (CC)– Head of Service (Older People) Donald MacFarlane (DMc) -Assistant Clinical Dental Director Fiona Thomson (FT) – Lead Pharmacist Julie Lusk (JL) – Head of Service Kieron Green (KG)– IJB Chair Jean Boardman (JB)– IJB Member Sandy Taylor (ST)– IJB Member Nicola Gillespie – (NG) – Service Manager Mental Health Angus McTaggart (AMc) – Clinical Lead, Islay & Jura Fiona Owen (FO)– Local Area Manager Cowal Pamela MacLeod (PM) – Professional Lead – Social Work Donald Watt (DW) – Service Manager Registered Services Caroline Henderson (CH) – Acting Locality Manager Oban Hospital Alan Beresford (AB)– Local Area Manager Islay Carol-Anne McDade (CMcD)– Area Manager Helensburgh Linda Skrastin – Child Health Manager Claire Higgins (CHg) – PA to Lead Nurse</p> <p>APOLOGIES Joanna Macdonald (JMcD) – Chief Officer Patricia Renfrew (PR) – Interim Head of Service C&F Fiona Broderick (FB) – Staff Side</p>	
2.	<p>Declaration of Interest None</p>	

3.	<p>MINUTE OF LAST MEETING Agreed as accurate and approved.</p> <p>Jean Boardman asked if School Councillors have been appointed – update to be given at CAMHS agenda item.</p>	
4.	<p>QUALITY AND EFFECTIVENESS OF CARE</p> <p>4.1 Inspections</p> <ul style="list-style-type: none"> • HEI/OPAH <p>EH spoke to tabled summary report on HEI visit.</p> <p>EH informed the group that on 27th October 2020, Cowal Community Hospital had an unannounced Hospital Inspection carried out by Healthcare Improvement Scotland (HIS). On the day verbal feedback was positive with some areas for improvement. The formal report is due to be published in January 2021</p> <p>SCB expressed and noted thanks to the staff involved.</p> <p>The report has been noted by the Committee.</p> <p>4.2 Care Inspectorate enquiry into decision making and partnership working in relation to care at home and housing support services during the COVID-19 pandemic</p> <p>CC spoke to tabled report.</p> <p>The Care Inspectorate carried out a National Enquiry into decision making and partnership working in relation to care at home and housing support services during the COVID-19 pandemic.</p> <p>The key aim was to properly understand how HSCPs and providers responded to the pandemic and what lessons have been learned.</p> <p>A copy of the Argyll and Bute response to the survey is attached in Appendix 1 of the report.</p> <p>The report details challenges, actions, findings and recommendations.</p> <p>Work is underway in terms of respite future model.</p> <p>Two posts going to WFM in relation to unpaid carers</p> <p>SCB queried how patient experience is captured</p> <p>What happens with the recommendations? Purpose of today was to sight on the work. Progress on recommendations to come back here</p> <p>The report has been noted by the Committee.</p>	

4.3 Winter Planning

CC spoke to tabled report.

The report summarised the requirements and operational plans for winter planning for Argyll and Bute as part of NHS Highland's response.

The report also highlights key pressures in relation to winter planning in the midst of Covid-19 and remobilisation.

Winter Planning Co-coordinator is to be appointed to.

RH explained what Flow Navigation Centre is and informed the committee that A&B's will be based in North Highland.

A bid has been put into the HSCP to enhance the responder service on Islay.

EH informed the Committee around 68% of all Health and Social Care Staff have received their Flu Vaccination.

The report has been noted by the Committee.

4.4 Covid Update

RH updated the Committee on current Covid-19 status across Argyll and Bute.

Currently there are small numbers of Covid-19 diagnosis in Argyll and Bute.

There are currently no clusters or outbreaks.

The boundary with Glasgow is a concern but as of yet this has had no major effect on cases.

Public Health provides an update every day at the huddle. Any matters of escalation from the A&B huddle are taking to NHSH huddle and then escalated to NHSH Silver.

There is involvement in key group such as Testing, Huddles & Primary Care meetings. This allows Argyll & Bute to be involved in strategic development.

Julie highlights that staff travelling from areas outwith Tier Two will need to be supplied with their 'essential worker' letters/cards.

JB asked if we have a full complement of Contact Tracers. There been a successful recruitment within North Highland.

JL highlights that Management visibility on site may be reduced due to essential travel rules.

Noted by the committee

RH left the meeting at 3pm

<p>6.</p>	<p>SAFETY & EXPERIENCE</p> <p>6.1 HSCP Health and Safety Group Action log (for noting) Noted by the Committee</p> <p>Action Log – Two fire safety incidents are being reviewed. SCB concerned</p> <p>6.2 CAMHS LS spoke to tabled report.</p> <p>Committee was asked to note the current status of the CAMHS Service. LS informed the Committee about the impact Covid has had on the service and the individuals who access the service.</p> <p>Prior to lockdown it was identified the CAMHS service required more resource and this is now starting to progress.</p> <p>CAMHS SLWG and Project Board continue meet.</p> <p>Work in collaboration with SG to develop a work plan – exploring and identifying the gaps in the work provision.</p> <p>Recruitment has been an ongoing issue although this has improved.</p> <ul style="list-style-type: none"> - Psychiatrist for the West of the HSCP has been appointed. - There has been successful recruitment of CAMHS Manager who will take up post in mid/late Jan 2021 - Introduction of School Counselling Service is progressing with 7.5 FTE posts being recruited to. Candidates have been interviewed and appointed. The posts will be spread across the HSCP. <p>JL – highlighted recent documents from SG section 6 and informed the committee that there is a requirement to be looking at how we develop a population mental health response.</p> <p>SCB informed the Committee that in October she and Gaenor Rodger received a letter from CAMHS staff. Both raised at their respective Committees. Pam Dudek, Chief Executive NHSH, has since met with the team.</p> <p>Update to come to next meeting</p> <p>LC left meeting at 3.20pm</p>	
<p>7</p>	<p>SCHEDULED REPORTS FOR NOTING</p> <ul style="list-style-type: none"> - Bute and Cowal Report noted 	

	<ul style="list-style-type: none"> - Helensburgh and Lomond No report supplied - Mid Argyll, Kintyre and Islay Kintyre report noted TW gave verbal update for Mid Argyll. The final patient has today left Fyneview (Knapdale) . Staff of this service will be deployed into new roles. - Oban, Lorn and Isles CH presented report and highlighted the below issues; <ul style="list-style-type: none"> - Complaint themes around breaking bad news to families during Covid and family not being able to visit in normal numbers. - Highlighted great work of the Domestic and Lab staff. - Island of Coll and Mull are experiencing some staffing issues. - Lack of Homecare within Oban Area is a challenge - Staff dining room facilities are a challenge due to Covid restrictions <p>SCB asks how family know what the visiting restrictions are. CH informs this is discussed on admission.</p> <p>CH left meeting at 3.40pm</p> <ul style="list-style-type: none"> - Mental Health NG presented report and highlighted the below issues; <ul style="list-style-type: none"> - Staffing remains an issue. The inpatient ward remains to have a large vacancy factor. - Increase in V&A incidents - V&A Training out of date for some staff, work ongoing to rectify this. - LD, PD and Autism Report noted 	
8	AOCB	
9	DATE, TIME AND VENUE FOR NEXT MEETINGS TBC	

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**MINUTES of MEETING of ARGYLL AND BUTE HSCP AUDIT AND RISK COMMITTEE held
BY SKYPE
on FRIDAY, 11 DECEMBER 2020**

Present: Councillor Sandy Taylor (Chair)

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

Attending: Joanna Macdonald, Chief Officer, Argyll and Bute HSCP
George Morrison, Depute Chief Officer, Argyll and Bute HSCP
Judy Orr, Head of Finance and Transformation, Argyll and Bute HSCP
Julie Lusk, Head of Adult Care, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Laurence Slavin, Chief Internal Auditor, Argyll and Bute Council
Jim Rundell, Audit Scotland
David Meechan, Audit Scotland
Andrew O'Donnell, Azets Audit Services Limited
David Eardley, Azets Audit Services Limited
Lynsey Innis, Senior Committee Assistant, Argyll and Bute Council

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Caroline Cherry, John Cornett, Jane Fowler, Patricia Renfrew, Gaener Rodger and Helen Urquhart.

2. DECLARATIONS OF INTEREST (IF ANY)

There were no declarations of interest intimated.

3. MINUTES

The Minute of the previous meeting of the Argyll and Bute HSCP Audit and Risk Committee, held on 20 October 2020 was approved as a correct record.

4. ARGYLL AND BUTE INTEGRATION JOINT BOARD - INTERNAL AUDIT REPORT 2020/21 - IMPACT OF NEW LEGISLATION - NOVEMBER 2020

The Committee gave consideration to a report outlining the implementation plans and arrangements in place for complying with both the Health and Care (Staffing) (Scotland) Act 2019 and the Coronavirus (Scotland) Act 2020.

Discussion took place in respect of the Management Actions identified within the report, with Members agreeing to continue to work with the Business Improvement Manager to develop an appropriate response to track all new legislation updates.

Decision

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

(Reference: Report by Azets Audit Services Limited, dated 11 December 2020, submitted)

5. INTERNAL AUDIT UPDATE

Having noted that there have been no audits completed by Argyll and Bute Council's Internal Audit Team since the last meeting of the Committee on 20 October 2020, consideration was given to a report providing an update on the four actions from the Social Care Contract Management audit, which was presented to the Committee at its last meeting. A brief update was also provided in respect of logical access controls to the CareFirst system.

Decision

The Audit and Risk Committee reviewed the progress on completion of internal audit recommendations.

(Reference: Report by Chief Internal Auditor, dated 11 December 2020, submitted)

6. CORPORATE GOVERNANCE AUDIT UPDATE

Consideration was given to a report seeking approval to progress the operational implementation supporting the ongoing assessment, evaluation and continuous improvement of the IJB and its Committees and gave consideration to the updating of the General Provisions of the Terms of Reference to include reporting to the IJB.

Discussion was had in respect of the style questions outlined within the Annual Board Self-Assessment Questionnaire and Skills Matrix, contained at Appendix 1 of the report.

Decision

The Audit and Risk Committee -

1. Having reviewed the response to the Corporate Governance Audit actions, welcomed the proposed approach.
2. Supported a recommendation to the IJB to update the General Provisions to the Terms of Reference to support reporting to the IJB by committees and governance groups.
3. Requested that the Business Improvement Manager progress a workshop session for Members of the Committee, to take place in January 2021, to further develop the Annual Board Self-Assessment Questionnaire and Skills Matrix, with an updated report being brought back to the Argyll and Bute HSCP Audit and Risk Committee meeting scheduled to take place in February 2021, and thereafter being presented to the IJB.

(Reference: Report by Business Improvement Manager, dated 11 December 2020, submitted)

7. COMPLIANCE WITH INTEGRATION SCHEME AUDIT UPDATE

The Committee gave consideration to a report presenting a response to the audit actions arising from the 2019-20 Compliance with the Integration Scheme Audit and outlining a process to review corporate documents supporting compliance with the Scheme of Integration.

Decision

The Audit and Risk Committee –

1. Reviewed the response to the Audit actions.
2. Approved the Strategy and Policy Development and Review Process for implementation.

(Reference: Report by Business Improvement Manager, dated 11 December 2020, submitted)

8. DATE OF NEXT MEETING

The Audit and Risk Committee noted that the next meeting would be held on Tuesday, 23 February 2021.

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**MINUTES of MEETING of ARGYLL AND BUTE HSCP FINANCE AND POLICY COMMITTEE
held BY SKYPE
on FRIDAY, 11 DECEMBER 2020**

Present: Councillor Kieron Green (Chair)

Sarah Compton-Bishop	Councillor Sandy Taylor
Councillor Gary Mulvaney	Dr Boyd Robertson

Attending: Joanna MacDonald, Chief Officer, Argyll and Bute HSCP
 Judy Orr, Head of Finance and Transformation, Argyll and Bute HSCP
 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
 Julie Lusk, Head of Adult Services, Argyll and Bute HSCP
 Linda Currie, Lead Allied Health Professional, Argyll and Bute HSCP
 Linda Skrastin, Locality Area Manager, Argyll and Bute HSCP (on behalf of Patricia Renfrew)
 Lynsey Innis, Senior Committee Assistant, Argyll and Bute Council
 George Morrison, Head of Finance, Argyll and Bute HSCP
 Dr Nicola Schinaia, Associate Director of Public Health, Argyll and Bute HSCP
 Stephen Whiston, Head of Strategic Planning and Performance, Argyll and Bute HSCP
 Alison McGrory, Health Improvement Principal, Argyll and Bute HSCP
 Donald Watt, Locality Manager MAKI, Argyll and Bute HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of:-

Fiona Broderick, Staffside, Argyll and Bute HSCP
 Jane Fowler, Head of Customer Support Services, Argyll and Bute Council
 Elizabeth Higgins, Lead Nurse, Argyll and Bute HSCP
 Patricia Renfrew, Consultant Nurse, Argyll and Bute HSCP

2. DECLARATIONS OF INTEREST

Sarah Compton-Bishop declared a non-financial interest in relation to Option 3 – Jura Progressive Care Centre, within the Summary of Savings Proposals for Consideration, which is dealt with at item 7 (Proposed Savings 2021/2022) of this Minute, by virtue of having a family member resident within the Centre. .

3. MINUTES

The Minute of the previous meeting of the Finance and Policy Committee, held on 30 October 2020, was approved as a correct record.

4. BUDGET MONITORING AS AT 31 OCTOBER 2020

The Committee gave consideration to a report providing a summary of the financial position of the Health and Social Care Partnership as at 31 October 2020. The report noted the ongoing uncertainty around the financial impact of the Covid-19 pandemic. The Head of Finance and Transformation provided a verbal update on the financial position of the Health and Social Care Partnership as at 30 November 2020.

Decision

The Finance and Policy Committee –

1. Noted the forecast outturn position for 2020-21 is a forecast overspend of £2.118m as at 31 October 2020 and that there is a year to date overspend of £65k as at the same date.
2. Noted the above position excludes any provision for Scottish Government assistance with non-delivery of savings due to Covid-19. It also excludes any funding for loss of income for social care. It includes the Covid funding via NHS Highland announced at end of September.
3. Requested that a paper outlining the difficulties as a result of demand pressures within the area of Learning Disability be brought to the next meeting of the Argyll and Bute HSCP Finance and Policy Committee, scheduled for 22 January 2021.

(Reference: Report by Head of Finance and Transformation, dated 11 December 2020, submitted)

Stephen Whiston left the meeting at 2:00pm.

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

(Reference: Report by Head of Finance and Transformation, dated 11 December 2020, submitted)

6. BUDGET CONSULTATION

The Committee gave consideration to a report presenting the proposed budget consultation for 2020/21 seeking the views of stakeholders on bridging the budget gap.

The Head of Finance and Transformation sought volunteers to assist in finalising the draft consultation, with the Chair, Vice Chair and Councillor Sandy Taylor agreeing to help.

Decision

The Finance and Policy Committee considered the proposed budget consultation for 2020/21 and provided comment on the initial draft.

(Reference: Report by Head of Finance and Transformation, dated 11 December 2020, submitted)

7. PROPOSED SAVINGS 2021/2022

Having noted that the budget gap for 2021/22 on a mid-range scenario is estimated at £7.018m, the Committee gave consideration to a report which put forward proposals aimed at meeting c£3.633m of that budget gap and identified other areas to help bridge the remaining gap.

Decision

The Finance and Policy Committee –

1. Considered the proposed savings to meet part of the budget gap.
2. Discussed how the remaining budget gap should be bridged.

(Reference: Report by Head of Finance and Transformation, dated 11 December 2020, submitted)

8. DATE OF NEXT MEETING

The date of the next meeting was noted as Friday, 22 January 2021 at 1:30pm.

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**Integration Joint Board****Agenda item:****Date of Meeting: 27 January 2021****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

Extension of Guardian Service

Earlier this year an independent and confidential Guardian Service was launched for NHS Highland staff, including those working in Argyll and Bute. This Guardian Service has now been extended from 1 January 2021 to cover Argyll and Bute Council staff working for the HSCP.

The service is independent and confidential and is for staff to discuss matters relating to patient and service user care and safety, whistleblowing, bullying and harassment, and workplace grievances.

The guardians are external to the HSCP and will provide information and emotional support in a strictly confidential, non-judgemental manner. More information on the services they provide is available on their website at www.theguardianservice.co.uk

Additional Funding for Cancer Screening

The HSCP's Public Health Department successfully applied for a grant of £10,000 in November to support the remobilisation of cancer screening programmes that were paused during the earlier stages of the pandemic.

This funding is part of a Scottish Government National Screening Programme initiative to ensure staff are equipped to promote screening to people they come into contact with in the course of delivering health and social care services.

The funding will be used to further develop the experiences of a fixed term post from Health Scotland and will be delivered innovatively with a third sector provider as part of the Living Well strategy.

Maternity Survey

The maternity services across the HSCP are currently carrying out a survey into maternity care provision in Argyll and Bute and have been encouraging people across the HSCP to participate. The results from previous surveys have already been extremely useful in helping to shape the care that women and families receive and can access.

It is important to know about people's experience of care but at the same time it is also important to look ahead and understand what women and families want from their maternity services in future. Therefore the survey is not just for women who have had children, but also for the future parents and families.

The findings from the survey will help the HSCP make sure that we are continuing to listen to the community when planning our services and understanding what is really important to families. The survey closes on the 31st January and further information is available on the HSCP's Facebook page: @abhscp

Argyll and Bute Suicide Prevention Group

A short life working group has been established to develop and ensure the implementation of a range of actions to support the suicide prevention national priorities in light of the COVID-19 pandemic.

Membership of the Group consists of representatives from health and social care (including mental health) and representatives from our partners, stakeholders and the Third Sector.

The Group, which is chaired by the Chief Officer, will also undertake engagement to identify partners and priorities, undertake a mapping of current local activity against national priorities and develop a short-term action plan with dates and leads.

Electric Fleet by 2025

The Scottish Government's 2019 Programme for Government stated that "we will work with public bodies to phase out petrol and diesel cars from our public sector fleet and phase out the need for any new petrol and diesel light commercial vehicles by 2025."

The HSCP has received grant funding to work towards meeting this target with plans in place to install electric charging points at all hospital sites

"Electric First" will now become the priority when planning for all replacement vehicles and the HSCP now has 19 electric cars in the fleet and will be receiving a delivery of 6 electric shortly.

Stop Smoking Advisors

The HSCP's stop smoking advisors have been continuing to deliver the *Quit Your Way Stop Smoking Services* across Argyll and Bute to help people have a healthy start to 2021.

One of the important roles that the team carries out is to encourage people to not start smoking in the first place as well as helping those who do to 'quit your way' as part of the team's effort to work towards the Scottish Government's aim of a tobacco free generation by 2034.

Becoming Smoke Free has immediate health benefits such as a lower heart rate and improved carbon monoxide levels. Within weeks improvements can be experienced in coughing, breathing and lung function. Being smoke free will also improve the health of family and friends exposed to second-hand smoke.

Cool2Talk Service for Young People

Online service Cool2Talk (www.cool2talk.org) is continuing to support young people in Argyll and Bute. The service provides free, confidential and anonymous answers to health questions that young people post on the website.

In addition to answering questions the website also provides online counselling sessions for young people and has also been of great benefit to young people during the COVID-19 pandemic by answering questions on how to reduce stress and anxiety.

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NHS Highland



Meeting:	NHS Highland Board
Meeting date:	26th January 2021
Title:	Culture Progress 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

Work on the Culture Programme progresses under the guidance of the Culture Oversight Group. Prior to the Christmas break, the six Culture priority leaders met to discuss the programme plan for 2021. This included any requirement for adjustments to respond to the recent increase in COVID transmission and impact on the system across NHS Highland. Progress will continue across all six priorities, but activities requiring significant front-line engagement (for example, the roll-out of the NHS Highland vision and values) may need to be adapted or amended to ensure that elements requiring broader organisational engagement are scheduled when there is capacity to do this effectively.

There is also progress being made outside the formal programme plan, including the Healing Process, Guardian Service and Employee Assistance Programme and preparation for the launch of the national Whistleblowing Standards in April 2021.

2.2 Background

The reformed Culture Oversight Group has now met three times (October, November and January) and is operating well; with good organisational representation and delivery accountability embedded across operational units. The purpose of this paper is to provide an update on the overall status of the Culture programme; each of the Culture programme priorities and the key risks related to delivery.

The paper also provides an update on progress with other Culture related activity launched in 2020, including the Healing Process and the take up of support services such as the Guardian Speak Up service and the Validium Employee Assistance Programme. Finally, it provides a brief update on progress with the implementation of the National Whistleblowing Standards.

2.3 Assessment

Culture Programme Plan

The recent Internal Audit of the Culture programme highlighted the need for robust programme planning and a more rigorous approach to risk management. Both of these have progressed since delivery of the Audit report; and a high level programme plan is included in Appendix 1. A session on Culture programme risks was held at the 18th January Culture Oversight group meeting, and all risks have been reviewed by the NHS Risk Manager and are documented in the Datix system.

Given the fluidity of the COVID situation, the programme plan remains relatively high-level, as it is uncertain when activities requiring significant front-line engagement (primarily the Vision, Values and Behaviours) can be optimally delivered. The plan will be reviewed on a monthly basis by the Priority Leaders and the Senior Responsible Officer and Culture Programme Manager, and activities adjusted as necessary.

Organisational Capacity

The most significant risk to delivery remains the capacity of both the core teams and the wider organisation to progress the culture initiatives. Cultural transformation requires effective and organisation-wide engagement and involvement, and to date this has been challenging to progress. This is partly due to capacity, including Covid-19 response and remobilisation, but also the challenges in engaging effectively across our large and diverse workforce. Whilst there will need to be some adjustments to the plan as a result of these immediate pressures, there is a clear organisational commitment that we must continue to make progress on the plan. This means any adjustments will be looking at opportunities to do things differently rather than pausing or slowing key activity.

Our priority in the earlier part of 2020 was around creating processes and support mechanisms, which was more centrally driven. Now, our focus is on the wider organisations involvement and ensuring the initiatives are co-created and owned by colleagues and teams, which is critical to the successful transformation.

Long Term Planning

Our Chief Executive is clear that transforming our culture is both a key priority for everyone in the organisation and something that will take significant time and effort to fully address. So in addition to our immediate priorities in the plan we have created, we will work on defining a 3-5 year plan for culture transformation, that clearly sets out the path we will follow and the milestones and outcomes that we want to deliver.

Creating this 3-5 year plan will ensure that we understand how our current activity fits into our longer term goals and if we have to amend or adjust any of the current plans, approaches or timelines, due to the Covid-19 pandemic, it will be clear how this impacts the longer term plan.

Programme Status Update

The status of each of the Culture priorities 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 and embed the NHS Scotland values across the organisation. The team accountable for delivering this priority has now met twice and a terms of reference has been agreed.

The NHS Highland vision and objectives remain in draft although at a Board session in November there was further development of the work presented to Board in March 2020, recognising the significant shift in focus since that time and also the opportunity to review these with fresh eyes and in collaborative working session. It is proposed that these will be finalised and presented to the March 2021 Board meeting, in order to be launched at the start of the performance year in April.

We will be working with our new Head of Communications and Engagement to ensure that these can be understood and adopted by the organisation, in a meaningful but simple way. The objectives will form the basis for the Executive and Senior Management objectives for 2021/2 as well as for the Board to measure progress across the year.

Feedback from the core team indicated that a concerted effort to engage the organisation in an authentic debate on the new values and behaviours should be postponed until front-line staff have the capacity to properly engage, as not putting the right focus and leadership around the roll-out will hinder rather than improve ways of working. A design for the roll-out is in draft and can be piloted.

The recommendation from this priority team is create Manager 'peer-support' networks (safe spaces) to give managers the opportunity to share problems, receive support and make peer connections to help them through this challenging period. These networks, if successful, would then be in place to support discussion and roll-out of the values and behaviours, once the COVID response has stabilised. They would also further promote the vision and objectives of the Board and how the values and behaviours link to and enable these. The facilitation / support for these is under discussion but it is recommended that interest is tested across the organisation and started with those keen to engage in the short term.

Priority 2: Civility Saves Lives

(Lead: Helen Freeman, Director of Medical Education)

The 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 and the identification and training of second messengers) across teams in the organisation; through a train the trainer approach.

The Priority team have made good progress and have designed an approach to rolling out Civility Saves Lives across the organisation. The Civility Saves Lives and Leadership and Management Development teams are collaborating to ensure the development offer for colleagues is aligned, with all members of the Leadership and Management Development team receiving a Civility Saves Lives workshop session.

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 in place for this priority, and a proposed management development framework and suggested set of modules has been created. The modules have been segmented into three categories, and the plan is to have all Manager 'Foundation Skills' modules available for May.

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 the core people processes and deliver a person-centred approach.

A team is in place comprising Staffside, HR and managers and a plan developed to take forward delivery of the recommendations of the recent external review. The first workshop has been held and was focused on how the approach to 'Early Resolution' (which is a core tenet of the relevant Once for Scotland policies) can be better understood and supported across the organisation. A clear set of actions has been defined and will now be progressed by the team which will meet on a monthly basis to review progress.

There is also a piece of work underway to research and commission a system for case recording and management, which is a key enabler to improving insights into how the people processes are progressing and quickly identifying and resolving where delays or challenges arise. It is likely to take some time to identify, commission and implement but our aim is for this to be fully in place in early 2022.

Priority 5: Root-cause analysis / diagnostic (Organisational Learning)

(Lead: Emma Pickard, External Culture Advisor)

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

A root cause analysis across North Highland to fully understand the factors that led to the organisation requiring the Sturrock Review has been completed. The first themed report from the Independent Review Panel of the Healing Process has also been delivered, and the findings from these two reports are being integrated into a lessons learned report, which will also draw on the recent culture internal audit and insights from recent IMatter and Everyone Matters colleague experience surveys and from our Guardian Speak Up service and Employee Assistance Programme.

The next steps are to complete two similar listening events with colleagues from across Argyll and Bute in January and February. Due to the current situation, these will be facilitated using Teams, although originally the plan was to use a mixture of virtual and onsite sessions. Any additional insights, themes or findings will be built into the Lessons Learned report, together with future themed insights from the Healing Process Independent Review Panel.

Priority 6: Culture Metrics and Tools

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

The purpose of this priority is to define and embed an approach to measuring and tracking culture at both an organisational and local level, to ensure the desired culture and behaviours across the organisation are embedded and staff experience improves.

A core team is now in place and has met once to define the approach to delivery. The team are currently conducting a baseline assessment to understand the range of metrics that are currently either in place or could be easily accessible, to assess the gap in information needed to effectively track culture. Once this has been completed, the team will develop the vision for the 'future state', in terms of what NHS Highland should ideally track and measure and options for delivery of these metrics assessed.

Communications and Engagement

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, different preferences on how information is presented and accessed, as well as access limitations for some colleagues to our standard communication channels such as email and intranet. Our new Head of Communications and Engagement is now in post and is leading this activity as part of her core role and is developing our Communications and Engagement strategy and plan, which will enable this.

Healing Process

The Healing Process has been open since the end of May 2020 and remains open for applications until 28th February 2021. To date, we have had 200 applications and around 95% of these have asked to have their case considered by the Independent Review Panel, as well as being able to access Psychology Therapies and a 1:1 with a trained facilitator. To date, 55 individuals have had courses of treatment approved through this process. We will have a further promotional campaign in media and social media in the coming weeks, to ensure everyone is aware of the closing date and of the scheme itself. Information also continues to be updated on the www.healing-process.co.uk website.

Whilst the applications will close at the end of February, the Independent Review Panels are scheduled into late summer 2021, to allow for everyone's case to be heard. To date, 69 cases have come to the Remuneration Committee, and all have been approved in line with the recommendation of the panel. The first few sets of recommendations took slightly longer to process both by the panel and the committee, as everyone involved wanted to ensure they understood the process, had the opportunity to benchmark their recommendations and clarified any questions that arose. However, we are now into a good rhythm and cases are being progressed in the timescales set out.

We are currently awaiting the outcome of a review of the scheme by HMRC, to understand whether any dispensations to treat financial payments as non-taxable in part or full can be obtained. The position at present is that payments are made via payroll, to both current and former colleagues, with tax and national insurance deducted. The process does not fit with any of the existing dispensations or exemptions that are available, due to the unique nature of the Healing Process.

It is acknowledged that the co-production process did not explicitly discuss or explore this element, which would have more quickly highlighted the different assumptions around this and allowed them to be addressed before payments began to be made. We are working with the co-production group on this matter and as soon as a response is received from HMRC, we will reconvene with them to discuss the outcome and agree how best to implement and communicate.

In the interim, those who have already received payments have been assured that in the event a different treatment is agreed, they will be able to recover any overpaid tax and national insurance. Those who are awaiting payment have been given the option to await the outcome or to proceed with payment.

Whilst a small number of individuals have been unhappy with the outcome of their process, overall feedback from many different sources including the co-production group, the Whistleblowers and from individual participants has suggested that the majority of people have found this process helpful and supportive to their healing, which is what we set up the process to achieve.

Guardian Service

The Guardian Service has now been in place as our 24/7 independent external speak up service since 1 August 2020. We receive monthly reports on the utilisation of the service and the issues and themes arising. The service has been well used and well promoted and we have had considerable benefit from both the formal escalation of concerns but also the ability for colleagues to discuss concerns and to resolve them without further action or intervention needed.

In the 5 months to 31 December 2020, there were **205 calls and 172 emails, and 78 cases were raised**, of which **54 are already closed**. Those contacts who didn't raise cases were resolved at the first call or contact or were just seeking information. Key themes for cases were Management Issues (24%) Systems and Processes (24%) Bullying & Harassment (29%) Behaviour and Relationships (13%), with a small number of Patient Safety and Quality Issues (5%). The remainder were not within any of these categories.

In January 2021, Argyll & Bute Council agreed to extend the service to cover their members of staff working in the HSCP, with the support of NHS Highland to use their existing Guardians, which has been much appreciated and well received.

The Guardian Service will be a core part of NHS Highland's implementation of the Whistleblowing standards and our Guardians are part of the oversight group.

Through the Guardian Service we are also participating in a national research study "*Understanding the Process and Monetary Cost of Formal Workplace Grievances within The National Health Service in The United Kingdom*" which we hope will further help our insights and understanding of how to resolve concerns early and effectively.

Employee Assistance Programme

The Employee Assistance Programme, delivered by Validium, has now been in place since 1 May 2020. We have reports quarterly on utilisation and so have data for the first 6 months of activity from May to October.

Over that period, they received **82 calls** of which 47 were accessing counselling or other support and **100 counselling sessions** were delivered. **375 online accounts** were created, and **1299 documents** opened and viewed.

We continue to promote the service to colleagues through a range of channels and in our weekly **Wellbeing Wednesday** emails, where we also share the monthly newsletters and other resources that Validium provide us with.

Whistleblowing Standards

The National Whistleblowing Standards are due to be implemented on 1 April 2021, having been delayed due to the impact of the Covid-19 pandemic. NHS Highland is working closely with the Independent National Whistleblowing Officer and their team, who are producing a national policy and training resources to support the implementation process.

NHS Highland have set up an oversight group to plan and monitor the activities required to launch the standards and it met for the first time on Tuesday 12th January. Our non-executive Whistleblowing Champion Bert Donald is closely involved in this work, and we are working collaboratively with NHS Grampian in sharing information and resources.

The key challenges we will face in implementing the standards are around the processes and awareness necessary to comply with the inclusion of external and independent contractors that we work with, not just our own colleagues, and also with establishing the required level of data recording and reporting.

We also need to help colleagues understand the specific scope of whistleblowing, which is “raising a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing.” This is very different to a grievance and so we will have to work hard on explaining and understanding this.

We had planned face to face visits to Argyll & Bute in January and February by Bert, to promote awareness of his Whistleblowing Champion role and of Whistleblowing, to understand what it is and it isn't, to understand the challenges and experiences faced. Whilst these have been delayed by the latest Covid-19 lockdowns, he is working on a virtual programme of engagement with the Argyll & Bute HSCP.

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, 18th January 2021
- Culture Oversight Group: 18th January 2021

Confirmation received from EDG on 18 th January, 2021
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2.4 Recommendation

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

Appendix 1 – 2021 Culture Programme roadmap

	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec
NHSH milestones				▲ New financial/ performance year			▲ Sturrock 2 year anniversary					
Values and Behaviours	▲ Draft vision tested & finalised Vision, Values and behaviours focus groups	▲ Communicate NHSH vision & values Develop team-based toolkit for cascade	▲ Behaviours, barriers and support to adopt defined	▲ All teams to have discussion on vision values, behaviours and ways of working	Evaluate (and improve if needed) awareness of vision and values	Values based recruitment roll-out (led by recruitment team)						
Civility Saves Lives	Identify and train departmental second messengers			Civility / L&MD priorities 'cross-training' to integrate activity								
				NHSH wide calling it out with compassion workshops								
Leadership & Mgmt Developmt	Designed and tested all Phase 1 Foundation knowledge and skills modules				Managers undertake development (face to face, virtual and e-learning)							
	Courageous Conversations e-learning format development			Designed and tested all Phase 2 People Management Modules						Designed and tested Phase 3 Health, Safety and Quality Modules		
People Processes	▲ Early resolution/ roles workshop	Case Management System market appraisal	Case Management System tender process			Case Management System tender evaluation and selection			Case Management System implementation			
	▲ Case Mgmt Systems Spec complete	Design, pilot and roll-out a case review and auditing process (including lessons learned)		Design and implement people process metrics and reporting		Once for Scotland Policy training (and ongoing evaluation)- and to include early resolution and clear roles communication						
Root Cause Analysis	Complete lessons learned engagement sessions		Update interim report with ongoing findings of Healing Panel process, EAP and Guardian Service (and test Culture activity against the findings)									
	▲ Interim root cause / lessons learned report											
Culture Metrics and Tools	Develop proposal for culture measures / dashboard (for review and sign-off) (including approach for survey)			▲ Culture Survey		Analysis and communication of outcomes, evaluation of activity required						
	▲ Implement interim reporting via Staff Governance section of IPR		Develop and implement full suite of culture metrics and tools				▲ Regular culture reporting in place					
												4

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Integration Joint Board

Date of Meeting: 27 January 2021

Title of Report COVID-19 Public Health Update

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

The Integrated Joint Board is asked to:

- Consider the COVID-19 current status update, in terms of:
 - ◇ distribution of infection rates in A&B community;
 - ◇ COVID-19 testing in A&B community;
 - ◇ COVID-19 vaccination in A&B community;
 - ◇ support to A&B community during the peak of COVID-19 pandemic and its adaptation to the new response phases

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 – there has been a considerable spike in number of infections, symptomatic people with varying degrees of severity
- Testing for SARS-CoV-2 in Argyll and Bute – alongside established processes, new sites have been established. The follow up programme of reported cases has kept up to increased demand, and has contributed to identifying reasons for acquiring this virus;
- Vaccination program for COVID-19 – the planning has been well established and quite a number of people have already been injected;
- Caring for people work stream supporting our communities.

2. INTRODUCTION

This paper builds on accounts provided in the earlier reports, and will present the most timely update as possible of how 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

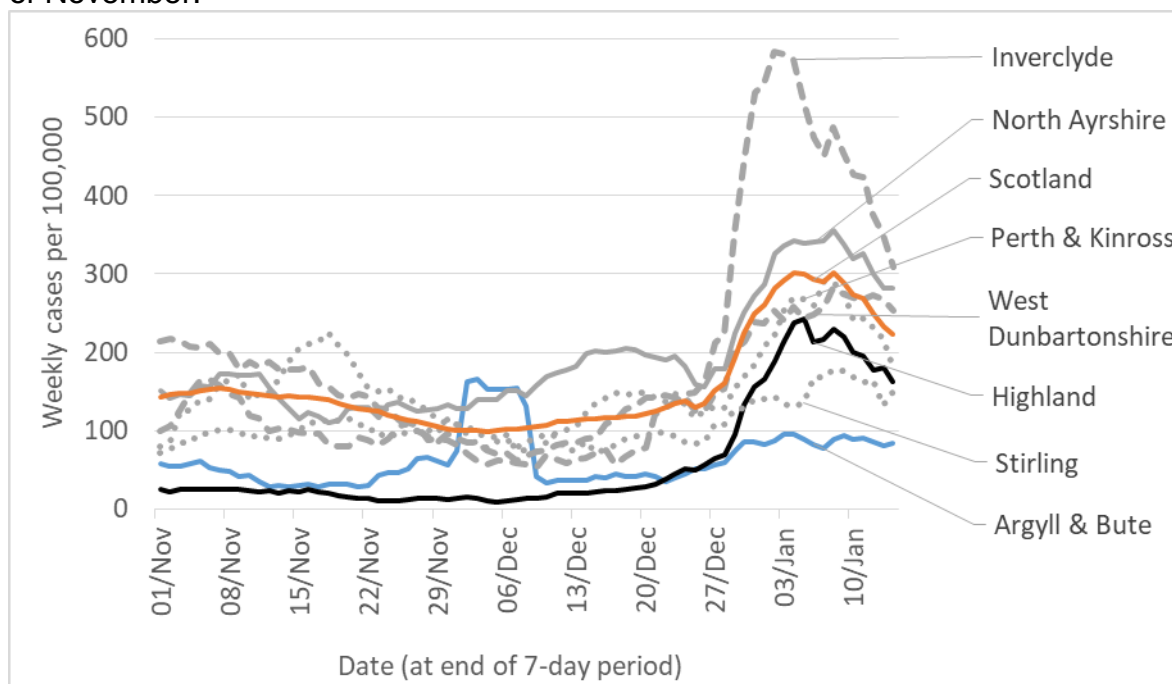
A. Epidemiology of COVID-19 in Argyll and Bute

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. Further epidemiological information and trends are provided in a separate Epidemiology briefing.

Public Health Scotland report there have been 1,078 confirmed cases recorded of COVID-19 in Argyll and Bute, with 899 cases from 1st September and (as published on 18th January 2021).

Presenting confirmed cases as a rate per 100,000 people in the population allows comparison with other areas of different population size (Figure 1). Presenting data as the total over a 7 seven period smooths the fluctuations seen day to day. During the second wave of the epidemic, rates of cases in Argyll and Bute have been lower than in neighbouring areas, with the exception of a peak in cases at the start of December relating to a contained workplace outbreak.

Figure 1. 7-day rates, per 100,000 population, of newly confirmed cases in, Argyll and Bute, Scotland and neighbouring local authority areas, since the start of November.



Source: Public Health Scotland downloaded 18th January.

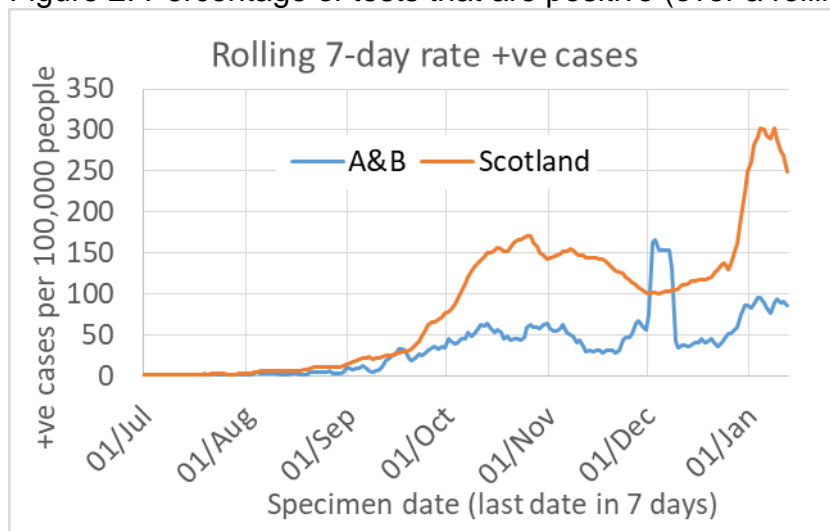
From around 26th December, cases in Scotland have increased rapidly. This may reflect increased mixing before Christmas but also the impact of the variant

of concern (VOC) with its increased transmissibility¹. Public Health Scotland published an evidence from UK Government laboratories that 61.9% of new cases in Scotland between 10th and 11th January were consistent with the new variant.

As shown in the accompanying Epidemiological Briefing, Helensburgh and Lomond and Cowal and Bute have higher rates of cases in the most recent four weeks than the other two localities in Argyll and Bute.

The percentage of tests carried out that are positive has increased since September and in the most recent weeks (Figure 2).

Figure 2. Percentage of tests that are positive (over a rolling 7-day period)



Source: Public Health Scotland. Accessed on 18th December 2020.
<https://www.opendata.nhs.scot/dataset/COVID-19-in-scotland>

Projections of the future number of cases in Argyll and Bute can be based on modelling work by Imperial College London.

https://imperialcollegelondon.github.io/COVID-19local/LTLA_public/Argyll_and_Bute.html

At 9th January 2021, R in Argyll and Bute was estimated to be above 1 (90% confidence interval between 1.03 and 1.15) indicating exponential increase in cases. Projections based on an R of above one indicate future increases in cases. However, future numbers of cases will depend on the guidance and rules in place regarding social distancing and adherence to these. In addition, the ongoing vaccination program is likely to decrease, going forwards, the number of people will symptoms who access testing.

National Records of Scotland (NRS) report that there have been a total of 87 deaths registered involving COVID-19 of Argyll and Bute residents registered up 10th January 2021, 23 of which have been registered since the start of

¹ <https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/covid-19-statistical-report/>

September. 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. Public Health Scotland report that there have been 54 deaths of Argyll and Bute residents within 28 days of a positive test, 19 of which have occurred since the start of September.

B. Testing for COVID-19 in Argyll and Bute

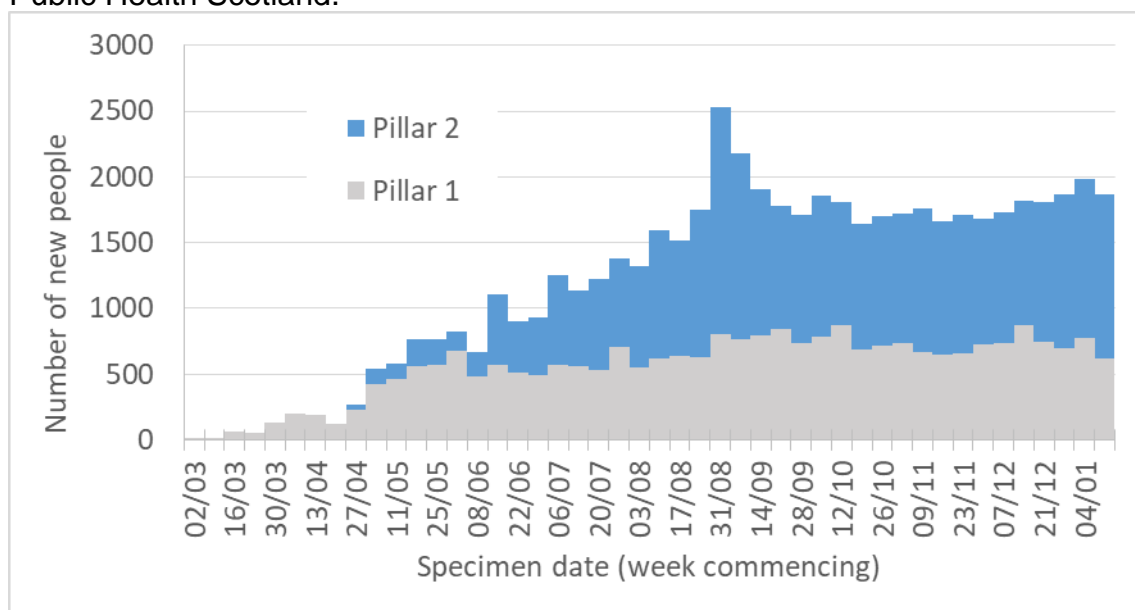
This section will include:

- An update on testing volumes;
- An update on the Test and Protect system;
- Some recent developments aimed at increasing efficiency and effectiveness of the testing programme.

B1 Testing volume

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.

Figure 5. Weekly number of tests of Argyll and Bute residents, as published by Public Health Scotland.



Source: Public Health Scotland. Accessed on 11th January 2021
<https://www.opendata.nhs.scot/dataset/COVID-19-in-scotland>

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.

B2 Test and Protect

How this service works has been explained in detail in our previous Public Health update. It is managed by the Health Protection team within the Public Health Directorate, and is operated by Department staff as well as additional staff 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 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 businesses require to be assessed.

School linked cases continue with effective arrangements in place between NHS and Council Education, although are no longer an issue of major concern in the last few weeks.

Information from contract tracing carried out has been used by NHS Highland to appeal to the public to follow COVID-19 guidance and “stay at home”. Pre-Christmas socialising combined with people mixing indoors over the festive period has been described by the Health Protection Team as having thought to be the cause of increased infections in Highland and Argyll and Bute Council areas. When the number of cases of COVID-19 rises in our communities, we inevitably also see an increase in positive cases in health care workers and care home staff. So strong reminders were issued not to mix with others outside own household, despite awareness of how challenging this has been for many people.

B3 Recent Developments in the testing programme

B3.1 Walk through COVID-19 testing Centre in Oban - A new walk through testing facility opened in Oban just before Christmas 2020. It's open every day, a test needs to be booked in advance.

B3.2 Walk through testing in Lochgilphead

Coronavirus (COVID-19) testing will be available from two fire stations in Thurso and Lochgilphead this month, as part of a trial to increase testing access in remote and rural areas. The trial test sites will run between 6 and 29 January 2021 in partnership with the Scottish Fire and Rescue Service (SFRS). Each site will be available Monday to Friday, for three and a half hours each day.

People within driving or walking distance of these locations who have COVID-19 symptoms will be able to book a test slot at the Thurso or Lochgilphead stations by calling NHS Highland, who will provide details of the booking and what to do when people arrive.

In addition to hosting the testing sites, the SFRS will provide logistical support, including test ordering and storage of samples ahead of courier collection (for further information: [Fire Station COVID Testing Trial in Lochgilphead \(scot.nhs.uk\)](https://www.scot.nhs.uk/fire-station-covid-testing-trial))

B3.3 Lateral Flow Device Testing (LFD)

This is a quick and easy test that can be used to check if an individual is infected and hence likely to be infectious for COVID-19, even if they are not displaying symptoms. The sample does not need to go to a laboratory to be analysed and a test result is usually available within 30 minutes.

This programme was launched by SG at the end of November 2020, whereby all patient-facing health care staff would be invited (it is not mandatory) to perform twice weekly. During December 2020, it has been extended to patients/clients facing social workers and the majority of health and social care staff, with the aim at being fully operational by end of January 2021.

Additionally, the Argyll and Bute Health and Social Care Partnership (HSCP) has been working with the Scottish Government as an early adopter area for the introduction of lateral flow testing for visitors and health and social care staff visiting care homes. Three care homes within Argyll and Bute have been identified as early adopters and have been testing visitors from early December 2020: Northwood House (Helensburgh), Ardfenaig Residential Home (Ardrishaig), Thomson Court (Isle of Bute). For further information:

Adult care home visitors: - [Coronavirus \(COVID-19\): adult care home visitor testing guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/topics/health/coronavirus/covid-19/adult-care-home-visitor-testing-guidance)

[Argyll and Bute Care Homes Early Adopters for Care Home Testing \(scot.nhs.uk\)](https://www.scot.nhs.uk/argyll-and-bute-care-homes-early-adopters-for-care-home-testing)

C. COVID-19 Vaccinations

The initial priorities of the COVID-19 vaccination programme in Argyll & Bute are to prevent mortality from COVID-19 and protect health and social care staff and services. Evidence indicates that the risk of poorer outcomes from COVID-19 infection increases dramatically with age in both healthy adults and in adults with underlying health conditions.

People over the age of 50 are more at risk and the risk increases with age. There are currently 2 COVID-19 vaccines available in NHS Highland, the Pfizer vaccine and the Astra Zeneca vaccine.

The Pfizer vaccine is a more complex vaccine requiring storage at -70C and has limitations on how it can be moved, stored and used once defrosted. Because of these challenges the initial has been on taking vaccines to care homes and staff vaccination clinics on NHS sites. The Astra Zeneca vaccine is less complex and can be used in non NHS settings and GP surgeries allowing a more extensive roll out by GP practices commencing with the over 80s.

Vaccination programmes in Argyll & Bute are following the Joint Committee on Vaccination and immunisations (JCVI) priority framework for vaccinations.

Priority group	Risk group
1	Residents in a care home for older adults Staff working in care homes for older adults
2	All those 80 years of age and over Frontline Health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over Clinically extremely vulnerable individuals (not including pregnant women and those under 16 years of age)
5	All those 65 years of age and over
6	Adults aged 16 to 65 years in an at-risk group (Table 3)
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over

Vaccinations across Argyll and Bute commenced in December with all care home staff and residents vaccinated. Front line Health and Social care staff as well as care at home staff are currently being vaccinated. GP practices are now receiving vaccine for the over 80s group and progress is being made. The delivery of such an extensive vaccination programme should not be underrated.

Public Health Scotland report that from 8 December 2020 to 3 January 2021, 113,459 individuals received their first dose of COVID-19 vaccination, as reported in the Vaccination Management Tool.

D. Caring for People

The Caring for People partnership continues to meet 3 weekly as a collaborative group:

- A statement of intent for the group has developed which defines the purpose as information sharing.
- 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. 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.

E. Recovery

Throughout the emergency response, partners have been sighted on the recovery phase. This is currently dovetailing with the emergency response and will gather momentum at the end of the pandemic. To date activity includes:

- Collaborative working with Argyll and Bute Council's Building Back Better workstream. This includes engagement with people and communities adversely impacted during the pandemic to articulate with these impacts are and proposed actions.
- NHS Highland is developing a strategic response to recovery entitled Social Mitigation Strategy. The corporate lead for this will be the Public Health Department, however the purpose of the strategy is to review how the whole organisation and services must transform to meet changing needs. Examples of these needs include social factors such as economy and employment and health factors such as mental health impacts.
- The Living Well Strategy for Argyll and Bute has ongoing engagement via our third sector partners and this is overseen by the Steering Group which continues to meet bi-monthly. Mental health and wellbeing has been investigated via engagement with community groups and physical activity continues to be a key priority for people at risk of increasing frailty.

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 allocated to dedicated COVID-19 funding and will be accounted under this budget line.

Staff Governance

The workforce and TU have had a 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 COVID-19 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 e.g. 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
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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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 Email nicola.schinaia@nhs.net



COVID-19 Epidemiology Report

18th January 2021

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.

Week ending

15/01/2021

Confirmed new positive case rate per 100,000 population of COVID-19 over 7 days

	Current week		Change from previous week	
	Number of cases	7 day rate per 100,000	Number of cases	7 day rate per 100,000
NHS Highland	404	125.6	-197	-61.2
Argyll & Bute	58	67.5	0	0.0
Highland	346	146.7	-197	-83.5

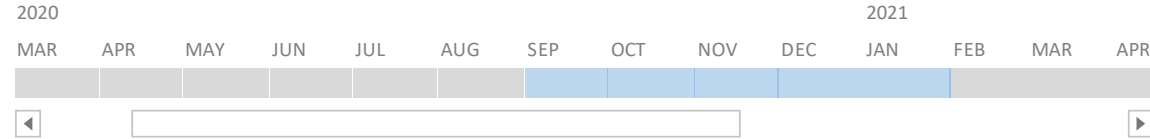
Testing rates vary across the week and data for the most recent three days will be partially complete.

Recent positive results may be subject to change as a result of re-testing

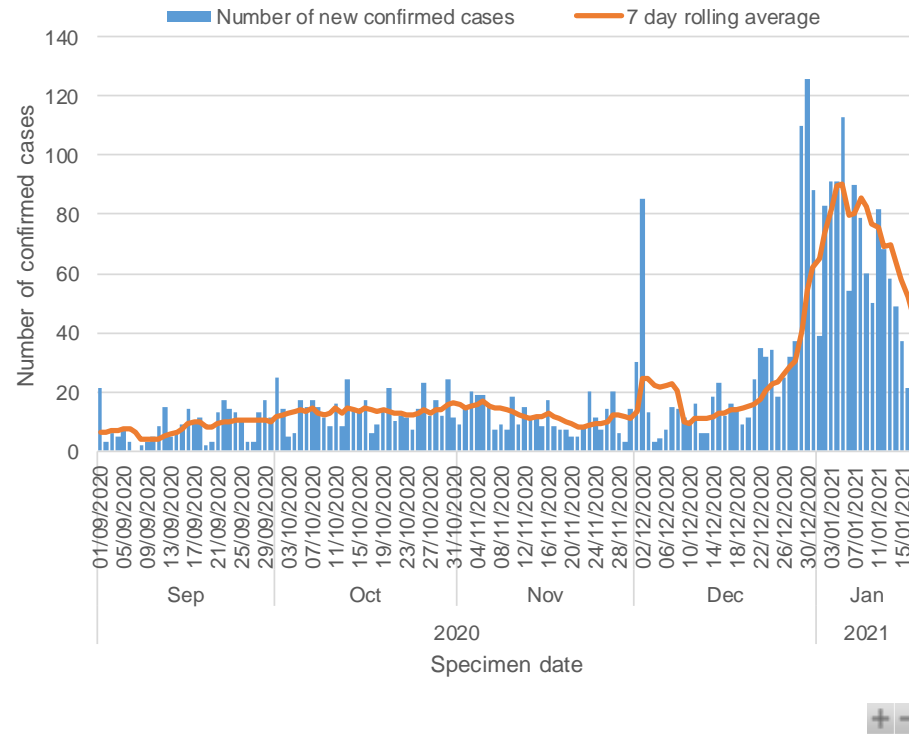
Includes testing undertaken in NHS Scotland laboratories and UK Government Regional Testing Centre laboratories (including Drive Through Centres and Mobile Units, and Home Testing).

Sep 2020 - Jan 2021

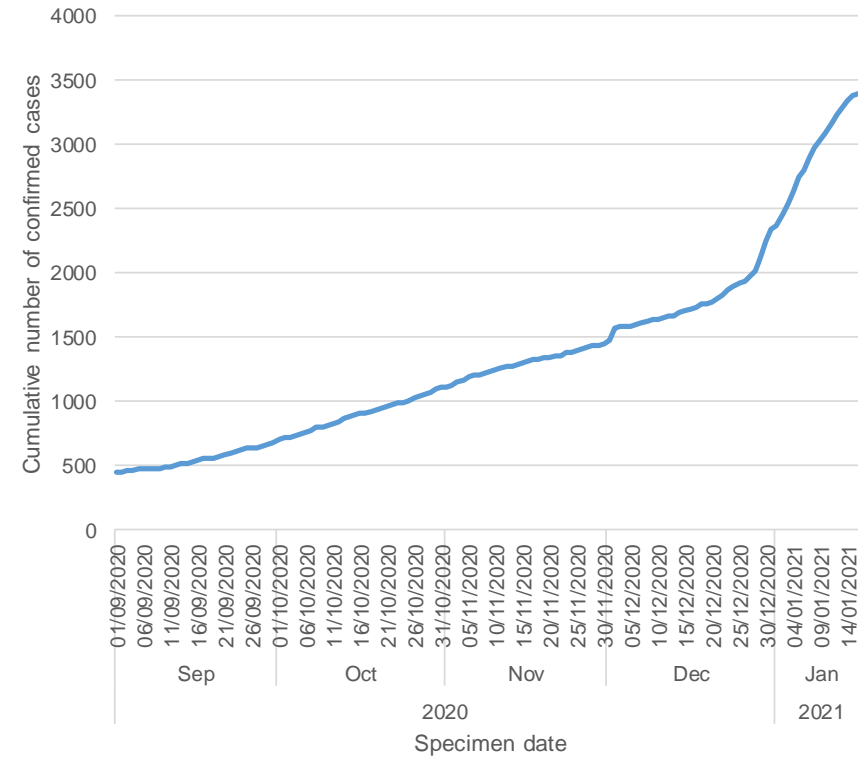
MONTHS ▾



Number of confirmed cases



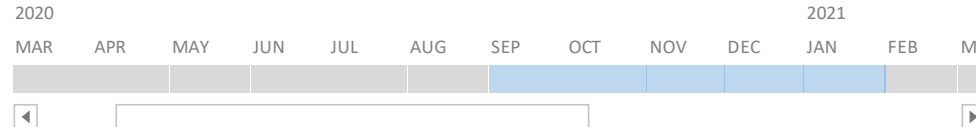
Cumulative number of confirmed cases



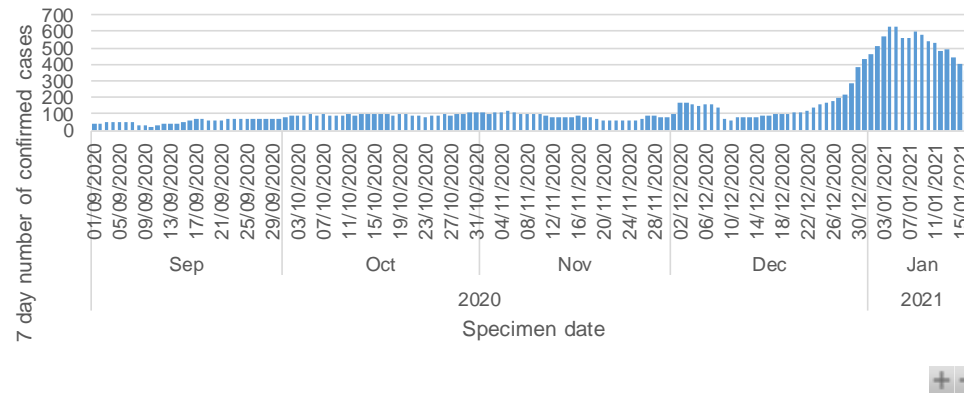
Testing rates vary across the week and data for the most recent three days will be partially complete

Sep 2020 - Jan 2021

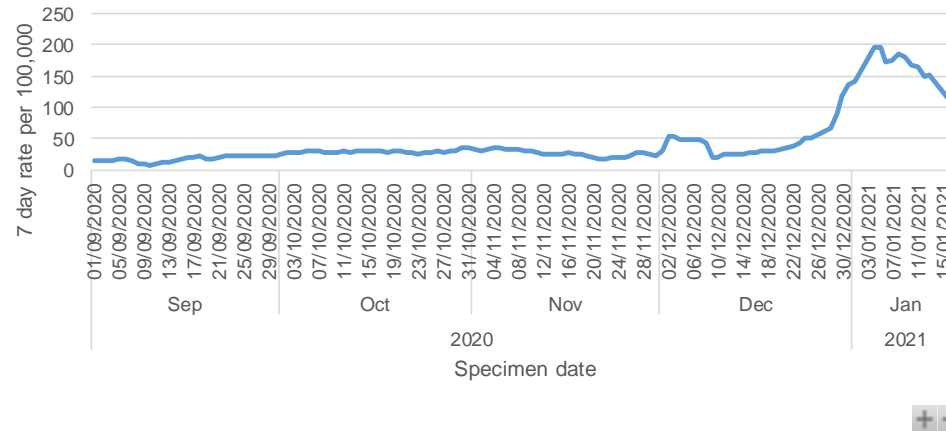
MONTHS ▾



Number of cases



Rates per 100,000 population



Select week ending date

Date

17/01/2021	16/01/2021	15/01/2021	▲
14/01/2021	13/01/2021	12/01/2021	▼

	Week beginning	Week ending	Number of cases	7 day rate per 100,000
Selected	09/01/2021	15/01/2021	404	125.6
Previous	02/01/2021	08/01/2021	601	186.8

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

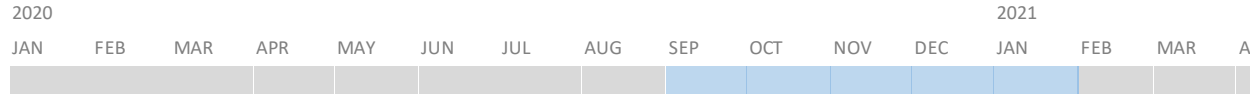
Number and rates of new cases of COVID-19 over seven days

NHS Highland Local Authority Areas
All ages



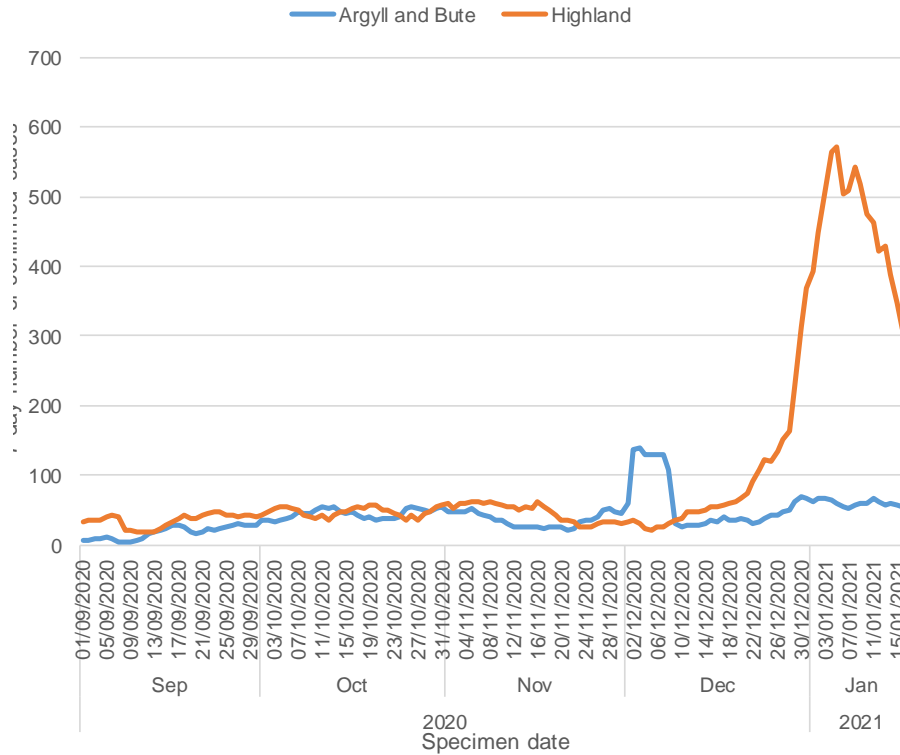
Date

Sep 2020 - Jan 2021

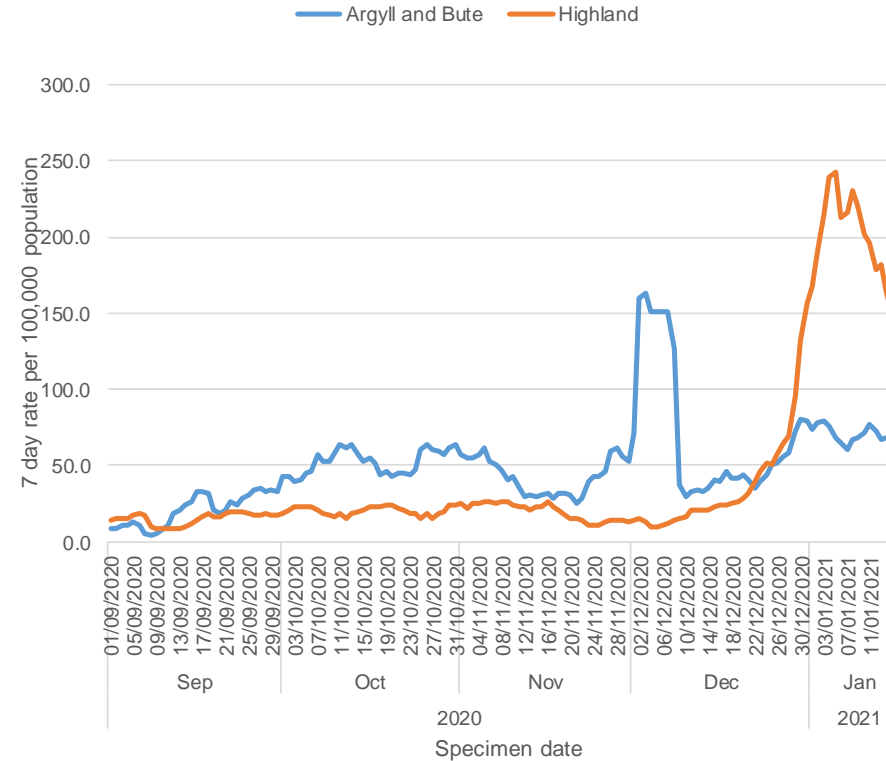


- Argyll and Bute
- Highland

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 Virtualisation Layer, NHS Highland BI Data Warehouse

Estimated Dissemination Ratio (EDR) of COVID-19

NHS Highland Local Authority Areas



Date

Sep 2020 - Jan 2021

MONTHS ▾

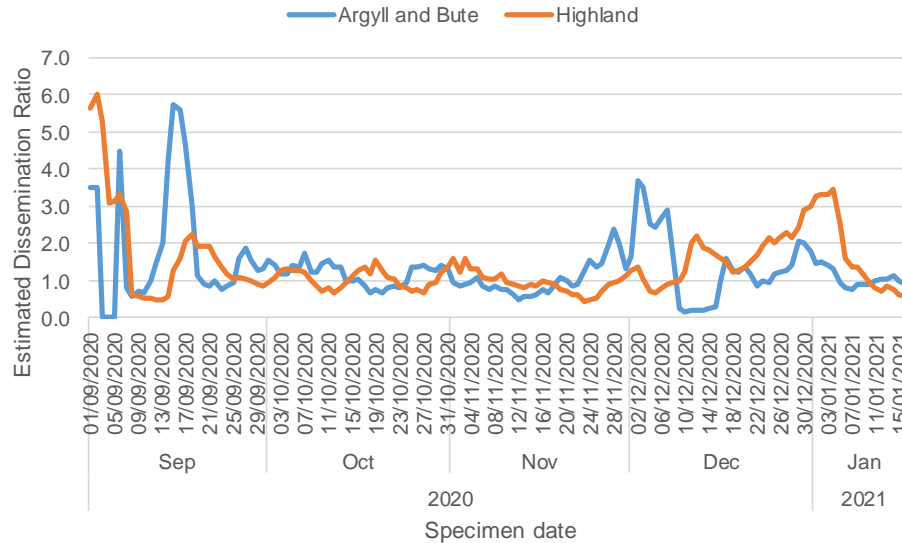
2020

2021

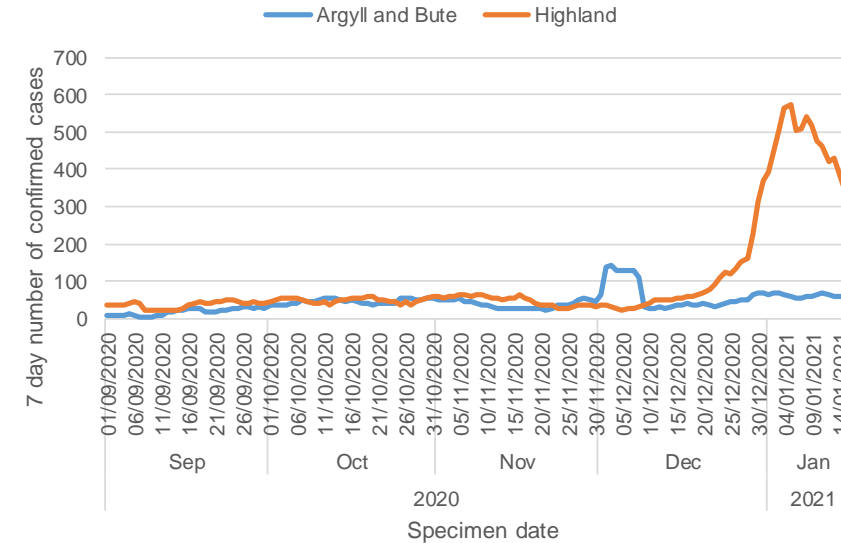


- Argyll and Bute
- Highland

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 < 1 indicates that the epidemic is slowing

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

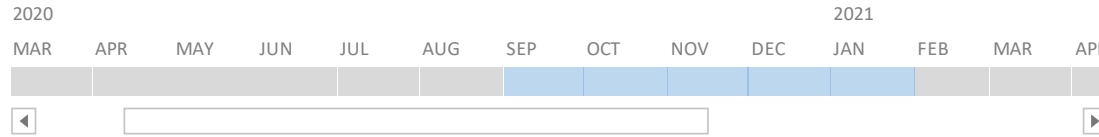
NHS Highland
Broad age category



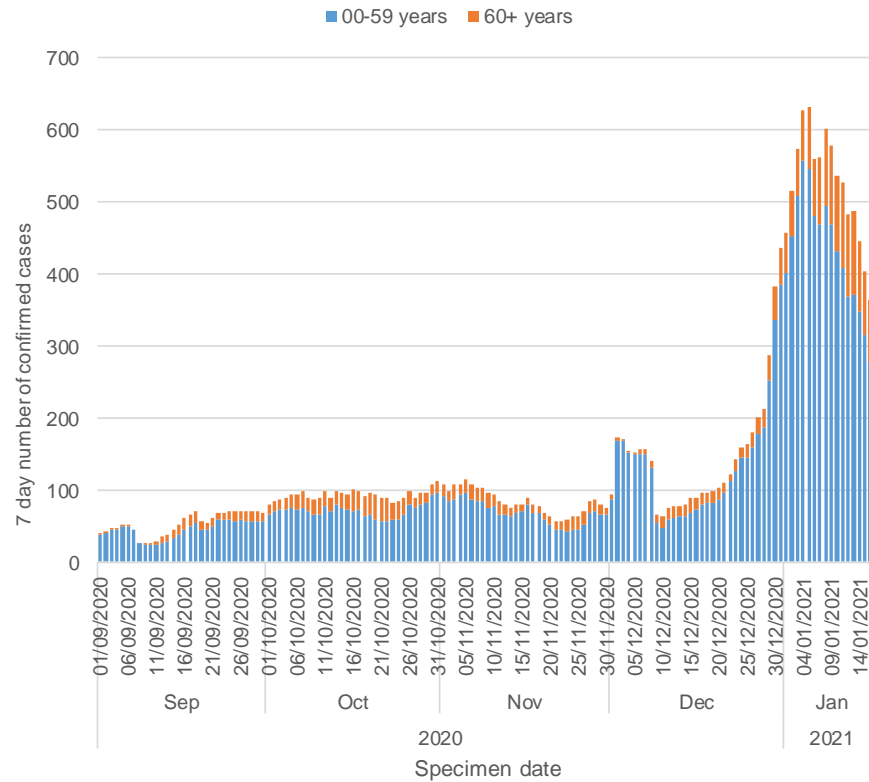
Date

Sep 2020 - Jan 2021

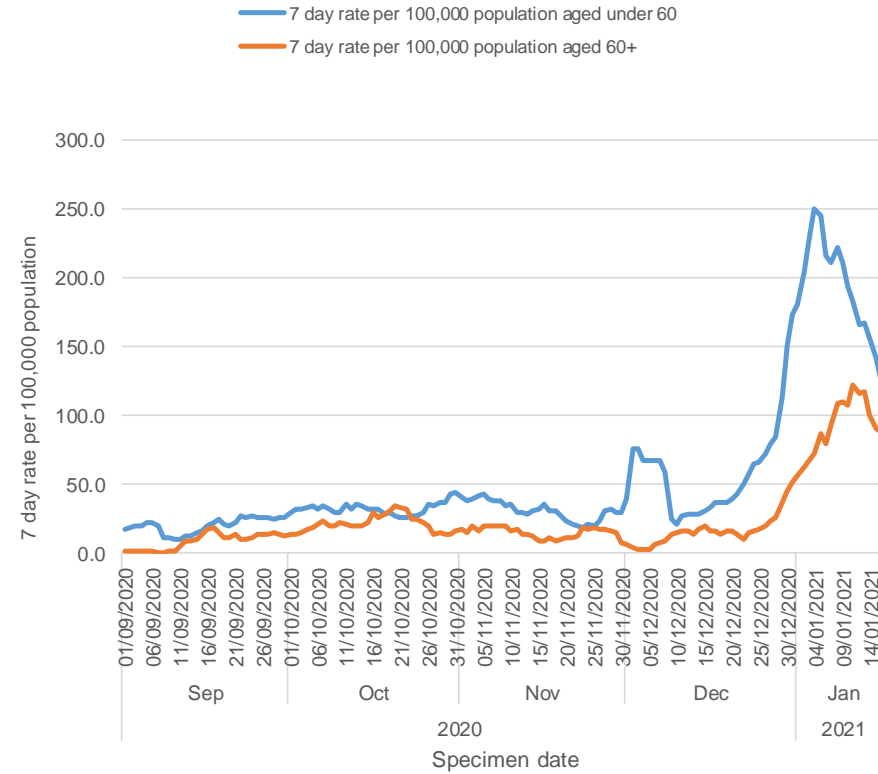
MONTHS ▾



Number of cases



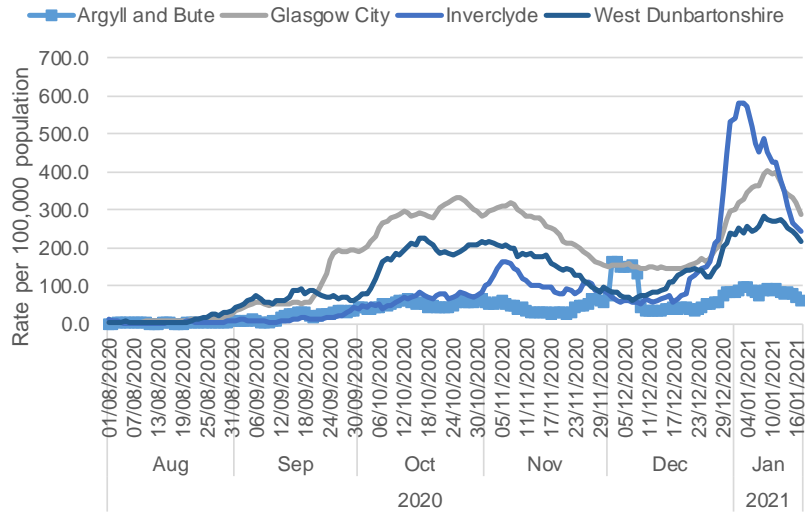
Rates per 100,000 population



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

Confirmed new case rate per 100,000 population over 7 days

Local Authority Areas (selected)

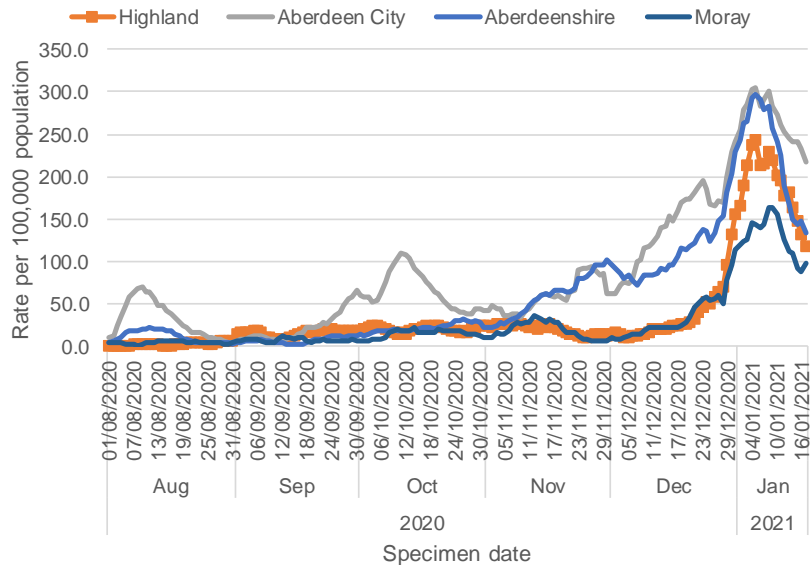
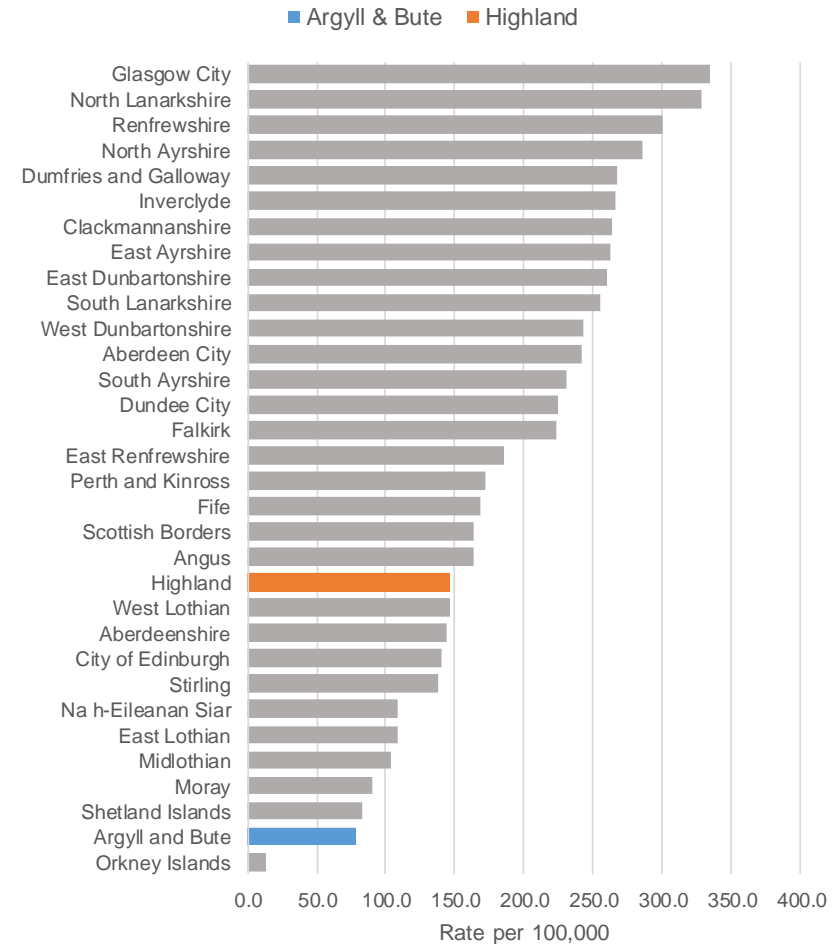


17/01/2021

16/01/2021

15/01/2021

7 day rate per 100,000 population for the week ending 15 Jan 2021



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

Select week ending date

16/01/2021

15/01/2021

14/01/2021

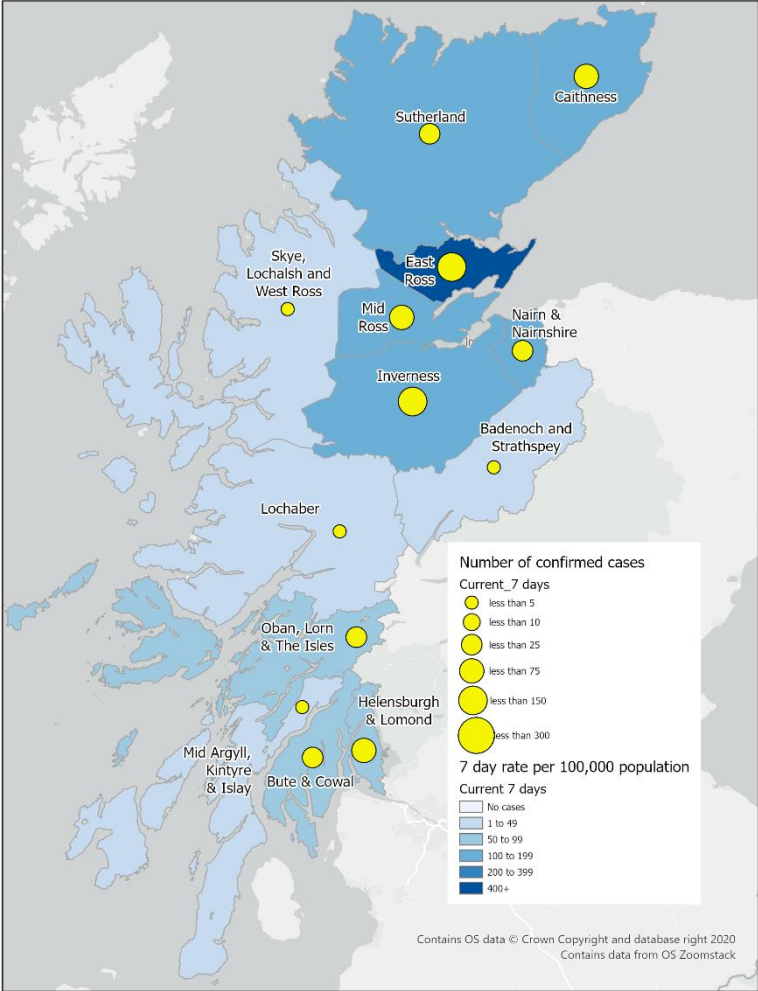
13/01/2021

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

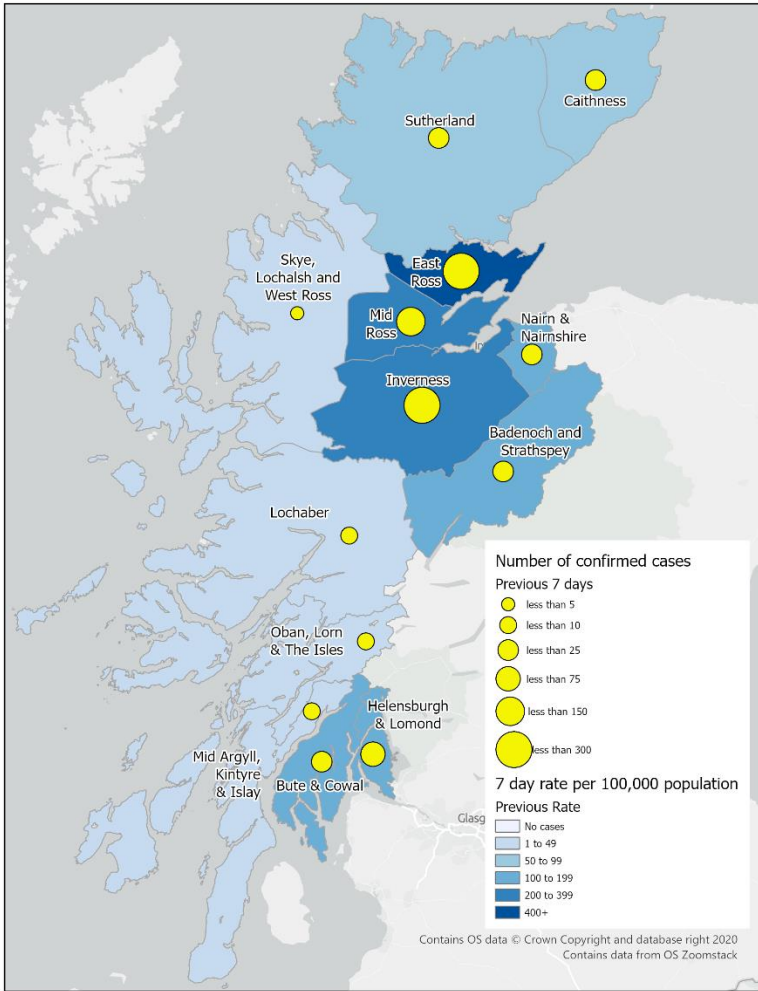
	Total number of confirmed cases over the 7 days (09/01/21 to 15/01/21)	Total number of confirmed cases over the previous 7 days (02/01/21 to 08/01/21)	Change in number of cases	Incidence rate per 100,000 population (09/01/21 to 15/01/21)
NHS Highland	404	601	-	126
Badenoch and Strathspey	1 to 4	16	-	Less than 20
Caithness	40	24	+	158
East Ross	132	154	-	592
Inverness	97	224	-	119
Lochaber	1 to 4	9	-	Less than 20
Mid Ross	36	84	-	133
Nairn & Nairnshire	16	16	nc	118
Skye, Lochalsh and West Ross	1 to 4	1 to 4	nc	20 to 74
Sutherland	18	12	+	140
Highland	346	543	-	147
Cowal & Bute	18	22	-	89
Helensburgh & Lomond	25	26	-	97
Mid-Argyll, Kintyre & Islay	1 to 4	5	-	Less than 20
Oban, Lorn & The Isles	12	5	+	60
Argyll & Bute	58	58	nc	68

nc = no change

Current Week



Previous Week



Confirmed cases of COVID-19 in the seven day period
9th January 2020 to 15th January 2021 by NHS Highland
Community Partnership

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100010825 2021

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

Date: January 2021

Confirmed cases of COVID-19 in the seven day period
2nd January 2021 to 8th January 2021 by NHS Highland
Community Partnership

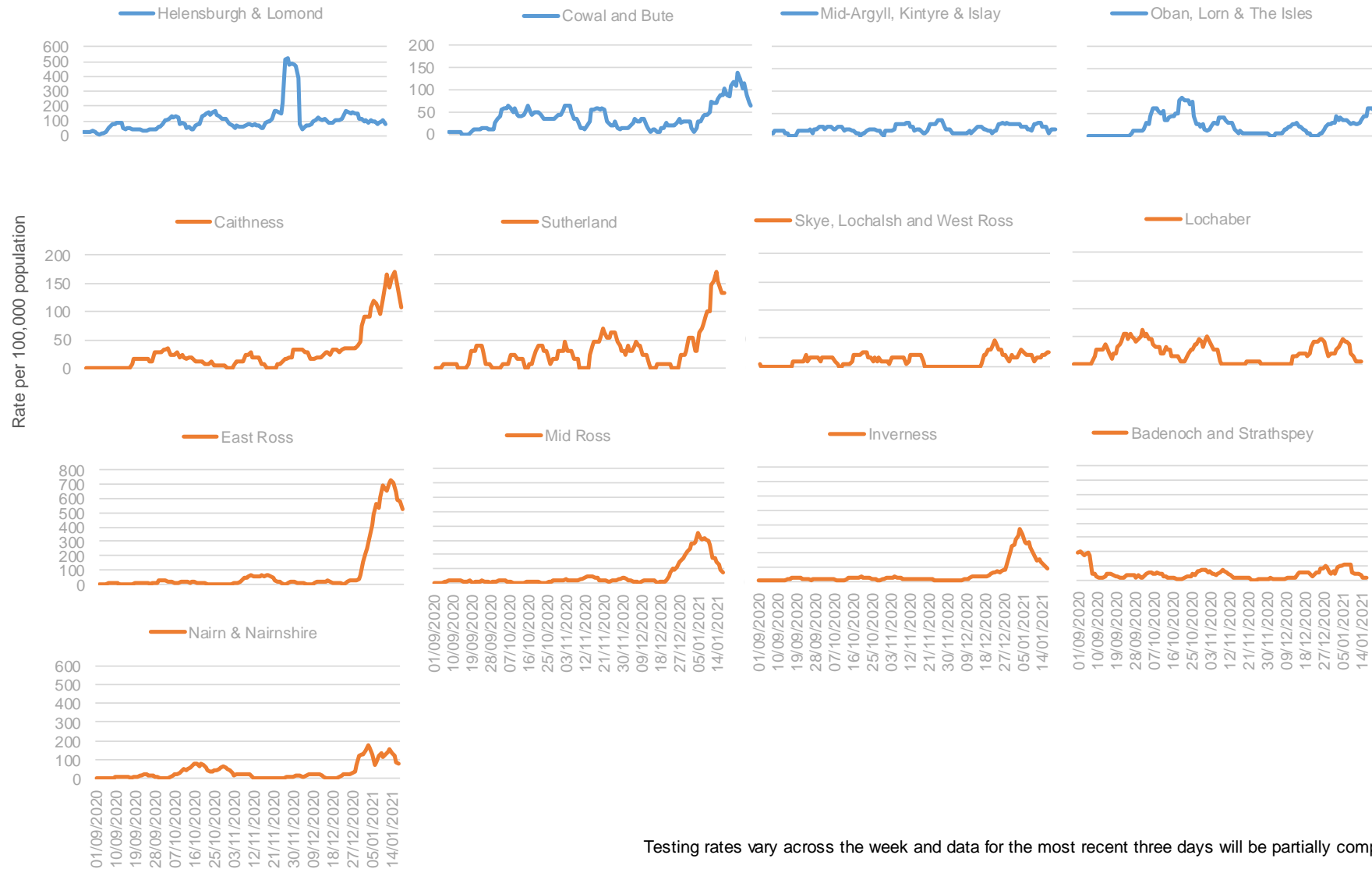
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100010825 2021

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

Date: January 2021

NHS Highland Community Partnerships

Confirmed case rate per 100,000 population over seven days



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

NHS Highland Community Partnerships

Rates of new cases over seven days: 09/01/2021 to 15/01/2021

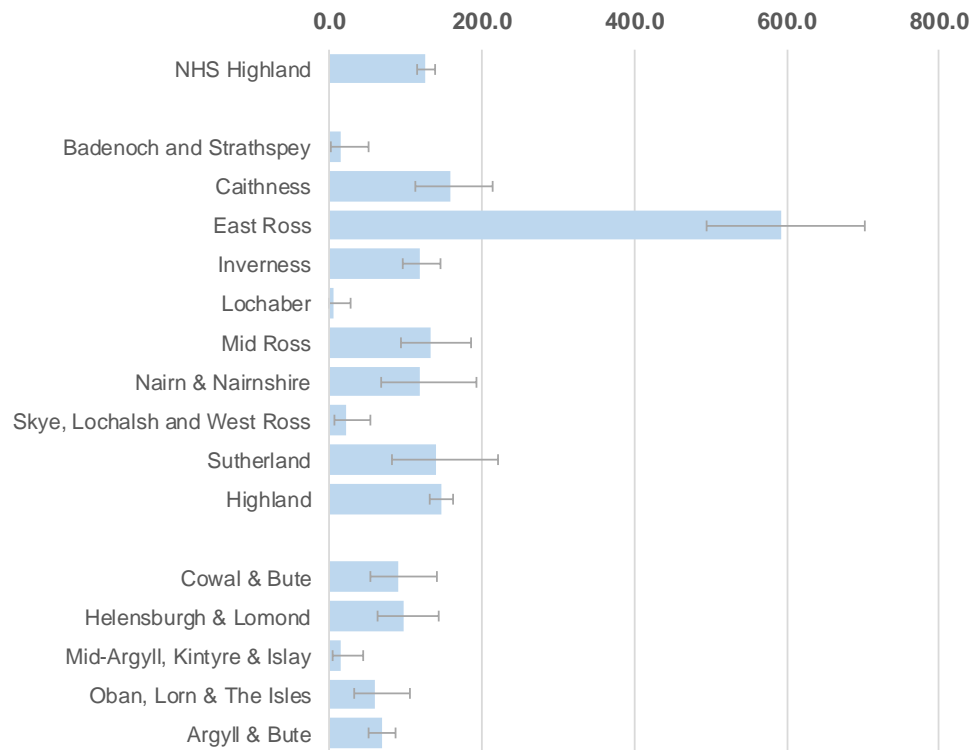


Select week ending date

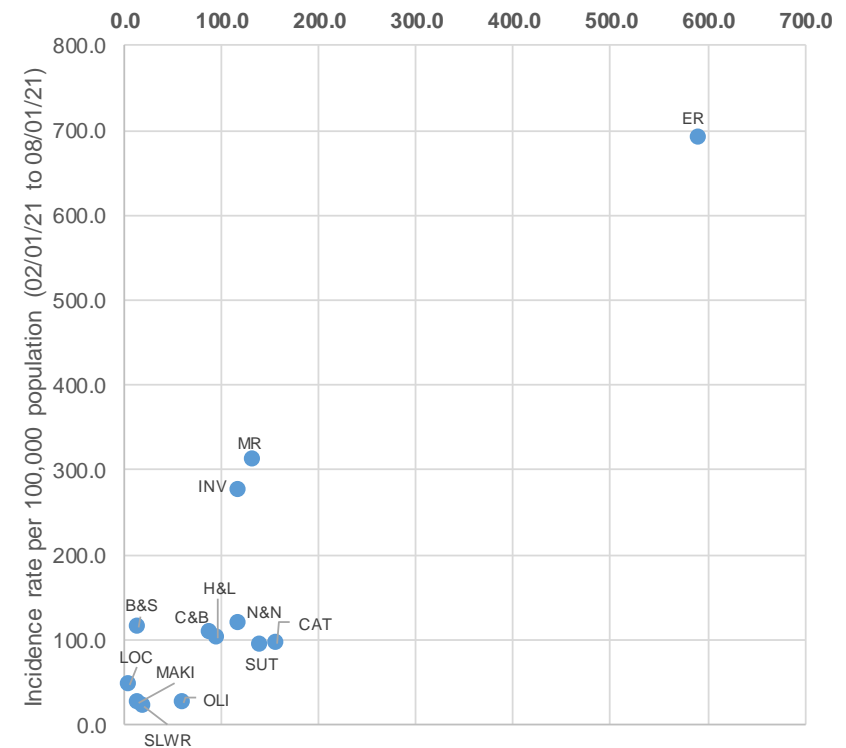
17/01/2021 16/01/2021 **15/01/2021** 14/01/2021

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

Incidence rate per 100,000 population (09/01/21 to 15/01/21)

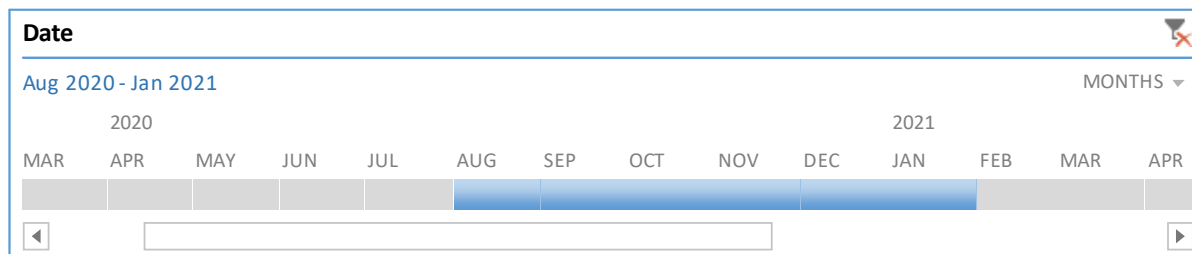


Incidence rate per 100,000 population (09/01/21 to 15/01/21)

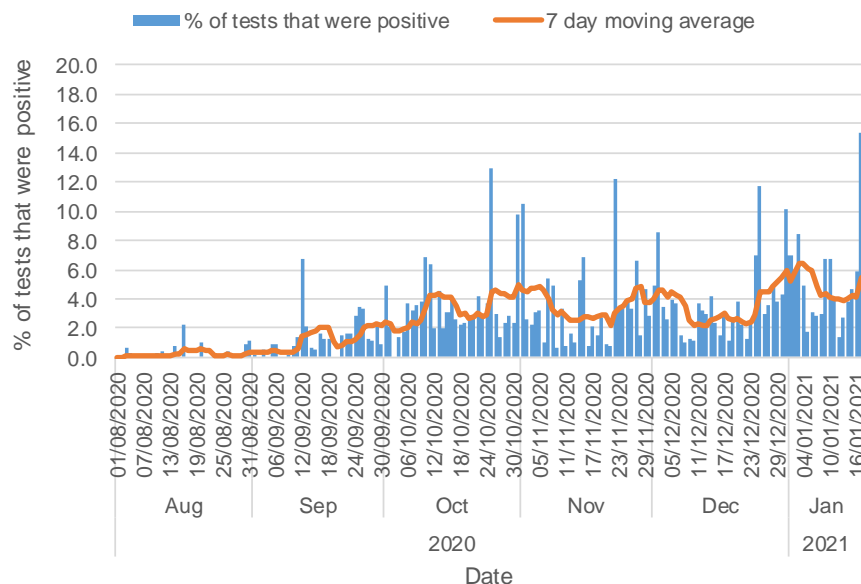


Test positivity rate

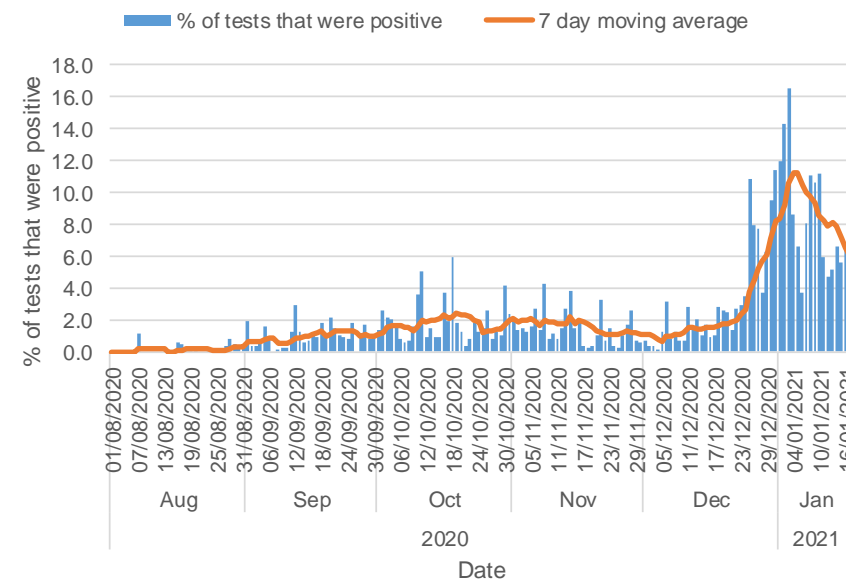
NHS Highland Local Authority Areas



Argyll & Bute



Highland



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.

Seven day test positivity rate

NHS Highland Local Authority Areas



Argyll and Bute



Date ✕

Aug 2020 - Jan 2021 MONTHS ▾

2020 2021

AUG SEP OCT NOV DEC JAN FEB MAR APR MAY

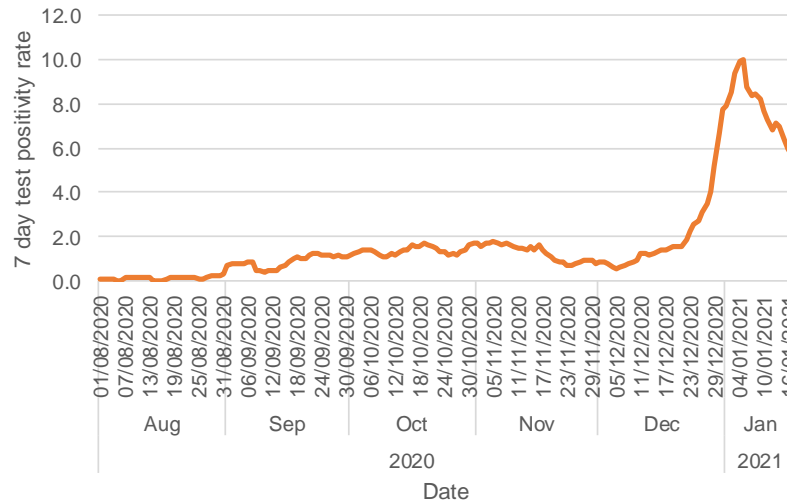
Select week ending date

17/01/2021	16/01/2021	15/01/2021	▲
14/01/2021	13/01/2021	12/01/2021	▼

Week: 09/01/2021 to 15/01/2021

	Number of positive tests	Total number of tests	Test positivity rate (%)
Argyll and Bute	73	1951	3.7
Highland	372	5877	6.3

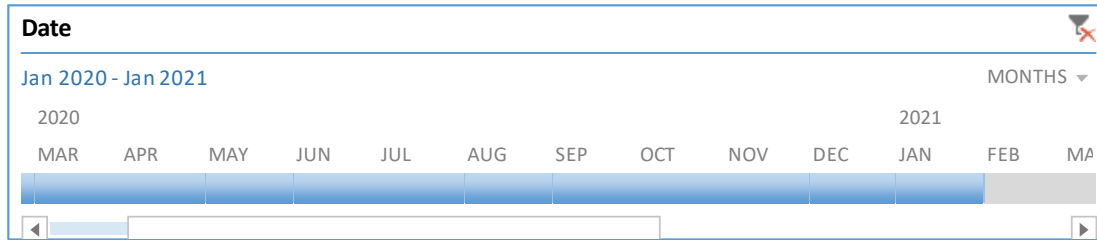
Highland



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.

Confirmed deaths from COVID-19

NHS Highland Local Authority Areas

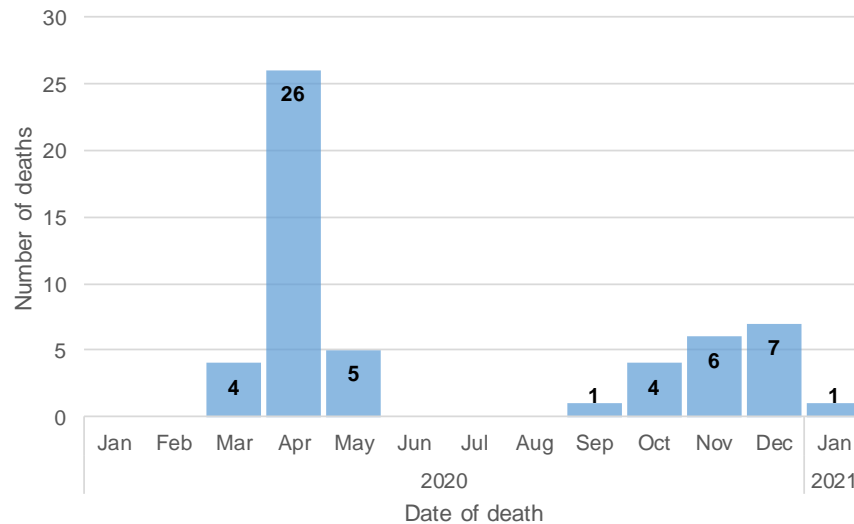


Argyll and Bute	Total number to date	54
	Total in selected period	54

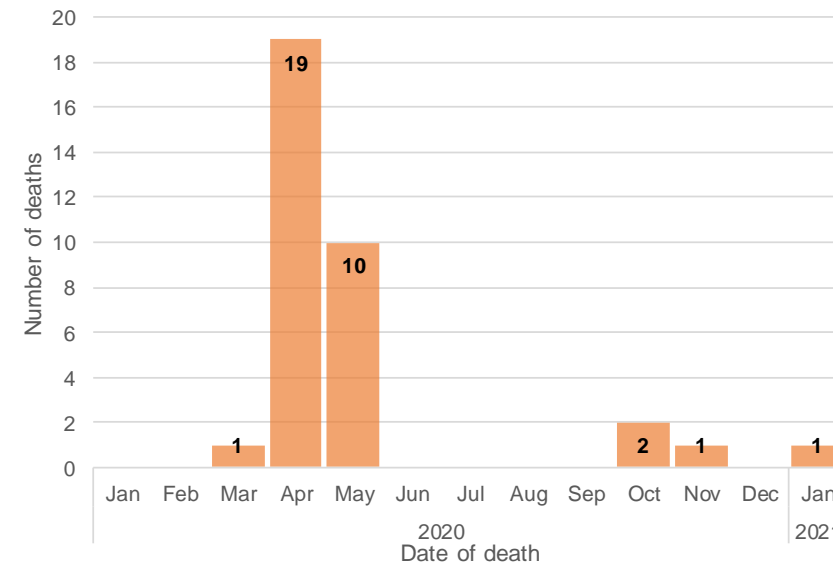
Highland	Total number to date	34
	Total in selected period	34

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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NHS Highland



Meeting:	NHS Highland Board
Meeting date:	26 January 2021
Title:	Director of Public Health Annual Report
Responsible Executive/Non-Executive:	Tim Allison, Director of Public Health & Policy
Report Author:	Tim Allison, Director of Public Health & Policy

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Annual Report of the Director of Public Health for 2020 is presented.

2.2 Background

Directors of Public Health have for many years been required to produce an annual report on the state of health in the local population. Both health and public policy in 2020 has been dominated by the effects of COVID-19. The pandemic has had a great effect on the population of NHS Highland and is inevitably the focus of the 2020 report. It has also had a great effect on the activity of the public health team and dominated workload. Consequent time constraints have meant that the breadth and content of the 2020 report are more limited than for previous years.

2.3 Assessment

COVID-19 has had a huge impact on the residents of the NHS Highland area. The report presents information about the course of the pandemic so far. It highlights two important areas connected with the pandemic which are especially important for the health of local people, the need for social mitigation and the interaction with substance use.

2.3.1 Quality/ Patient Care

COVID has significant effects on the quality of services and patient care and this is referenced in the report.

2.3.2 Workforce

There are major workforce implications following from the pandemic. There are many workforce implications arising from the issues set out in the report.

2.3.3 Financial

The large financial implications of COVID which are implied within the report are being managed as part of the overall financial approach of the Board.

2.3.4 Risk Assessment/Management

The risk management implications of COVID which are implied within the report are being dealt with through the corporate risk management approach and the Board Assurance Framework.

2.3.5 Equality and Diversity, including health inequalities

The aim of the report is to highlight health inequalities with a view to their reduction.

2.3.6 Other impacts

There are no other specific impacts to note

2.3.7 Communication, involvement, engagement and consultation

This is an independent report from the Director of Public Health.

2.3.8 Route to the Meeting

This is an independent report from the Director of Public Health.

2.4 Recommendation

The Board is asked to note the 2020 Director of Public Health Annual Report.

3 List of appendices

The following appendices are included with this report:

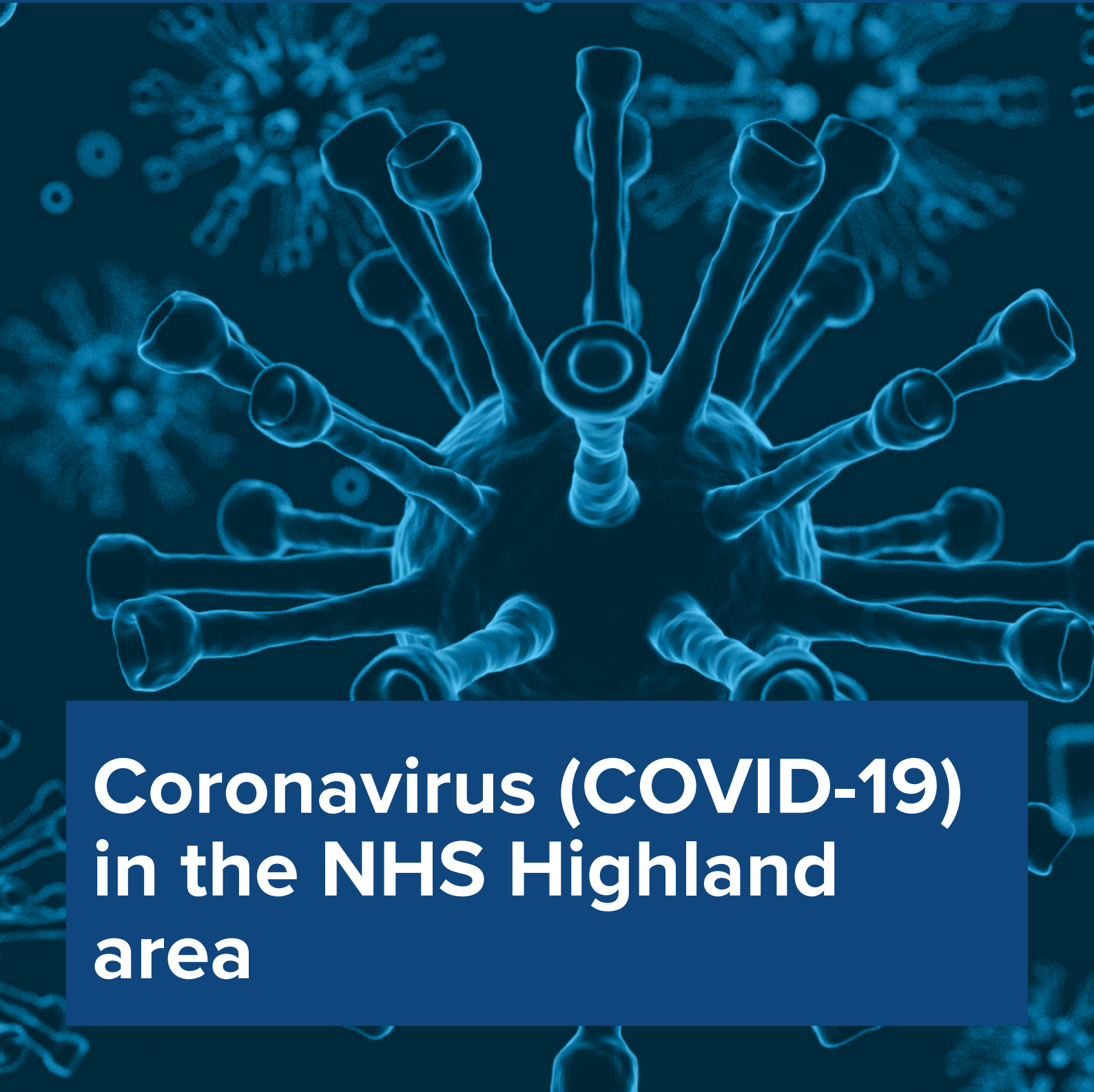
- The Annual Report of the Director of Public Health 2020

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The Annual Report
of the **Director of
Public Health**



2020

A detailed, blue-tinted microscopic image of a coronavirus particle. The particle is spherical with a distinct outer shell and a core. Numerous long, thin, hair-like projections called spike proteins extend from the surface of the particle, giving it a crown-like appearance. The background is dark with other faint, out-of-focus virus particles.

**Coronavirus (COVID-19)
in the NHS Highland
area**

Acknowledgements and list of contributors

Thanks are due to the following colleagues for their contributions to this year's report:

Susan Birse

Margaret Brown

Jane Chandler

Maggie Clarke

Barry Collard

Ian Douglas

Jennifer Dryden

Carolyn Hunter-Rowe

Dan Jenkins

Sandra MacAllister

Valerie MacDonald

Rosemary MacKinnon (Highland Council)

Eve MacLeod

Frances Matthewson

Craig McNally

Alison McGrory

Catherine Russell

Helen Sikora

Elisabeth Smart

Cameron Stark

Cathy Steer

Debbie Stewart

Lynda Thomson

Ailsa Villegas



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Chapter Two - Social mitigation.....	Page 20
Chapter Three - Alcohol and Drugs Partnership response to COVID-19.....	Page 40
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Introduction



This is my first annual report as Director of Public Health for NHS Highland. I am delighted to have joined a team, organisation and partners clearly committed to improving the health and wellbeing of the local population. I am also delighted to be living and working in this area. I have found the people of Highland & Argyll and Bute friendly and helpful and there are great opportunities for improving and protecting health and ensuring efficient and effective health and social care services.

2020 has been a difficult and challenging year, where the impact of COVID-19 and the efforts to control it have been at the forefront of all our minds. This report shows the spread and impact of COVID-19 and the challenges that it has brought to the people of the NHS Highland area. The direct effects of the virus have been severe in terms of illness and death. These effects are sadly likely to continue for some time and will include the longer-term effects of infection - long COVID. Indirect effects of the pandemic are also hugely important including loss of jobs, reduced income, poor mental health and substance use. Addressing these issues through social mitigation is a vital task and just like tackling acute COVID-19 infection it needs effective work across organisations and communities.

The pandemic has demonstrated the importance of public health in all our lives. Improving health and wellbeing is fundamental for the good of our communities and public health work should continue to be at the centre of the work of both NHS Highland and of partners.

2021 begins with more work to control COVID-19 but also with the opportunity for vaccination and a return to a more normal way of life. I am looking forward to maintaining public health as a central element of the work of NHS Highland and partners, continuing to address the impact of COVID-19 but also improving and protecting the wider health and wellbeing of the population.

Dr Tim Allison MD MRCP FFPH

Director of Public Health and Health Policy, NHS Highland
Stiùriche na Slàinte Phoblach, Bòrd Slàinte na Gàidhealtachd

Chapter One - Epidemiology



Background

Coronavirus disease 2019 (COVID-19) is an infectious acute respiratory disease caused by a new strain of coronavirus called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)¹. The disease was first identified in Wuhan, China in December 2019 and has subsequently spread rapidly around the world². The World Health Organisation (WHO) formally declared the disease a pandemic on 11 March 2020³.

The clinical presentation of COVID-19 varies. Most cases present symptoms including fever, cough, myalgia (fatigue) and shortness of breath⁴. Other symptoms include loss of normal sense of smell or taste, diarrhoea, headache, nasal congestion and rash^{4,5}. While the majority of cases are asymptomatic or result in mild symptoms, one in five people develop severe illness including viral pneumonia, acute respiratory distress syndrome (ARDS), septic shock, and/or multi-organ failure. Older people (aged 65 years and over) and those with pre-existing health conditions are at higher risk of death^{5,6}. Uncontrolled spread of the virus risks placing demands on health services that exceed their available capacity, particularly for oxygen therapy and high dependency and intensive care provision⁷.

The spread, or transmission, of COVID-19 mainly occurs through person-to-person close contact, through respiratory droplets produced when an infected person exhales, sneezes, or coughs, and by contact with contaminated surfaces and objects⁸. Studies report that proximity and ventilation are the key determinants of transmission risk⁹. The virus is most contagious when people are symptomatic, especially within the first three days from onset of symptoms¹⁰. Spread is also reported to be possible in the one to three days before symptoms appear.

A number of factors are reported as increasing vulnerability to infection and poorer clinical outcomes from COVID-19. These risks include older age, male sex, black and minority ethnic (BME) background, presence of health conditions such as diabetes, hypertension, cancer and cardiovascular heart disease, smoking, obesity, population density, living in a more deprived area and working in an occupation with a high risk of transmission^{5,11,12,13}. These risks are multifactorial and reflect existing vulnerabilities and inequalities in health¹⁴.

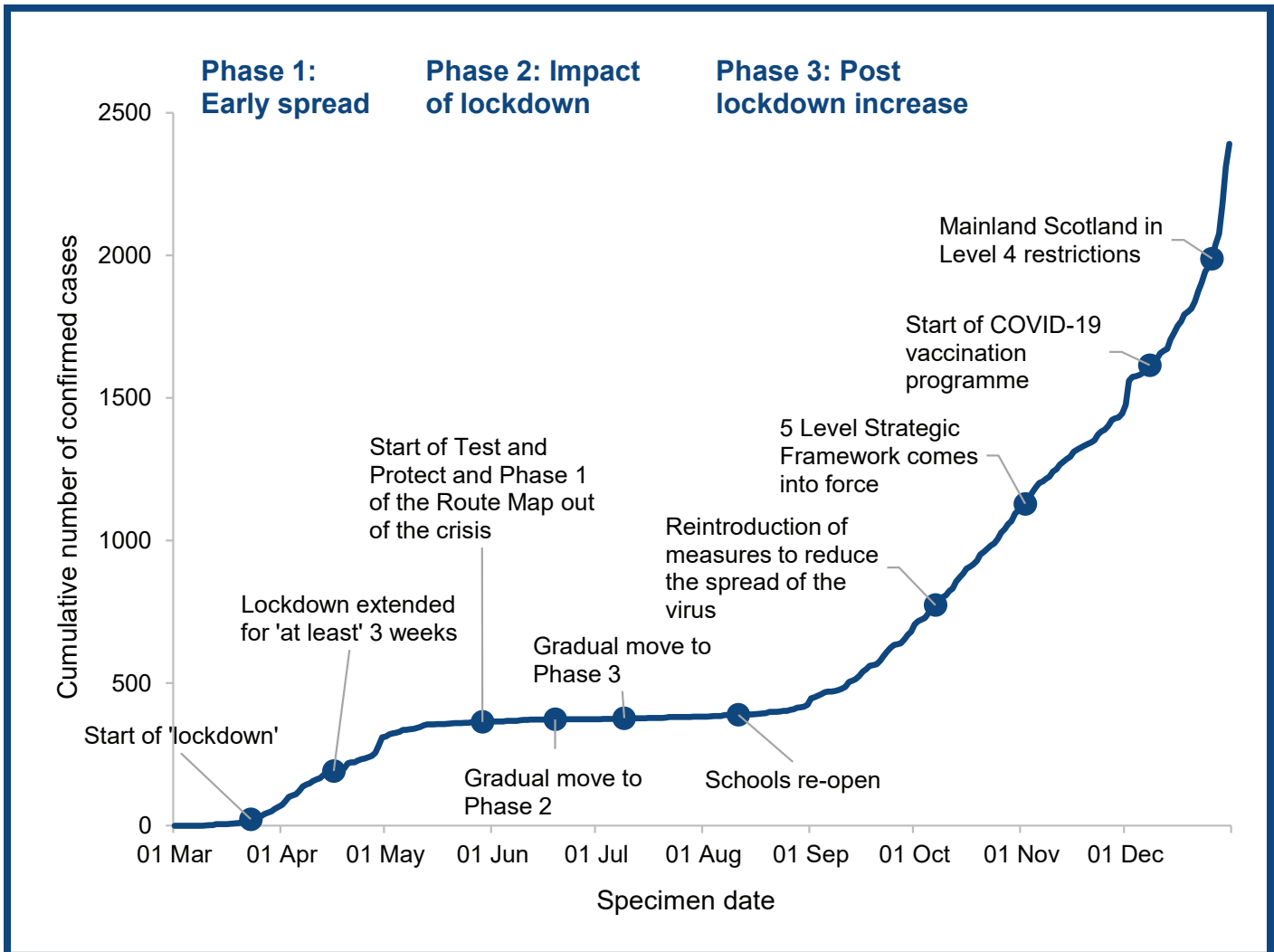
There is limited information on the likely impact of COVID-19 in rural areas. Although lower population density is likely to decrease the risk of transmission, assumptions of relative safety may encourage fewer adherences to social distancing in rural areas¹⁵. Older populations common in rural areas may experience a greater impact from cases that do occur¹⁶, and some international rural populations have relatively poor health¹⁷. A small number of serious cases may overwhelm limited local resource at a time when urban areas may be less able to help than normal, because of the impact of cases there^{18,19}.

The pandemic has caused widespread global health and economic harm. Governments across the world have sought to mitigate its effects using different combinations of social restrictions^{20,21}. Containment approaches to decrease the infection rate in the UK, including social isolation, social distancing measures and a national 'lockdown' will have indirect impacts on the health of communities, as well as the direct effects of the virus.

Spread of the disease in NHS Highland

The experience of COVID-19 in NHS Highland during 2020 falls into three broad periods: the initial spread of the virus before lockdown, the gradual diminution in cases as Government restrictions took effect, and the increase in cases after the easing of restrictions (Figure 1). These figures will be an underestimate of the true number of cases because not everyone with COVID-19 will display symptoms and not all those with symptoms are tested.

Figure 1: Cumulative number of confirmed cases of COVID-19 in NHS Highland by specimen date and dates of key interventions and policy changes, 2020

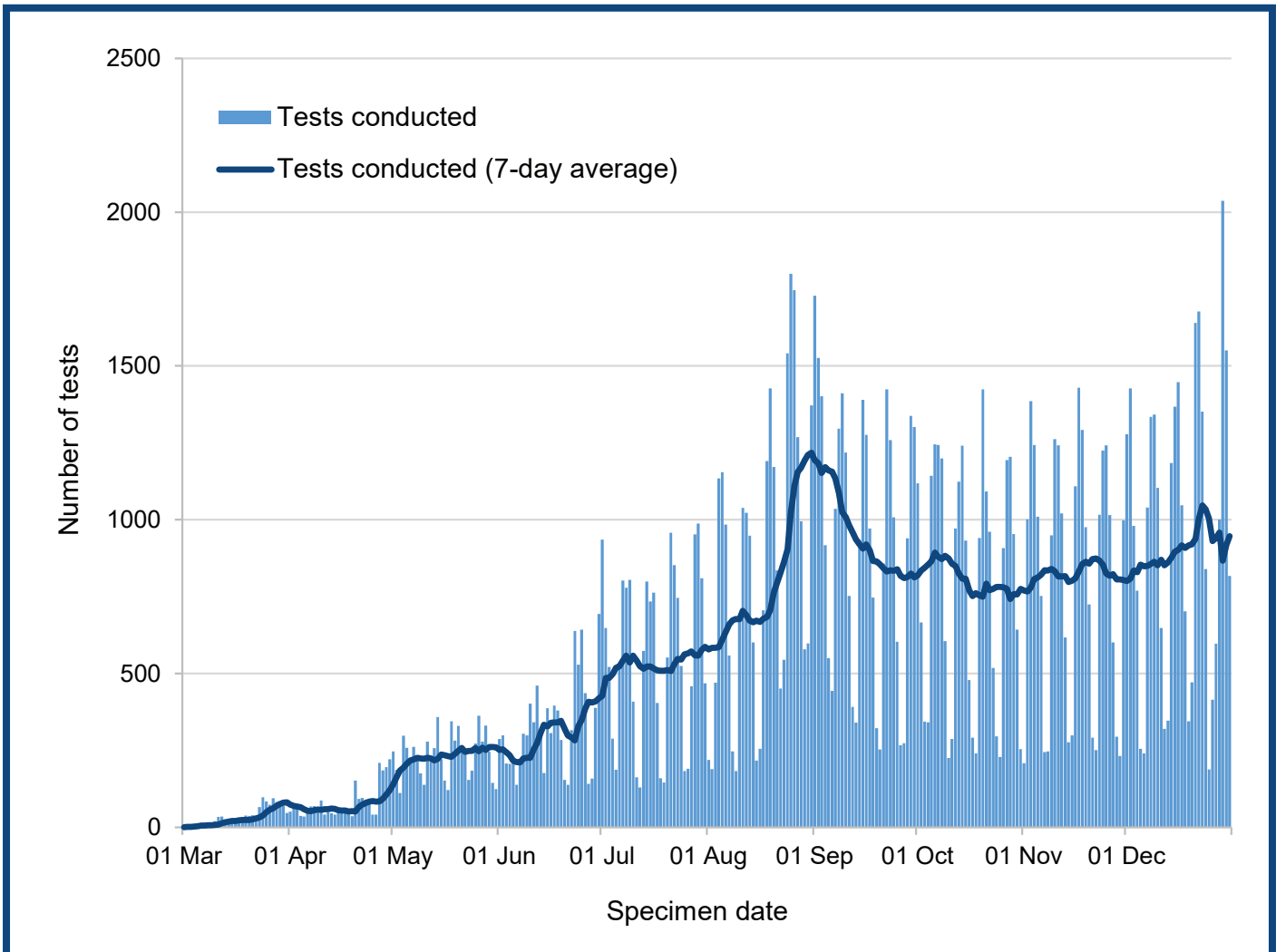


Source: NSS Test and Protect Data Virtualisation Layer, NHS Highland BI Data Warehouse

The case numbers across the course of the pandemic are not directly comparable. During the early spread of the virus, there was no test available until Public Health England (PHE) developed a diagnostic test in early February²². Initial testing capacity was limited and only some overseas travellers and people admitted to hospital were tested²³. During the lockdown phase, testing capacity gradually increased and national policy changes increased testing in care homes and for care home staff, and for some groups of healthcare staff²⁴. The capacity to provide wider public testing through the UK Government laboratory system developed steadily, although there are continuing access issues for community tests in some parts of the NHS Highland area.

Figure 2 shows the best available count of test numbers, illustrating the very marked increase in testing across the course of the pandemic. The figures include tests processed through NHS Scotland laboratories and UK Government Regional Testing Centre (RTC) laboratories, including drive through centres, mobile units and home testing kits.

Figure 2: Number of COVID-19 tests conducted by NHS or UK Government laboratories each day with 7-day rolling average, NHS Highland, 2020

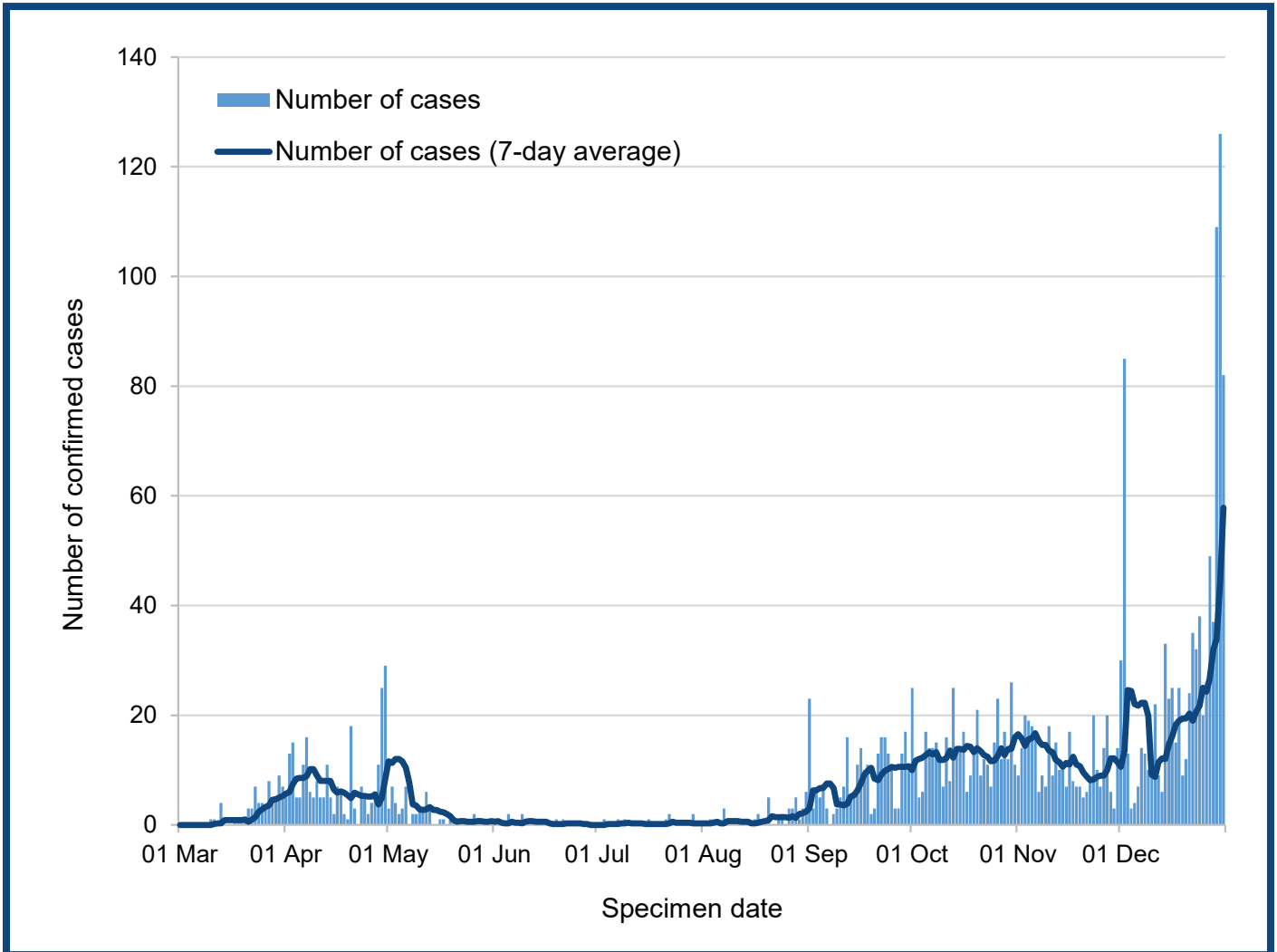


Source: Scottish Health and Social Care Open data platform²⁵

Phase One: Early Spread

The numbers of confirmed COVID-19 cases occurring in NHS Highland residents on a daily basis are shown in Figure 3. The first positive case was tested on 10 March 2020. The number of confirmed cases in early March in particular will markedly underestimate the true number of infections spreading in the population prior to the UK lockdown that came into effect on 24 March 2020.

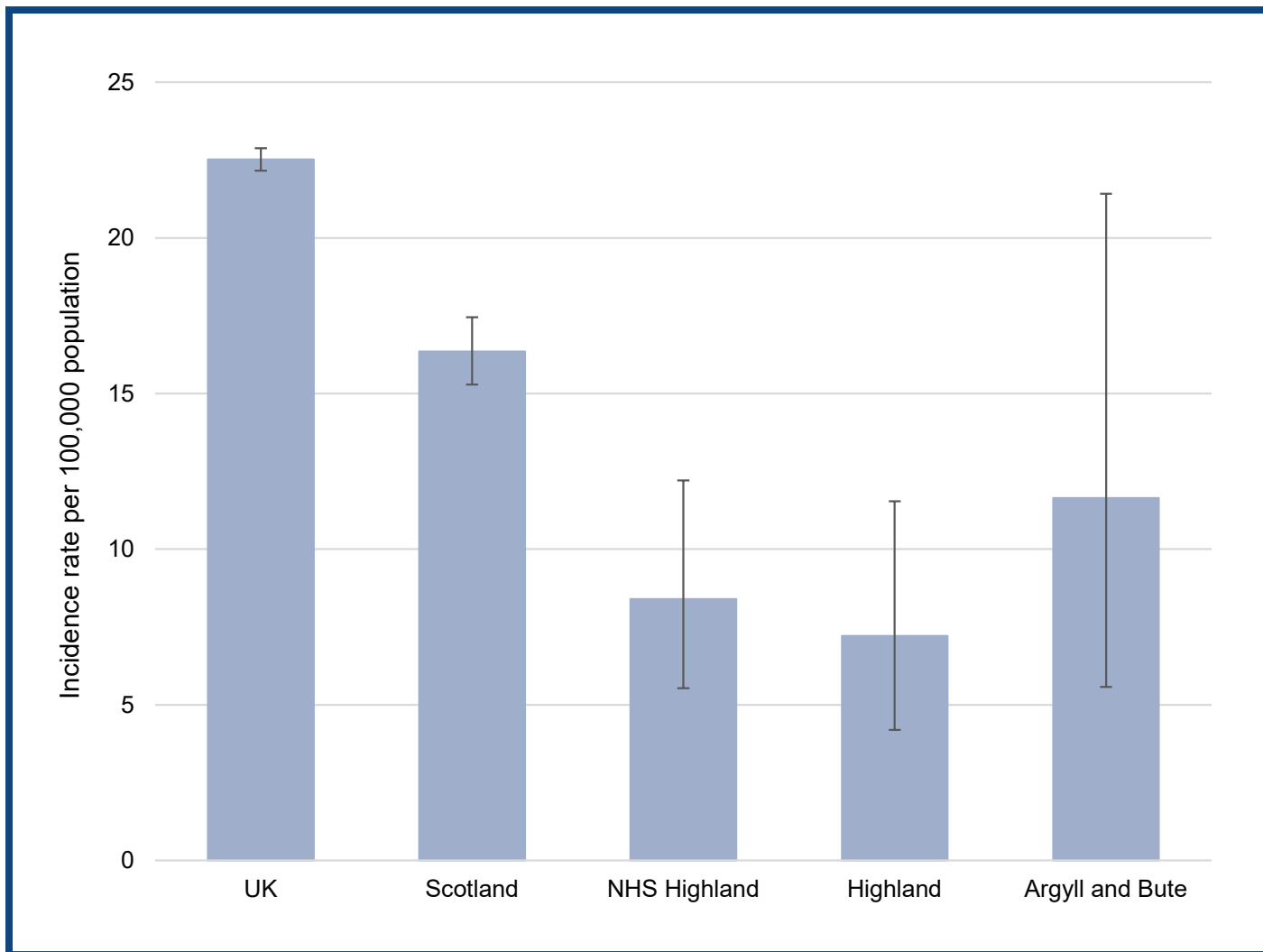
Figure 3: Number of new confirmed cases of COVID-19 by specimen date, with 7-day rolling average, NHS Highland, 2020



Source: NSS Test and Protect Data Virtualisation Layer, NHS Highland BI Data Warehouse

At the time of the lockdown restrictions, the incidence rate in the NHS Highland area was lower than the rate in Scotland, which was in turn lower than the UK average overall (Figure 4). This meant that the lockdown came earlier in the spread of the disease in NHS Highland, which resulted in a marked limiting of spread. The figures conceal differences across the NHS Highland region. The Argyll and Bute council area experienced higher rates than the Highland council area, most likely because of relative proximity to larger population centres in the Central Belt.

Figure 4: Incidence rate per 100,000 population of confirmed COVID-19 cases between the first reported case in England (30 January 2020) and the first day of the UK lockdown (24 March 2020); UK, Scotland and areas of NHS Highland



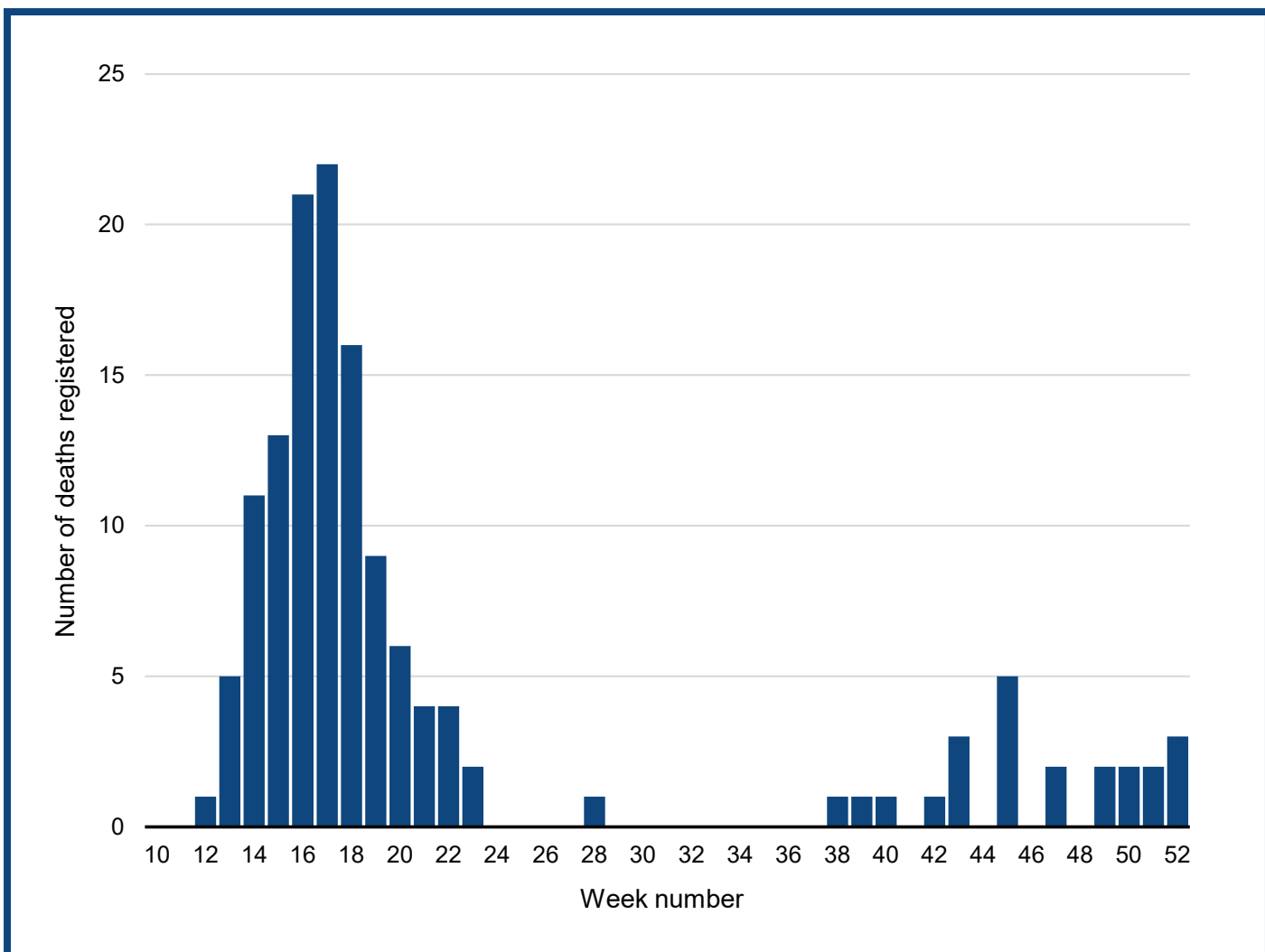
Source: Public Health England Coronavirus tracker²⁶, Scottish Health and Social Care Open data platform²⁵

The number of deaths involving COVID-19 in NHS Highland by location or usual area of residence are shown in Figure 5. The first mention of COVID-19 in a registered death certificate in NHS Highland was the week beginning 16 March 2020 (week 12). Deaths lagged new case identifications and peaked in week beginning 20 April 2020 (week 17).

As tests were mainly only conducted on people admitted to hospital in the early stages of the pandemic, the gap between diagnosis and death is shorter than would be likely to be the case in Phase Three, as testing is often undertaken earlier in the course of the illness.

The proportion of deaths to cases is higher in Phase One and early in Phase Two because tests were not available for people with milder symptoms. Understanding of the disease and the gradual availability of evidence on treatment effectiveness will also have played a role in this.

Figure 5: Number of deaths involving COVID-19 by week of registration in 2020, NHS Highland

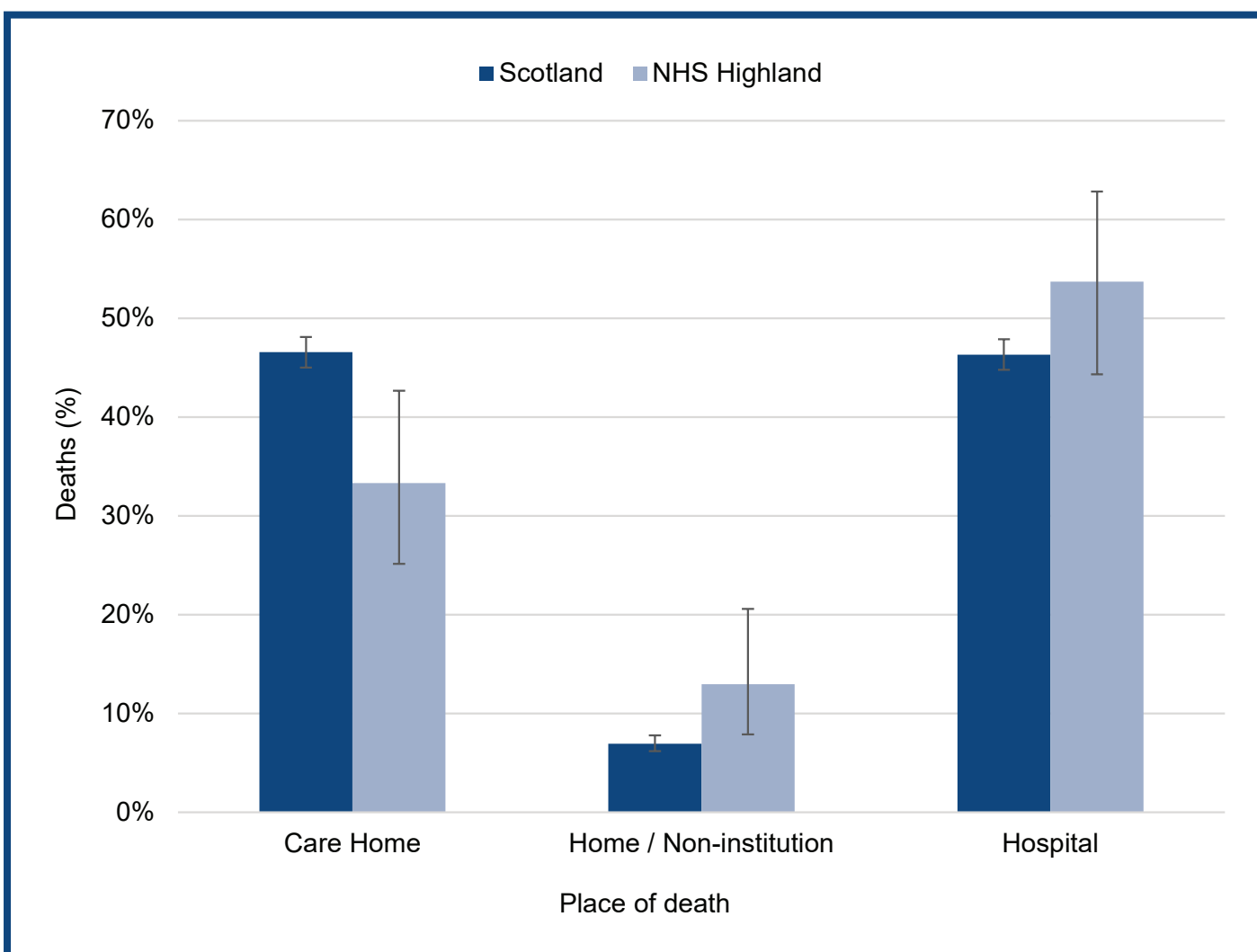


Source: NRS reporting for weekly death registrations to Week 52, week ending 27 December 2020²⁷

Phase Two: Lockdown

The lockdown had a large impact in NHS Highland as in the rest of Scotland. Deaths of residents in care homes dominated public concerns during this period. Compared to Scotland as a whole, the NHS Highland area had proportionally fewer deaths occurring in care homes compared to hospitals, although this may reflect available hospital capacity in Highland (Figure 6). An outbreak at a care home on Skye was widely reported in the press during this period²⁸. This gave a clear indication that the NHS Highland area is vulnerable to cases spreading to care homes from the community, and that rurality is not an absolute protection from spread of the virus.

Figure 6: Proportion of deaths involving COVID-19 by location between the first reported death in Scotland (week 12) and the easing of lockdown restrictions (week 23), Scotland and NHS Highland



Source: NRS weekly data²⁷ and NRS weekly death files for NHS Highland

Deaths involving COVID-19 can be measured in three ways:

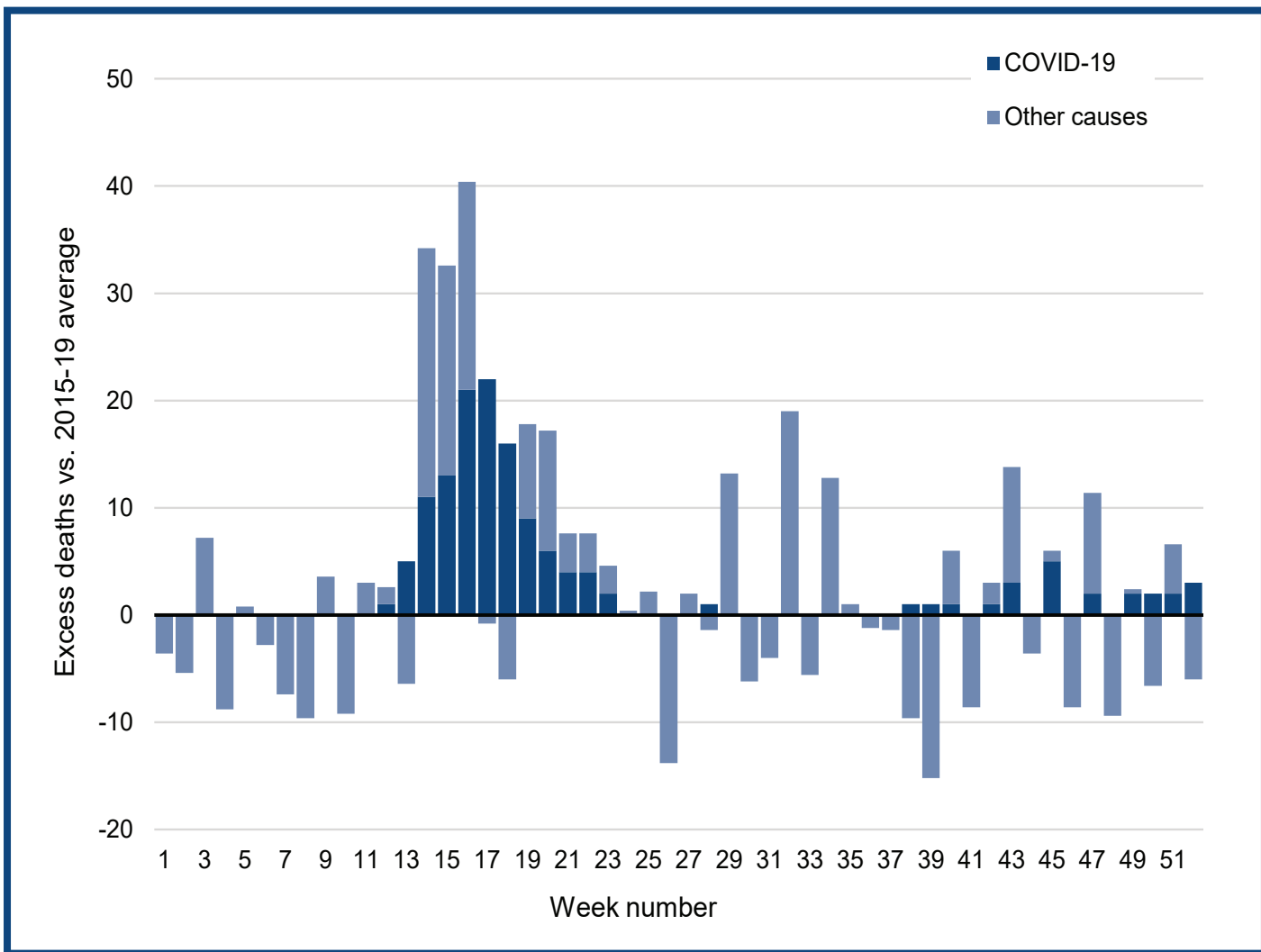
- People who died within 28 days of their first positive COVID-19 test result
- people in whom a doctor has listed COVID-19 as the main or contributory cause of death on the death certificate
- the number of deaths compared to deaths occurring over the previous five years.

This later measure is sometimes referred to as 'excess deaths'.

Figure 7 shows the number of deaths in the NHS Highland area in 2020, compared to the average number of deaths in the corresponding week over the previous five-years 2015 to 2019. The number of excess deaths can only be partly explained by the number of deaths involving COVID-19. They could be caused by people being reluctant to seek help, or by disruption to services, or by the unintended consequences of interventions to control COVID-19 on physical and mental health²⁹.

Figure 7 does give a strong impression of the impact on COVID-19 on deaths in NHS Highland, whether direct or indirect. When set beside the number of confirmed cases up to the end of the March lockdown (Figure 3), the association between the increase in cases and the number of deaths, and the delay between diagnosis and death, can be seen.

Figure 7: Number of deaths by week of registration in 2020 compared to the average number of deaths over the five-year period 2015-2019, NHS Highland

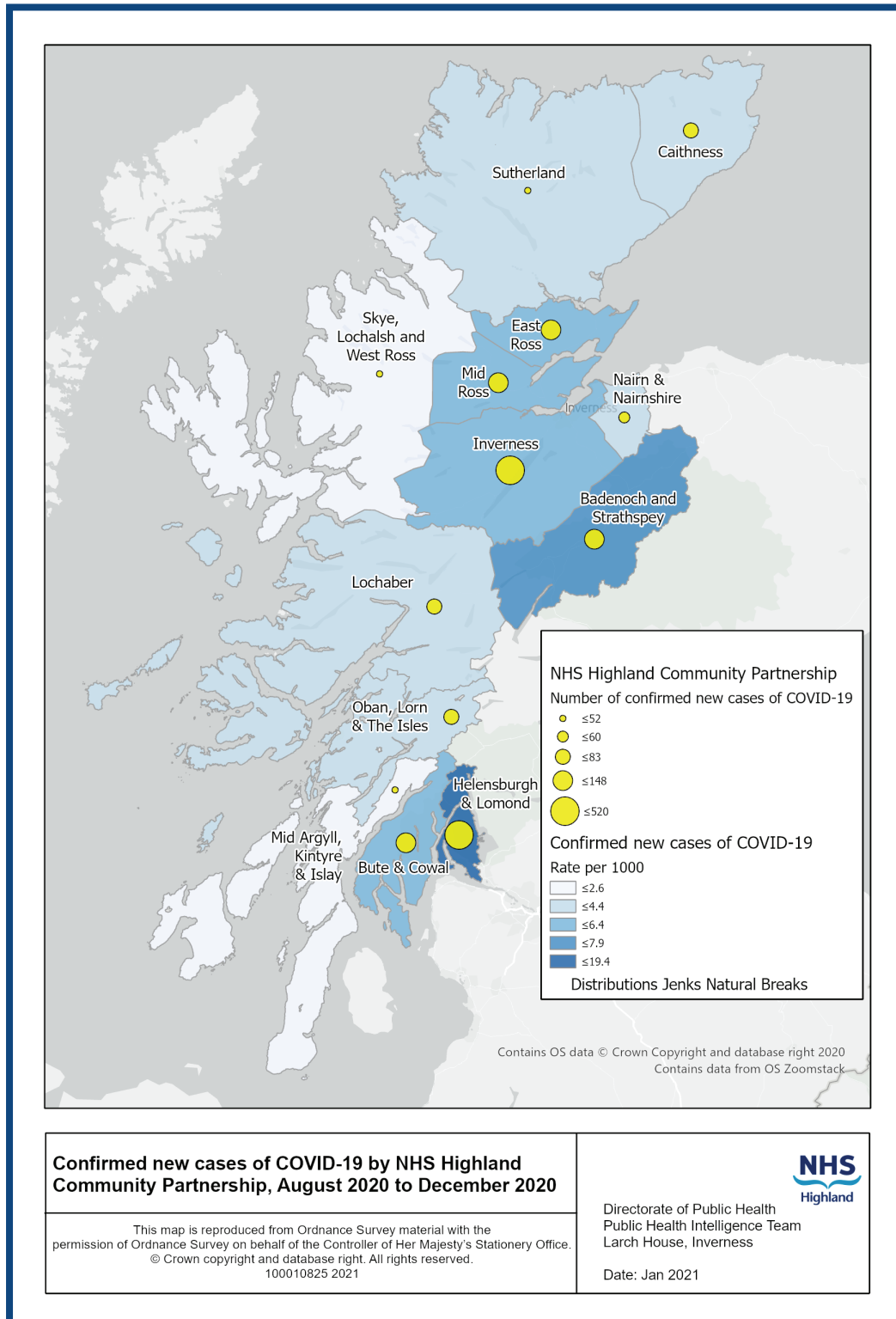


Source: NRS weekly death files for NHS Highland, week ending 27 December 2020

Phase Three: Post lockdown

Phase 3 of the Scottish Government’s route map out of the coronavirus crisis saw the phased easing of restrictions throughout July and August 2020³⁰. The period since the lockdown ended has shown a gradual spread of the virus within the NHS Highland area (Figure 3). All areas within NHS Highland have experienced cases of COVID-19 (Figure 8). Higher case rates in the Argyll and Bute council area resulted in the area being placed under Level 2 protection levels introduced by the Scottish Government on 02 November 2020 to suppress the spread of the virus³¹.

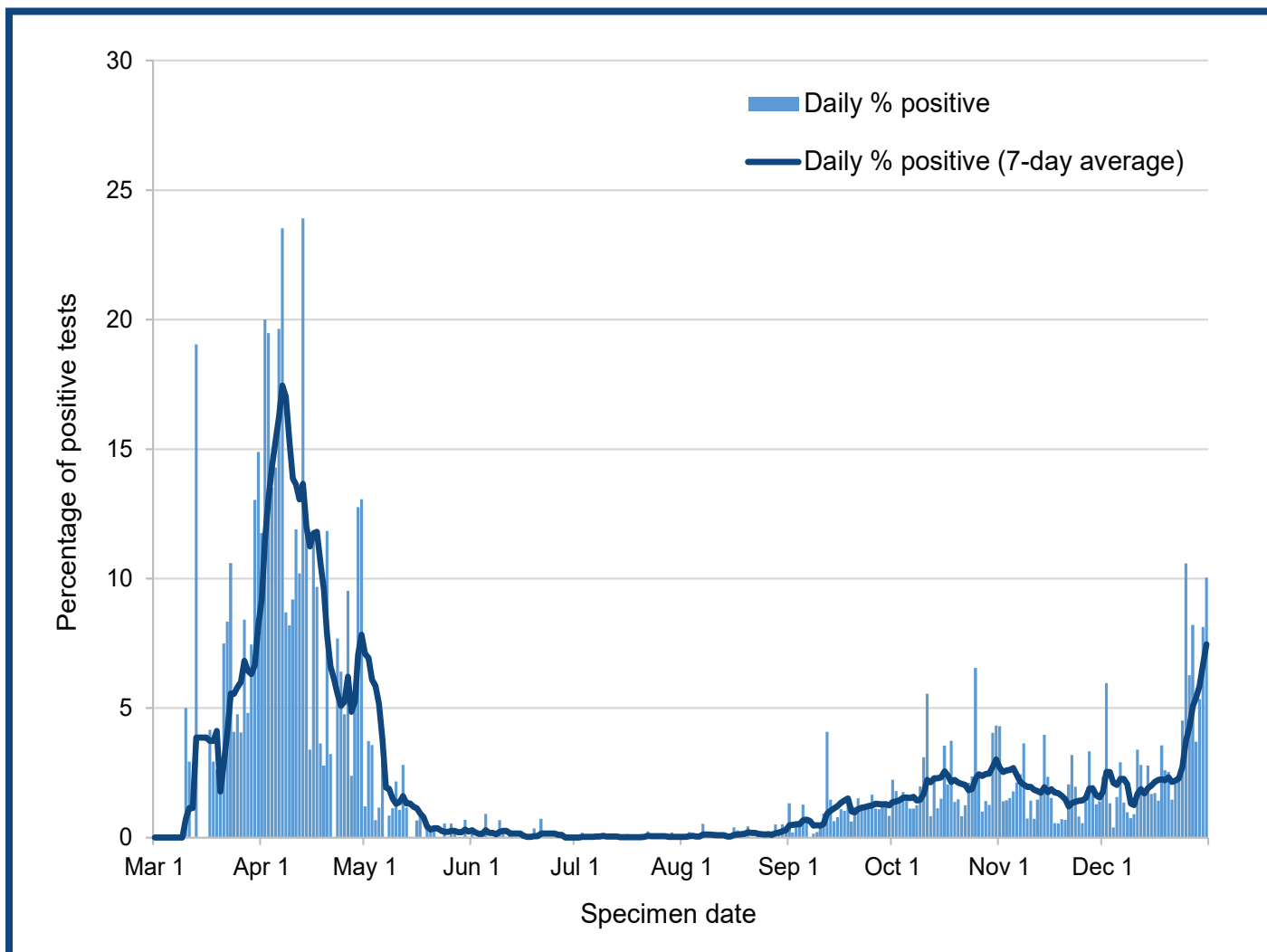
Figure 8: Incidence rate per 1,000 population and number of confirmed cases of COVID-19 in NHS Highland areas; 01 August 2020 to 31 December 2020



Source: NSS Test and Protect Data Virtualisation Layer, NHS Highland BI Data Warehouse

As testing has become more widespread, the rate of positive tests has become an important indicator of the progression of the virus over time. The rate of positive tests in NHS Highland is shown in Figure 9. The indicator reflects both the amount of testing and the prevalence of the virus and is one of the criteria used by the World Health Organisation to determine whether an epidemic is controlled³².

Figure 9: Percentage of COVID-19 tests that were positive in NHS Highland by specimen date, with 7-day rolling average, 2020



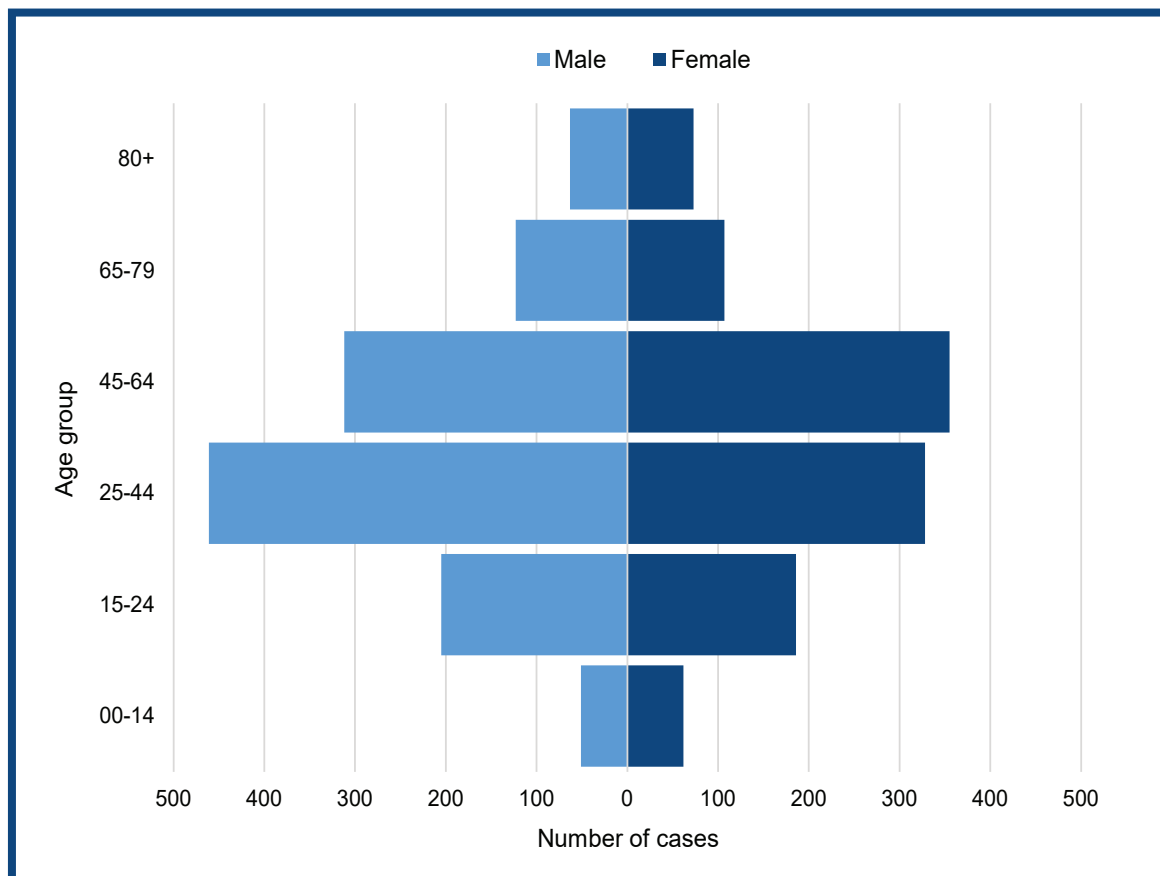
Source: Scottish Health and Social Care Open data platform¹⁶

The age profile of cases over the course of the pandemic in NHS Highland is shown in Figure 10. People of all ages have been affected, with the majority of cases occurring in those aged 25 to 44 years.

People who were confirmed as having COVID-19 at the onset of the pandemic tended to be older, because milder cases were not identified. As testing has become more widely available, cases in younger people are being identified more reliably. The gradual increase in the age of confirmed cases is apparent, suggesting that as the virus has spread more widely, it has again spread to older age groups who are more likely to experience severe symptoms (Figure 11).

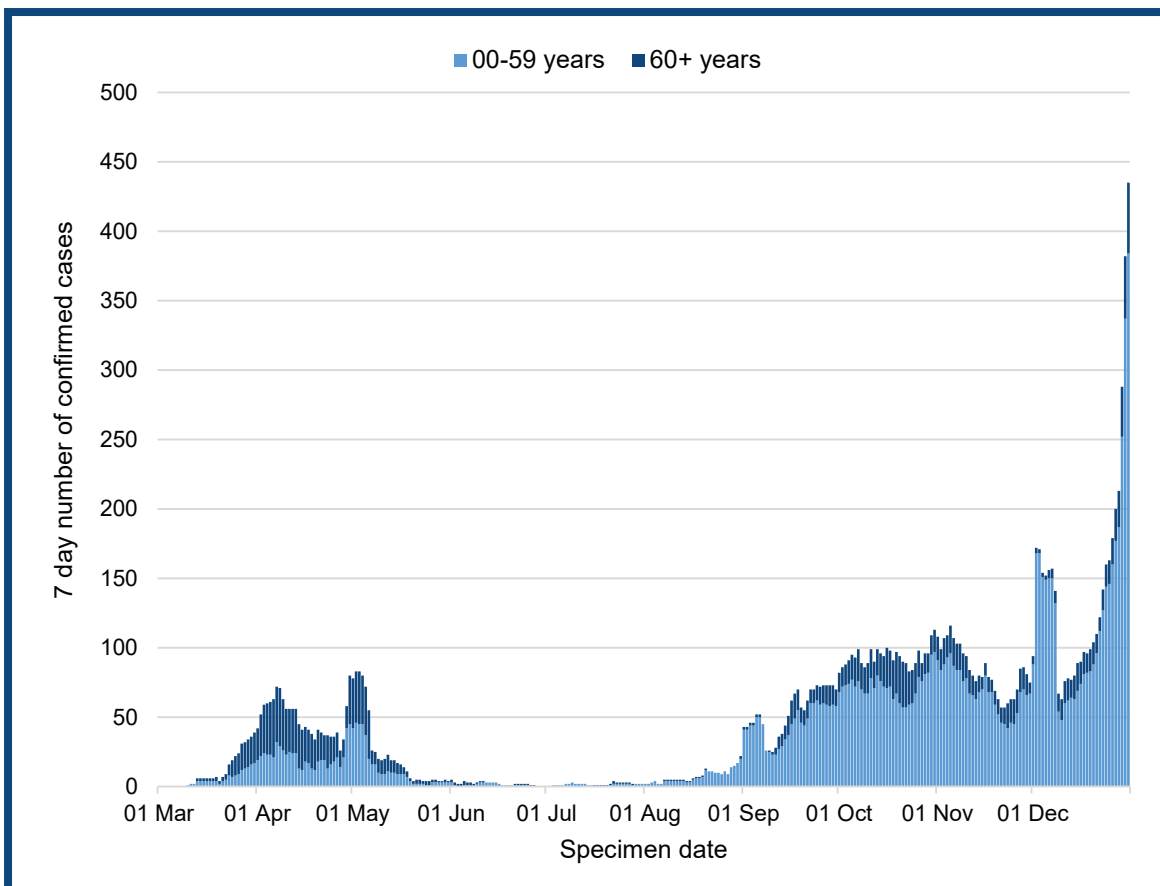
In the post-lockdown phase, tests have become more widely available, with all people who have COVID-19 symptoms eligible for routine testing. Testing routes include a drive-through centre in Inverness and at Glasgow Airport (used by some Argyll and Bute council area residents); mobile sites in more rural areas; testing at COVID-19 Assessment Centres and postal tests delivered by the UK Government testing programme.

Figure 10: Number of confirmed cases of COVID-19 by age group and sex, NHS Highland, 2020



Source: NSS Test and Protect Data Virtualisation Layer, NHS Highland BI Data Warehouse

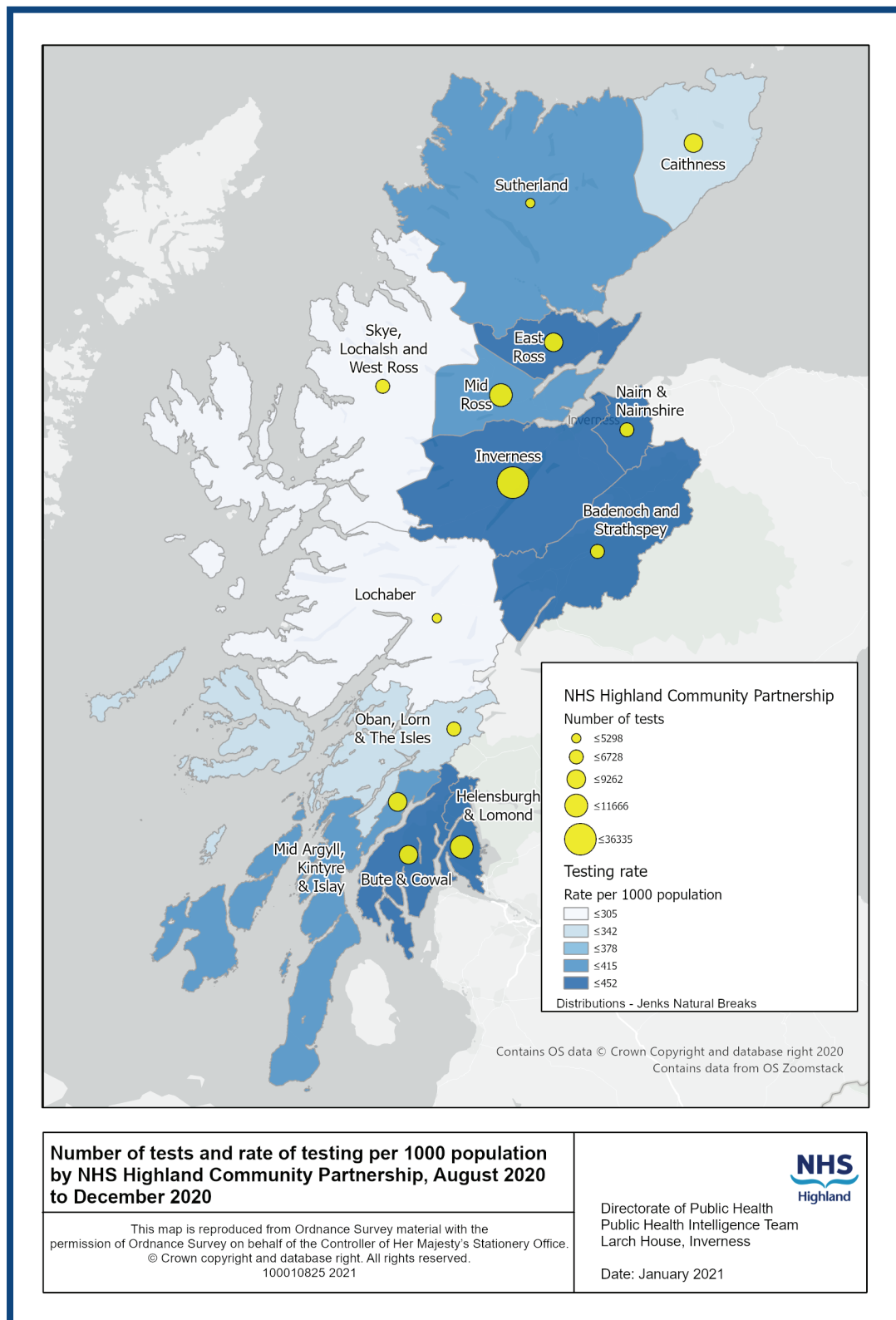
Figure 11: 7 day number of confirmed cases of COVID-19 by age, NHS Highland, 2020



Source: NSS Test and Protect Data Virtualisation Layer, NHS Highland BI Data Warehouse

Figure 12 shows the distribution of testing by area in NHS Highland over the period since 01 August 2020. The overall rates of testing could be expected to be similar, assuming that viral illnesses will be present in all areas. In some areas of NHS Highland, there are still considerable distances to travel for a test and postal tests are not delivered to all parts of the region. This may be leading to lower take up of testing in parts of NHS Highland where access is more difficult. Access to testing is crucial in continuing to control the spread of the virus.

Figure 12: Rate of testing for COVID-19 per 1,000 population and number of tests by NHS Highland Community Partnership; 01 August 2020 to 31 December 2020



Source: NSS Test and Protect Data Virtualisation Layer, NHS Highland BI Data Warehouse
Includes polymerase chain reaction (PCR) test results only. Does not include lateral flow test (LFT) results.



Chapter Two - Social mitigation



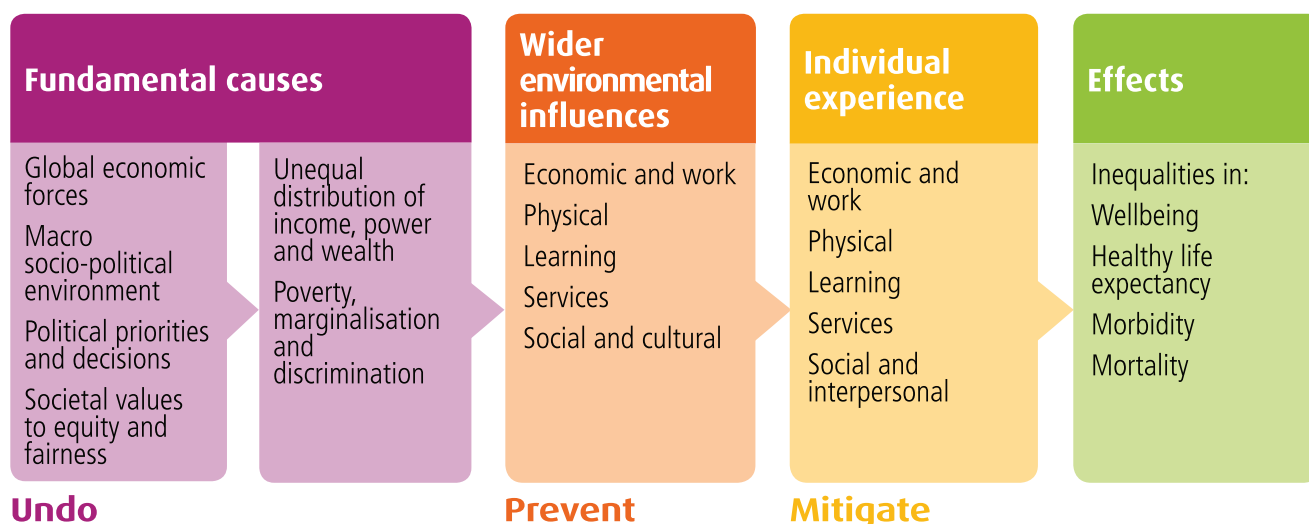
The measures to tackle COVID-19 will have many indirect and unintended impacts on population health and wellbeing, with some communities being disproportionately affected. These impacts can result in loss of income and uncertainty regarding future earnings, the severing of important social support and connections, reduced access to essential information, goods and services, and fear, loneliness, anxiety, increased stress and other adverse psychological impacts. These appear to be the main drivers of vulnerability among some communities, although there may be more¹.

“It is important to broaden the concept of vulnerability to COVID-19 beyond that of clinical risk. Vulnerable communities may experience disproportionate direct and indirect adverse impacts of COVID-19. Vulnerable communities include both infected and non-infected individuals.”¹

COVID-19 has demonstrated that we are not “all in this together” but that our poorer communities have experienced greater exposure to and impact from COVID-19².

Poverty is a root cause of health inequalities³ and its impact has been seen over the years in the gap in health outcomes between different communities. Having sufficient income is essential to be able to participate fully in society and maintain health:

Figure 1: Health Inequalities: What are they How do we reduce them?



Source: Reproduced with kind permission from NHS Health Scotland.

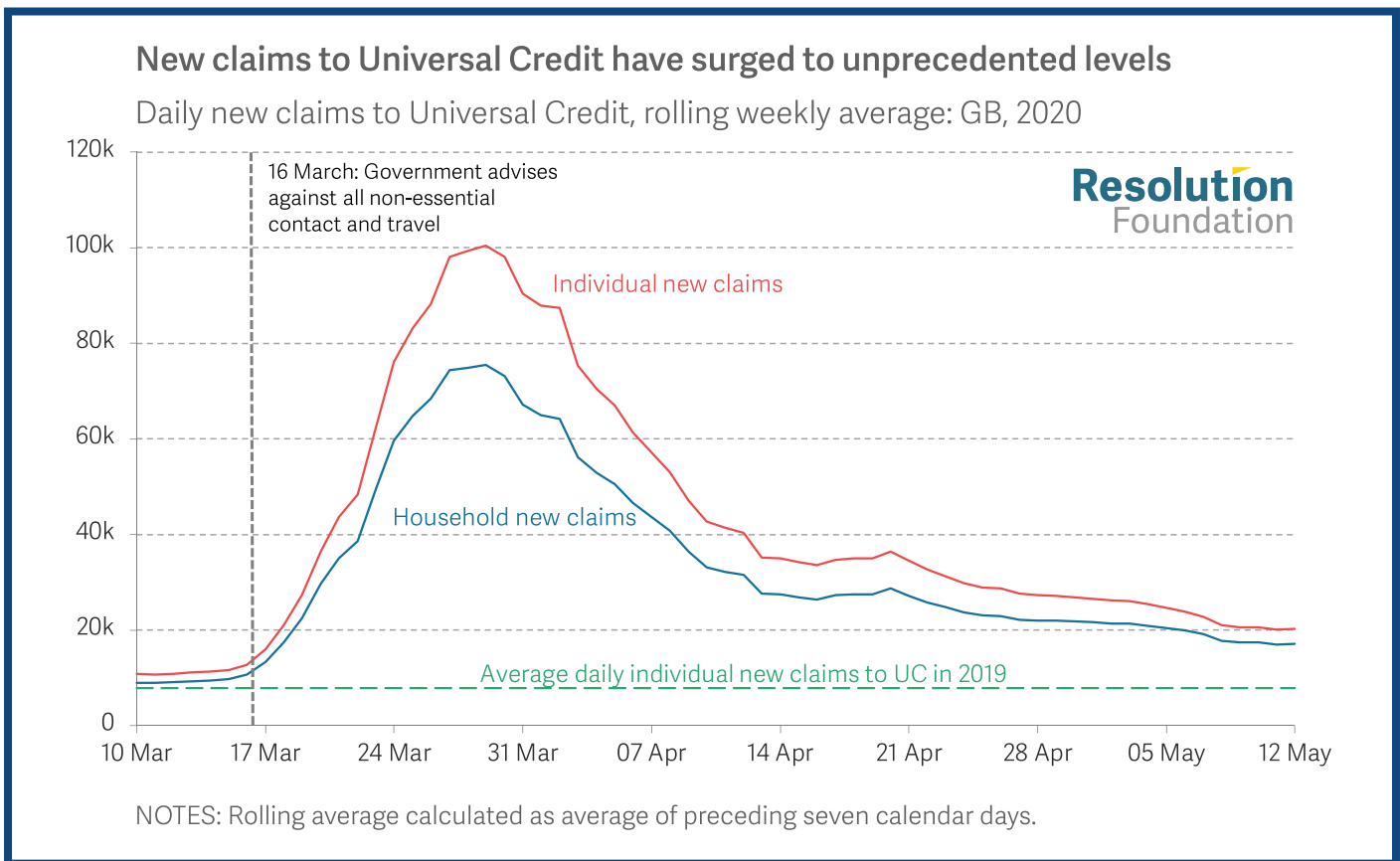
The financial impacts of COVID-19

Unemployment and the economy

Whilst the impact on the economy cannot yet be fully measured, it is likely that unemployment will increase. Some businesses may not survive, resulting in further job losses. Sectors such as hospitality, tourism, social enterprise, third sector and self-employment experience particular challenges. These form a considerable element of both the Highland & Argyll and Bute economies. Unemployment has a negative impact on both physical and mental health, leading to an increase in all-cause mortality in people who are unemployed over a period of time⁴

The lockdown and subsequent restrictions resulted in an increase in unemployment and claims for Universal Credit. Figures show that applications to Universal Credit in May 2020 were double the average claims in 2019.

Figure 2: “The Safety Net in action? Universal Credit’s role in the crisis and the recovery. Presentation supported through Resolution Foundation and the Standard Life Foundation.



Source: Data from DWP: Management Information⁵

Household income and financial security

Around 60% of adults who were living in poverty prior to COVID-19 were in working households⁶. The Government’s Job Retention Scheme, whilst welcome in ensuring people can remain in employment and receive a salary, nevertheless, results in a cut of 20% in household income.

A survey commissioned by the Joseph Rowntree Foundation found that “almost a third of households (31%) across Scotland have reported a drop in incomes since March 2020. In the Highlands and Islands this rises to 44%”⁷.

The Highland Council Welfare Support Team and local Citizens Advice Bureaux reported significant increases in enquiries for finance and money advice; welfare benefits and school meal vouchers; employment issues; advice on the support available; existing debt concerns; rent arrears and advice on decisions already made relating to claims for Personal Independence Payments (PIP)⁸.

Within Argyll and Bute, there have been similar increases related to household income and financial security issues. For example, between April and October 2020, there was an increased volume of Crisis Grant applications as a result of COVID-19; an increase of 23% in the volume of awards made and a 45% increase in their value. Increasing volumes of Universal Credit claims were made to the Department for Work and Pensions (DWP) in Argyll and Bute after the initial lockdown period. There was a 100% increase in the average claims per week between March and August 2020.

This experience has not been shared equally but has been felt most acutely by those who were already in the lowest earning category. According to a report from the Joseph Rowntree Foundation: “33 per cent of employees who were in the bottom quintile of weekly earnings before coronavirus have experienced furloughing, job loss or hours reductions associated with reductions in pay, compared to 15 per cent in the top quintile.”⁷

The Poverty Alliance looked at workers in the tourism sector, which has been significantly affected by COVID-19 and the restrictions: *“Pre-crisis, they were on one of the lowest paid sectors with an average take-home income that was around 15% lower than the Scottish average, and a poverty rate of 28% which is much higher than the Scottish average of 19%. For children with parents who work in the sector, the poverty rate was 41% compared to the Scottish average of 24%.”*⁹

The Health Improvement Team conducted a rapid consultation exercise in May 2020 contacting various different third sector and community organisations as well as services provided by Highland Council, who were involved in supporting the emergency response. Many of these contacts reported that recipients of their service, who were coping on low incomes prior to the pandemic, were experiencing increasing and often overwhelming financial difficulties driven by a change of employment circumstances resulting in reduction in income and exacerbated by many having to wait for 5 weeks or more for Universal Credit payments⁸.

Child Poverty

40% of families with two or more children, a group already more vulnerable to poverty, have been hit by the economic impact of lockdown, experiencing a drop in net income since March 2020⁶. Of these, more than four in five (85%) are facing higher costs. Another recent poll by the Joseph Rowntree Foundation found that more than half (55%) of families in receipt of Universal Credit or Child Tax Credit in Scotland have been pushed to borrow money since the start of crisis, and that seven in 10 of these families have had to cut back on food and other essentials⁷. Child poverty can have negative effects on the health, wellbeing and educational attainment of the children who experience it.

In 2017, the Scottish Government introduced the Child Poverty (Scotland) Act¹⁰. This replaced the previous UK Child Poverty Act 2010 and included duties on both the Scottish Government and local partners to address child poverty. The Act sets out ambitious targets for the reduction of child poverty by 2030 and further sets out how it intends to meet these targets within its delivery plan “Every Child, Every Chance”. Part of the delivery of this lies in the responsibilities of NHS Boards and Local Authorities to deliver on jointly developed and agreed Child Poverty Action Plans.

The pandemic will have a direct impact on meeting these targets. Future preparation and reports for the local Child Poverty Action Plan will need to give consideration to both the immediate impact of COVID-19 on child poverty, but will equally need to plan ahead for recovery. Three main drivers are identified within the Child Poverty (Scotland) Act which include actions to impact on (1) income from employment; (2) costs of living and (3) benefits in kind and income from social security.

Living costs such as food, fuel, travel.

The cost of living is higher in remote and rural areas of Scotland than in urban areas. Analyses by Highlands and Islands Enterprise (HIE) in 2013 and 2016 found all living costs to be between 10% and 33% higher in rural areas. Notably, food not only costs more in rural areas, but reduced availability results in costs being incurred in travelling to food retailers. The 2013 study estimated a typical shopping basket cost 40% more in remote rural Scotland than in the central belt and even more on the islands²⁷.

Between the start of the COVID-19 crisis and 9 April 2020, 14% of adults in Scotland were estimated to have experienced food insecurity. In the five weeks following lockdown, 20% of Scottish households with children were estimated to have experienced food insecurity¹¹. Food insecurity can arise for individuals who are isolating or shielding due to an inability to access available food. However, the data above relates to people who experienced difficulties in accessing food as a result of insufficient income to buy food and requiring help with this.

Highland & Argyll and Bute, in common with many remote, rural and Island communities across

Scotland, have high levels of fuel poverty and extreme fuel poverty¹². Measures to mitigate the pandemic and ongoing economic challenges, may result in increased fuel bills for already hard-pressed household incomes. This can result in increased rationing of energy use or food.

Digital Exclusion

The pandemic resulted in increased provision of services and support online. As a result, digital access and inclusion has become a key issue. As well as cost, barriers can include: literacy; geography and infrastructure. A key theme reported across Scotland by community organisations is the impact of digital exclusion either through lack of access to internet services and/or low levels of digital literacy in how to make best use of it¹³.

Locally, reliance on digital communications both to deliver services and provide information was reported to be inappropriate and ineffective in some cases. Several services commented that their service users had limited financial resources and did not have access to the necessary devices, Wi-Fi, data or credit. Others services mentioned that the current restrictions on movement and closures meant that individuals who previously relied on accessing public or shared digital facilities were currently prevented from doing so⁸.

Services were acutely aware of the inequity of this situation and the increased risk of exclusion and isolation it placed on their service users. In addition, there were concerns that access to a safe private space to participate in remote support was not necessarily available to all and this presented an additional risk for some.

Low-income families who responded to a survey into the cost of learning during lockdown were twice as likely to say that they lacked all the resources they needed to support learning at home, with 40% saying they were missing at least one essential resource. Low-income families were more likely to report having had to buy educational resources for their children, compared to those in better-off homes: a third of people most worried about money reported having to purchase a laptop, tablet or other device during lockdown¹⁴.

Impact Of COVID-19 on vulnerable communities

The pandemic, lockdown, social distancing measures and ongoing restrictions, whilst applying to everyone, have not been experienced in the same way by all individuals or groups. Some impacts may be long-lasting: the impact of COVID-19 on older people, and those living with long-term health conditions or disability will be realised over the medium to long term. This includes people recovering from COVID-19 and the unknown impacts of 'long Covid' as well as those experiencing other physical and mental ill-health.

Pandemics do not affect all communities or social groups equally¹.

Vulnerable groups include^{1,4,15}:

- **Young people (18-25):** lockdown disrupted education at a critical time and in the longer-term young people are most at risk of poor employment and associated health outcomes in an economic downturn. Those working in sectors most affected are younger: nearly two in five of working 16-24 year-olds work in affected sectors and for those born after 2000 this figure is more than three-fifths.
- **Women:** more likely to be carers, likely to have lost income during lockdown if providing childcare during school hours. Key workers are disproportionately likely to be female, with employed women more than twice as likely to be in this group as employed men. Parents are more likely to be key workers than non-parents, and mothers even more so; 39% of working mothers were key workers before this crisis began, compared to just 27% of the working population as a whole.

- **Older People:** impact of isolation and loneliness, and ageism. Concerns have been raised about both the immediate and long-term impact that highlighting over 70s as an 'at risk' category might have. It was felt that measures taken to manage the pandemic had effectively disbarred older people from community participation and prevented essential support normally provided by community groups and organisations. There is concern that this could lead to future discrimination and exacerbate isolation.
- **People with a disability:** concerns about the impact of self-isolation and shut down of support services; some may struggle with understanding and applying information provided (specifically people with a learning disability); difficulties around impact on economy and future employment opportunities. However, working from home may open up new opportunities.
- **People who are homeless:** challenges in being able to self-isolate; disruption to normal support services
- **People in criminal justice system:** difficulties in self-isolating in a prison setting; loss of contact with family
- **People who are part of the Black, Asian and Minority Ethnic (BAME) community:** a higher percentage of this community work within the sectors most affected by measures put in place e.g. hospitality industry; a higher percentage of this community may also be in lower paid jobs and therefore at greater risk of moving into poverty.

Impact of COVID-19 on mental health and wellbeing

Groups affected by socioeconomic inequalities have been more likely to experience anxiety, panic, hopelessness, loneliness, and to report not coping well with the stress of the pandemic. Most worryingly, as of the end of June, one in ten people in the UK reported having had suicidal thoughts or feelings in the past two weeks, and in certain disadvantaged groups there are even higher proportions of people with suicidal thoughts and feelings¹⁶.

Research suggests that the mental health and wellbeing of the UK adult population does appear to have been affected in the initial phase of the COVID-19 pandemic, with increasing rates of suicidal thoughts across waves, especially among young adults¹⁷. Whilst the pandemic does not appear to have had an immediate impact on suicide rates, it may later lead to increases in suicide due to an increase in risk factors such as economic concern¹⁸.

It is reported that people living in financial hardship are at increased risk of mental health problems and poor mental wellbeing¹⁹ therefore the financial impact of the pandemic also raises concern in relation to mental health and wellbeing.

Access to nature around one's home is important element of mitigating the negative mental health impacts of COVID-19²⁰, and inequalities of access among some groups²¹ compound those negative mental health impacts.

Local engagement with organisations supporting individuals with ongoing mental health issues reinforces these concerns.

Impact of COVID-19 upon physical activity and active travel

There have been some gains made from COVID-19 including the impact on the environment and an increase in people enjoying getting out and about in open spaces. The increase in sales of bikes²² demonstrates that some people are willing and able to use (and afford) alternative means of travel. Travel restrictions imposed by lockdown have increased the proportion of local journeys,

presenting more opportunities for active travel. During the early stages of lockdown, the dramatic reduction in traffic on the roads increased feelings of safety to walk and cycle, including in remote and rural locations. However, the return of traffic has resulted in many people reporting that they have stopped walking and cycling. Local Authorities have utilised Spaces for People funding to install temporary infrastructure along key local routes for walking and cycling that support relocation of road spaces, traffic diversions, signage, etc. Whilst these have been installed in key towns across the region, remote and rural locations continue to see an increase in traffic and a further reduction in confidence to travel actively along rural routes. This creates a dilemma where encouraging tourism to support local recovery may adversely impact on walking and cycling journeys made by local people.

Being physically active is important for physical and mental health and wellbeing. Lockdown restrictions presented many barriers to regular participation, particularly group activities and use of indoor facilities. Continued physical distancing requirements limit the return to previous choices; and reduced income due to furlough or unemployment will impede the ability of many to recommence paid-for physical activity opportunities.

Free, outdoor, facilitated activities (for example volunteer led health walks) present opportunities going forward, however we must ensure that we build on current opportunities, supporting new and additional volunteering capacity and ensure that we maximise access for all. Access to and use of outdoors space has become even more important and relevant to maintaining health and wellbeing during COVID-19. Whilst overall visits to the outdoors increased, we saw a decrease in accessing green space in people living in more socio-economically deprived areas and those with poor health or long-term conditions. Residents of the most deprived areas were more likely to report a lack of quality green spaces as being an issue²³.

A survey of over 2,000 adults in Scotland found a mixed picture in relation to activity levels since the coronavirus outbreak. The survey found that 41% reported reduced levels of physical activity, whilst around one third reported that they were more active compared to before COVID-19 restrictions were introduced²⁴. A similar survey in England found that at the beginning of 'lockdown' 41% of adults did less physical activity after restrictions were introduced compared to before restrictions were in place²⁵.

Impact of COVID-19 on food security

During lockdown, a number of organisations provided emergency food parcels or supplies and hot meals. Referral or eligibility criteria varied widely. Some organisations actively sought solutions and provided support to address the underlying causes of food poverty to avoid creating a dependency on the service. Other providers focused on addressing the immediate needs of people they believed to be *'slipping through the welfare net'*.

NHS Health Scotland defines food poverty as: 'The inability to acquire or consume an adequate or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so.'²⁶ Food insecurity can be described as running out of food due to lack of money or other resources²⁷.

In the most recent 2019 Scottish Health Survey, published pre-COVID-19, 9% of adults in Scotland had worried about running out of food in the previous 12 months due to lack of money and other resources²⁸. This will have increased since COVID-19 but a report published in June 2020 found that the provision of emergency food was working well overall but there were concerns of what might happen longer term²⁶. In Highland, the main providers of emergency food supplies have been the Highland Council which distributed 263 tonnes of food; the equivalent of approximately 626,000 meals and FareShare with 384 tonnes of food distribution; equivalent to approximately 914,000 meals.

Within Highland, the Highland Poverty Action Network (HPAN) surveyed 25 food providers to gain

a snap shot of current food provision. The results detailed which areas provision were operating in, type of provision, where supplies were being sourced, estimations on numbers accessing the service and whether the provision intended to continue operating longer term. NHS Highland Health Improvement Team helped to analyse the response and to make recommendation for future work. The survey did not specifically ask about increased referrals and demands on the service but research and surveys continue to be published highlighting that COVID-19 has exposed, or increased existing issues of food insecurity and/or inequalities²⁹.

All the organisations who responded to the survey indicated they would want to be part of a Community Food Network (CFN) and work is underway to establish this. Other areas for future work include:

- Identify known and unknown projects that didn't respond and invite them to join the CFN
- support the establishment of the CFN as a peer-led network of transparency, shared learning and collaboration
- support HPAN members in considering the role of community food provision within the context of reducing inequality in the Highlands.

Argyll and Bute Community Food Forum was launched in February 2020. This Argyll and Bute Council supported initiative was a network through which existing independent food-banks, food waste and community food initiatives could share experience, advice and ideas. It was also a forum for those considering setting up a food-bank or community food initiative including food waste projects or those wishing to volunteer. Today they have a wide membership covering the whole of Argyll and Bute, including several islands.

Partnership working has been critical to meeting the demand for food for those in need across Argyll and Bute and for providing feedback about this demand. Food bank demand increased however, this was somewhat mitigated by national and local food provision for children over the holidays. By the end of July, the Community Food Forum had delivered a total of 44,811 fresh and ambient parcels to vulnerable, shielding and free school meal households across Argyll and Bute. Entitlement to free school meals, in Argyll and Bute, has increased by 11% compared with September last year and is likely to rise still further.

Impact of COVID-19 on smoking and use of alcohol and drugs

In Highland, 17% of people over the age of 16 smoke regularly³⁰. It was reported that across the UK, one million people had stopped smoking since the COVID-19 pandemic³¹. Most smoke-free services within Community Pharmacies in the NHS Highland area were initially stalled to cope with other services provided however our smoke-free advisers continued supporting those who wanted to stop smoking albeit remotely. Those making quit attempts dropped at the start of lockdown but have slowly increased as the months have passed.

Whilst reports of people using the pandemic to make a health behaviour change are welcome, we need to be mindful of the fact that this change may not be equally seen across our population. There were concerns that children and young people might be further exposed to second hand smoke during lockdown, if living in homes in which people smoke. In addition, there was concern about the increased risk of house fires for vulnerable people. Scottish Fire and Rescue Service reported a doubling of house fire deaths during the first three months of lockdown as well as a 12% rise in house fires classed as 'high severity' compared to the previous year. However, there was a 7% reduction in the number of blazes throughout Scotland³².

Alcohol use in Scotland varied during lockdown. One million (29%) adults in Scotland were drinking more in lockdown, with the same proportion drinking less. For those that were drinking less, they reported benefits such as improved mental and physical health, being more productive, sleeping better and having more energy. For those that were drinking more, the opposite was found³³.

Impact of COVID-19 on violence against women

Since March 2020, there has been a wide variety of public health measures put in place by the Scottish Government to combat the impact of COVID-19. Lockdown, social distancing, the closure of many services and homeworking, whilst providing opportunities for communities to mitigate the effects of COVID-19, has also provided an environment where violence against women and girls can thrive³⁴. The Highland Violence Against Women Partnership (VAWP) provided a robust and coordinated Highland wide response to the impact of COVID-19 on violence against women. The Partnership Coronavirus (COVID-19) Response and Action Plan was fully developed early in the pandemic and provides a reflective tool for long-term learning. The plan reflects the Coronavirus (COVID-19) Supplementary National VAW Guidance produced by the Scottish Government, COSLA, Public Health Scotland and Improvement Service for local VAW Partnerships.

Front line support services reacted instantly to adapt their service provision at the start of the pandemic. Claiming 'key worker status' also provided additional help to access childcare. They implemented a wide range of changes including a swift move to supported home working and an increase in on line support to service users via text, email and social media. Some service users have responded positively to digital support, finding it easier to access, especially those who are particularly isolated. Services are continuing to offer telephone support to ensure those that have no or limited access to digital platforms are still able to access support at this crucial time. Initially, referrals to some agencies appeared to dip, causing concerns about the ability of those needing help to find ways to safely access it. However, following spikes in demand during the summer months, this has now settled. Front line services and Multi Agency Risk Assessment Conferences (MARAC) are all now showing a marked increase in referrals although police referrals have remained consistent throughout.

Following lockdown in March, MARACs across Highland and Islands switched immediately from in-person meetings to audio conferencing and then Microsoft Teams, allowing the frequency of the meetings to continue. Agencies appear to be prioritising MARAC during lockdown and in some areas agency attendance at the meetings has increased. The early lockdown period presented many challenges as the identification of high-risk victims proved more difficult due to the reduced number of services being able to offer face-to-face sessions and victim's not being easily visible to services. The MARAC Independent Domestic Abuse Advocates (IDAA) services experienced complications in being able to safely contact victims due to many perpetrators being continually present in the home and a lack of contact for victims to their usual support networks, friends and families. In recognition of this the Partnership provided additional information to statutory front line service personnel who were still able to access many isolated people. This included information on recognising VAW, appropriately responding and how and where to signpost for help.

The VAW Partnership has now successfully re-launched the delivery of its training programme which is an essential part of our preventative work. The training programme had been delayed significantly this year due to the inability to provide face-to-face training which was the traditional delivery method. Much work and research has been undertaken to develop a digital delivery format. Training materials have been adapted to ensure training is appropriate for the on-line environment. Online training has been delivered during late autumn to smaller groups to keep the training manageable with more planned for the rest of the financial year.

VAW Partners report that work with perpetrators has continued throughout the COVID-19 pandemic. Initially group work was suspended with one-to-one online work being increased. The Caledonian System has restarted and some group work is also now taking place within closely monitored restrictions. Specialist support services have increase contact with Multi Agency Tasking and Coordination (MATAC) and are able to share information on repeat perpetrators.

The recently completed annual review of the Highland VAWP Plan for 2018-21 will be used to inform the development of the next three-year plan from 2021-2024 as well as incorporating learning from

the pandemic and other new initiatives and actions. The Plan will provide the implementation of the Scottish Government's Equally Safe Strategy at a local level reflecting the needs of Highland.

All organisations who are members of the VAW Partnership have worked hard to ensure consistent and accessible messaging throughout the pandemic; promoting that no one experiencing VAW is alone, that services are still available to support and help those that need it throughout the pandemic and that perpetrators of Gender Based Violence will be held to account for their behaviours. As well as social media, partners were able to engage with the press and local radio to get key messages out to the public.

The partnership regularly shared data throughout the pandemic to develop an integrated and coherent Highland strategy. Further work is now underway to analyse a full six months of data to look at the impact of the various changes in restrictions and environment and the wide range of mitigating actions across the Highlands. This analysis will inform the medium and long-term response.

Responses to COVID-19

The narratives that initially surrounded the pandemic were largely driven by infectious disease epidemiologists and economists; and media and political representations thereof. It is crucial and timely to also emphasise the concepts of 'community recovery and resilience' within the narratives surrounding the COVID-19 pandemic¹.

Community Planning and community-led approaches:

In Scotland, Community Planning Partnerships (CPPs) are already sighted on working in a place-based way and are mobilising around the recovery agenda. Communities across NHS Highland have risen to the challenges of the pandemic resulting in inspiring community responses. The structures to support community planning and community-led approaches across NHS Highland are:

Highland Health and Social Care Partnership area:

- Highland Community Planning Partnership
- Nine local Community Partnerships

Argyll and Bute Health and Social Care Partnership area:

- Four health and social care locality planning groups
- Four area community planning groups
- Eight Living Well Networks

In Argyll and Bute, the first two structures are requirements of Scottish legislation for the integration of health and social care and the Community Empowerment Act. The latter networks are locally led under the banner of Argyll and Bute's Living Well Strategy.

A vibrant third sector exists in Highland & Argyll and Bute but this is within the context of concerns about sustainability and unequal provision across the area. Recovery from the COVID-19 emergency sits alongside existing community plans to develop the economies of Highland & Argyll and Bute by increasing inward investment and providing young people with education and employment opportunities

Effective renewal will be built on effective empowerment of communities to work together to fulfil their own aspirations in partnership with statutory organisations like the NHS and local authorities.

Capacity and Community Resilience

As part of the community consultation work undertaken in May 2020 by the Health Improvement team, many voluntary and third sector organisations and groups reported increased demand for their services and described the impact that this had on staff and volunteers³⁵.

During the lockdown, organisations adopted creative solutions to ensure they were able to continue supporting communities and service users: providing telephone, VC and sometimes ‘doorstep’ support. These adaptations have in themselves created capacity issues in some cases, by slowing down response times⁸.

Some organisations referred to the need to provide more intensive, frequent or lengthy support sessions and described managing “repeated phone calls” and “monthly or fortnightly support now requiring weekly or even daily support”²³.

In many cases there was concern that demand may outstrip capacity following lockdown due to the impact that social isolation and trace and protect restrictions may have on people’s socio-economic circumstances. For some organisations their capacity had been further impacted by; the need to furlough staff, funding cuts, limitations on fundraising and recruitment difficulties due to restrictions put in place to manage the pandemic.

Some small organisations expressed frustration at the expectations and timescales of funders, which were described as being ‘unrealistic’ and outstripping the capacity of small organisations. There were safety concerns in relation to social distancing with many premises described as unsuitable for providing services that met Government guidelines. Many were concerned about the impact the crisis would have on future efforts to recruit volunteers given the sudden rise in volunteering opportunities and impact social distancing measure would have on the over 70 population.

Caring for People COVID-19 response

In March 2020, a community response to ensure people still had access to food, medicine and other supplies, become vital. Caring for People groups were formed to coordinate the urgent community response to the COVID-19 pandemic. Local Authorities and Health Boards are classed as category one responders, and as resilience professionals responsible for ensuring that Scotland is safe, secure and that can cope with and recover from period emergencies under the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005. Looking after people affected by an emergency is an essential element of an emergency response. The Scottish Government has a suite of guidance called Preparing Scotland that includes a requirement to care for people.

Local communities across Highland and Argyll & Bute had already started to mobilise and form local resilience groups, to protect those most at risk from COVID-19 in the community. Highland & Argyll and Bute Public Health teams worked with partners to form Caring for People groups which coordinated local community response and provided guidance to support local activity. The work of the Caring for People groups included setting up help lines for people self-isolating/vulnerable and whose usual support network was no longer available. This ensured that everyone had access to food, medicines, other essential supplies and support, as well as responding to needs such as getting access to the internet.

Linking to community food projects and other local resilience groups, food parcels were distributed to those shielding and in vulnerable groups, medicine collection and delivery services were developed, information on signposting to help on money worries, mental health and other supports were developed and distributed direct to households and local community groups. Other resources were also developed, such as guidance on how to volunteer safely and websites with information about businesses and groups who were providing local support.

The Caring for People Partnerships were made up of colleagues from Public Health team, Council colleagues and the Third Sector Interface. These partners were identified as those with skills in asset-based planning and service delivery, community development and community engagement.

In Highland, a network of 10 local community hubs, and a food distribution centre were established. Over 300 community bodies registered their offers of support with the Council and many worked closely with local hubs on referrals. Individual offers by volunteers were directed to the Highland Third Sector Interface and around 2,000 people registered as volunteers although relatively few were deployed due to the huge support already in place across communities.

Since March 2020, the Highland Council's COVID-19 Helpline has taken 7,500 calls with just under 1,000 calls during the busiest week. During May there were also over 5,000 outbound calls made to those on the shielding list to ensure 'no-one was left out'. In support of test and protect, the Highland Council has made almost 1,000 calls to those self-isolating since mid-October.

There are currently (December 2020) over 7,500 people registered on the shielding list within the Highland Council area. Over 1,200 shielding people have been assisted to access Government food boxes, over 1,000 people have accessed food support from the Council with almost 16,000 food bags distributed (60 tonnes of food) and 4,500 children across Highland were supported weekly with free school meals support between April and August 2020. Medicines were delivered to over 400 people; over 170 people were referred to the welfare team for support and over 200 for social support. The Council also continues to support community groups through the COVID-19 ward discretionary budget. By 9th November 2020, £161,344 had been spent on 347 separate awards from the Council's Supporting Community Resilience fund.

Going forward, there is a focus on mental health and wellbeing, and financial, food and fuel insecurity and what can be done to mitigate and support people whilst the area recovers from the pandemic.

Within Argyll and Bute, key outputs included the Caring for People helpline, which supported over 3,400 people and took over 5,500 calls. Those shielding were all offered support. The Community Food Team delivered 44,811 food parcels to vulnerable, shielding and free school meal households. Over 990 volunteers were registered by The Third Sector Interface which included volunteer coordinators. Local community organisations that had already started a local response were contacted and included in the referral process. There was also recognition of the impact the pandemic was having on mental health and wellbeing and there was work undertaken to signpost to support for loneliness and mental health problems. The Argyll and Bute Caring for People team was nominated as a People's Choice finalist in the Scottish Health Awards.

The greatest asset in the community responses was the staff from statutory and third sector organisations, volunteers and communities, who came together in a way that was beyond anything previously experienced and who had direct links to the community. This proved to be vital to the speed and scale of the response. Community responses continue to ensure that community support is available. They continue to monitor, review and adapt the responses based on local need for as long as required. Evaluations are taking place to shape how future humanitarian responses will be developed while identifying any improved required for ongoing COVID-19 responses.

Information for people leaving hospital after a positive test

The Public Health Team identified the need to provide individuals with information on their discharge from hospital after testing positive for COVID-19. As well as providing information on physical health, a resource was developed that provided information on social support including how to access welfare advice, food parcels, support for alcohol and drug issues, and support for domestic abuse. The resource was made available electronically and over 9,000 printed copies were requested and distributed through NHS Highland's Health Information and Resources Service.

Smoking, drugs and alcohol

Across NHS Highland, services to help people stop smoking have continued to support people to make quit attempts, using telephone, text and digital technology although carbon monoxide (CO) monitoring has currently stopped.

In collaboration with the Scottish Fire and Rescue Service, the Health Improvement Team supported a number of initiatives to encourage people to stop smoking and reduce the risks of smoking in the home. This included the Scottish Fire and Rescue Service 'Make the Call' campaign. This campaign appeals to those who are at risk of serious injury, or death, because of an accidental fire in their home. This includes those aged over 50, who smoke and either have mobility issues, live alone, or use medical oxygen. Information about our Smoke-free Homes and Cars Challenge was also shared. The challenge encourages people to make their home and car smoke-free using a stepped approach; bronze, silver, gold and diamond. This allows everyone, regardless of their circumstances, to reduce the risks from smoking in the home and car.

Fetal Alcohol Spectrum Disorder (FASD) was raised as a particular concern given the potential for reduced access to emergency contraception. A FASD scoping exercise is being completed with partners to identify local improvements for best practice. In addition, in conjunction with Highland Alcohol and Drugs Partnership (HADP) and Alcohol Focus Scotland, messages for FASD Awareness Day have been developed to support awareness raising and signposting to support.

Staff Health and Wellbeing

The increased pressure on NHS services because of the pandemic, combined with having to quickly implement new ways of working has made a focus on staff health and wellbeing more crucial. NHS Highland recognises that staff play a vital role in achieving its vision to provide Better Health, Better Care and Better Value to our population. Our staff have a direct impact on the health and wellbeing outcomes and experiences of our service users. We are clear that when our staff are feeling well and satisfied with their work, the experience of our service users improves.

Health and wellbeing is not just about being physically well, it is also about emotional and social wellbeing. It is about feeling able to cope with normal stresses and having a purpose in life as well as having a sense of control of your life. This can be affected by things like worries about money, work, family, the people around you and the environment in which you live, work and play. Wellbeing is also affected by whether or not you feel involved and connected to people and communities.

NHS Highland's new Health and Wellbeing website promotes and encourages self-care for a healthy mind and body with sections on workplace support, occupational health and financial health, along with information on services available at local and national level. The website uses the Moodzone tool which helps staff to recognise the warning signs of anxiety, stress and depression and signposts to advice. NHS Highland Staff Health and Wellbeing Group also sends out weekly Wellbeing Wednesday messages to all staff with up-to-date information and advice on particular topics.

NHS Highland's Employee Assistance Programme (EAP) was launched on 1st May 2020. This is a confidential service available 24/7 to assist NHS employees with personal or work-related problems that may be affecting their health, wellbeing or performance. The EAP service is free to use and delivered by The Validium Group, a professional and independent employee assistance provider who support over 350 organisations in the UK. It provides access to telephone counselling and a range of specialist information services.

The following services are also available from the EAP:

- Counselling and emotional support
- Family care information
- Health and wellbeing information
- Legal Information
- Money and debt Information

A staff Psychological Wellbeing Network service was launched in response to the expected psychological needs of staff during the pandemic, providing psychological first aid. This network provides advice and support to build and maintain the psychological wellbeing of our colleagues, to increase resilience and to reduce the likelihood of burnout, trauma, or other emotional injury during the COVID-19 pandemic. A member of the psychological team could be made available for staff debrief and support, on request.

In addition, Argyll and Bute's Health and Social Care Partnerships (HSCP) wellbeing group meets regularly to ensure provision of resources and support. This group links closely with the NHS Highland Wellbeing Group & Argyll and Bute Council's Wellbeing Team to support staff across the partnership and share and co-ordinate resources. Examples of the Argyll and Bute partnership work on staff health and wellbeing include:

- Web and hub-based information and resources
- Development and distribution of self-care and wellbeing posters
- Development of Wellbeing Champions to distribute information and resources locally, signpost people to additional support when required and provide feedback to the wellbeing group on how information and resources were being received and used

Equality and Diversity – Fair access to services

To ensure the safe and sustainable delivery of services throughout the pandemic there has been a rapid expansion in the use of digital technology to deliver services. In addition, there have been frequent changes to information and guidance as the situation has evolved. In order to ensure this has been accessible for our diverse NHS Highland population, for example those who are deaf and whose first language is not English, there has been a focus on addressing any barriers to both information and services by:

- Progressing the trial of Near Me to be used by language and British Sign Language (BSL) interpreters. This allows interpreters to be present at appointments over video avoiding the need for contact and travel.
- Producing information in British Sign Language (BSL) about changes to services and visiting guidelines.
- Advocating for and promoting accessible information about COVID-19 to both colleagues and partner organisations, including the NHS 24 Communications Toolkit.
- Advocating for and supporting Equality Impact Assessment on NHS Highland's policies and plans so that NHS Highland can fully understand the positive and negative consequences before implementation.

Future plans

Fully mitigating, COVID-19 is estimated to prevent a loss of 5.63 years of life expectancy for the UK. Over 10 years there is a greater negative life expectancy contribution from inequality than around six unmitigated COVID-19 pandemics. To achieve long-term population health improvements it is therefore important to take this opportunity to introduce post-pandemic economic policies to 'build back better'³⁶.

Social mitigation

Improving the social determinants of health is an important part of Public Health work. A focus on the wider determinants of health will be even more important during the recovery phase of the COVID-19 emergency to mitigate the negative health effects of the economic and social impacts of the pandemic. Working with communities and partners to understand the impact COVID-19 has had on the lives of our population will be key to developing an appropriate response. Social mitigation is an important feature of NHS Highland's remobilisation plan. This plan recognises the need to understand the broader impacts of COVID-19 and highlights the need to work with partners across Highland & Argyll and Bute on issues such as employability, the economy and income maximisation. Actions that are likely to support social mitigation of COVID-19 include:

- The creation of more Fair Work employment opportunities targeted to meet the needs of at-risk groups.
- Use of procurement policy and practice to maximise benefits to the local economy.
- Development of job-matching approaches to recruit individuals from at-risk sectors.
- Exploration of the potential for community wealth building as an approach to deliver inclusive growth.

Across the NHS Highland area, there is already recognition of the broader impact of COVID-19 and the need to take action. In Argyll and Bute, the 'Build Back Better' plan includes a range of activity to mitigate the effects of the pandemic, including food security, digital inclusion and climate change. Additionally, the 'Living Well' strategy, a framework to promote wellbeing, is being adapted to include actions to address the emerging impacts of COVID-19. In Highland, the Community Planning Partnership has considered the impact of COVID-19 on individuals and communities and adapted locality and issue-based plans to mitigate the broader impacts of COVID-19 including action on the economy, employment, income and mental health.

- Food security: COVID-19 highlighted existing food insecurity and the reliance that vulnerable people had on fragile foodbank provision. For example, an Access to Food project led by Argyll and Bute Council is reviewing where people may be having financial difficulties and require access to food banks or free school meals.
- Digital inclusion: The Caring for People response highlighted the barriers to some people accessing information and support during the emergency, in particular in the shielding group. Local community led responses were developed to improve access to online information, including providing equipment to people and using volunteer support to improve digital skills.
- Climate change and environment: environment and climate can have a significant impact on access to food and supplies during an emergency response. This is a key area of work that also links to the work of local resilience partnerships and emergency planning. It also connects with existing climate change activity being led by the Community Planning Partnerships.

Across NHS Highland, there is ongoing work to ensure that we engage with those most affected by the pandemic.

- Proactive engagement with hard-to-reach groups will help to shape organisational responses that are based on lived experience.
- In recognition of the impact of COVID-19 on mental health and wellbeing, particularly in relation to loneliness and anxiety due to the pandemic, related loss of role or jobs and greater financial hardship, work is underway to identify needs in relation to support for emotional wellbeing.

Social mitigation work in practice -

Financial security

Through a partnership approach with Highland Council Welfare Team, and links to national work around income maximisation services in health settings, the issue of over 75's losing their free TV licence in April 2020 was identified as a major concern. Previous work had been done to provide home energy and income advice in several GP practice while flu vaccination clinics were being offered. It was felt that this model could be utilised again to provide income maximisation advice to over 75's. Working with the NHS Highland Public Health Intelligence team, GP practices with the highest levels of over 75's were identified in Invergordon and Alness. As part of the Primary Care Modernisation work, the Vaccine Transformation Programme was looking to test a community-based approach for flu vaccination and had identified two sites in Invergordon and Alness. This provided the impetus to focus on these two areas.

Highland Council Welfare Team agreed to cover all 17 clinics over the three-month pilot period. The outcome from this work resulted in the Welfare Team staff approaching 313 people, supporting 93 individuals review their benefits/entitlements and successfully support 18 individuals claim over £83,000 in total. This amounts to an average increased income of over £4,500 per person. This work was fully reliant on strong partnership working with the Highland Council and also demonstrated a collaborative public health approach, where all three domains (health protection, health intelligence, health improvement) were vital to the positive outcome

Members of the NHS Highland Health Improvement Team provide support to the Highland Third Sector Interface Poverty Action Network (HPAN) whose member organisations provide: home energy advice, food support, homeless and employment services, mental health support and voluntary services.

The Network members work with communities on a whole range of levels and many provide additional signposting to support which they might not offer themselves. It was agreed that to impact on one of the fundamental causes of health inequalities, income, individuals within organisations should feel confident and knowledgably around income maximisation service and support. NHS Highland is taking the lead for establishing a small working group looking at how to increase skills and confidence to ask about money worries. Work is at an early stage but an agreement has been reached to develop an online training course which will be delivered to organisation staff with the aim of increasing the number of conversations had about money matters.

Child Poverty Plans

Public Health is working with Highland Council and Argyll and Bute Council to develop an update of the current Child Poverty Action Plans and to set out desired actions for next year.

In Highland, the midwifery and health visiting pathways have been reviewed to ensure that information about money worries and resource materials to support signposting for women is provided during routine appointments with health staff. This has included raising awareness about these resources and the importance of asking about money worries within the training delivered as

part of our Breastfeeding Update training.

A year two review of the Argyll and Bute Child Poverty Action Plan is in progress; with future, planned work identified based on previous work and emerging priority needs due to COVID-19. Engagement with harder to reach groups in our communities and their support agencies affected by poverty is being carried out as part of the Building Back Better recovery work.

This work aims to set up a reference group for future engagement to ensure that Council, NHS and Community Planning partners continue to focus policies, etc, around the impacts that it has on poverty experienced people. Consideration is being given to developing and delivering a training package on poverty awareness to staff across Argyll and Bute. Work is also continuing on Financial Inclusion Referral Pathways, with a pilot project which links health visitors and money advice services continuing.

Equality & diversity - upcoming priorities

During the pandemic, NHS Highland has continued to centre its work on the principles of Equality and Human Rights by consulting on issues affecting people with protected characteristics. Their experiences of social inequality, discrimination and poverty have informed the ongoing development of NHS Highland's Equality Outcomes and Mainstreaming Report 2021-25. This report sets out how NHS Highland within its functions is addressing inequality and progressing equality for people who use our services and our workforce. This is particularly poignant this year as the pandemic has highlighted inequality and how people with certain protected characteristics continue to face poorer experiences and outcomes.

The report will be published on the NHS Highland website in April 2021, in accordance with duties under the Equality Act 2010 and will set out:

- Progress against current equality outcomes
- confirm new equality outcomes for the next four years
- summarise how the health board is mainstreaming and embedding equality within its functions
- workforce data including data segregated by protected characteristics
- the gender pay gap for NHS Highland.

To inform the development of the report national and local research and analysis is being reviewed and shared between partners. This will set the context and focus for this strategy. We are however talking to a range of stakeholders and partners. This includes:

- Carers' services
- sight loss and hearing loss services
- human resources
- nursing leads
- procurement
- children's commissioner
- health improvement
- mental health delivery group
- Violence Against Women Partnership
- Highland Council and community planning partners.

Active travel, Physical Activity and Green Health

Ongoing advice and guidance from Scottish Government around the use of public transport has encouraged the population to minimise that usage and adopt active travel where possible in order to leave safe space on public transport for those who have no alternative. In rural areas this raises further concerns over the commercial viability of services, and the risk to those already disadvantaged and isolated. It will be important to consider any lasting adverse impact on public transport in remote rural areas.

Developing people's connection and confidence to switch to active travel often begins with simple, health-related physical activities that can lead to reconsidering how we undertake everyday journeys. The Active People project, which began in Inverness but is expanding to Aviemore, Skye & Lochalsh and other areas of Highland, receives referrals through primary care and provides a person-centred, motivating, link-worker role to support individuals to be more active. More than just signposting, the staff are trained to enable patients to identify barriers to health and physical activity, and develop goals and plans to overcome these barriers.

Access to nature and quality outdoor spaces remains a key priority. Research from NatureScot shows that whilst participation in outdoor activities has risen in August/September compared to March/May, inequalities remain with four times as many people in the 10% most deprived areas reporting visits to the outdoors less than once a week or never (compared to the 10% least deprived areas)³⁵. Walking is an accessible and no/low-cost opportunity that is being promoted and supported across the Highland region. NatureScot research shows walking less than two miles as the most popular and most increasing activity of choice²⁰.

In addition to existing health walk provision, 2020 has seen the Highland Green Health Partnership (led by NHS Highland) increasing capacity in remote and rural areas to support and develop volunteer led health walks. Highland Green Health Partnership have also provided match funding for a project on Skye that produced the winner of Paths for All's award for Active Travel Volunteer of the Year³⁷. Initiatives like these continue to provide a focus for future expansion and implementation, with an ongoing keen awareness of inequalities and social mitigation considerations.

Internally, NHS Highland remains committed to facilitating active travel for staff, with a number of targeted and universal initiatives. The popular Cycle2Work scheme is an ongoing success, but our valuable cohort of bank staff are unable to enjoy the benefits of savings through salary sacrifice. In partnership with Cycling Scotland, we have provided grants for 41 bank staff to access bikes and essential accessories for commuting. Whilst interest in cycling has increased, concerns over bike theft are also a barrier for some, and so distribution of free security tagging kits has been offered across the Board area.

Sport England¹⁹ found that the following groups were finding it harder to be active:

- Women
- older people
- people on low incomes
- people living alone
- people with a long-term condition or illness
- people self-isolating because they are at increased risk
- and people without access to private outdoor space.

A focus on physical activity in specific groups is necessary in order to prevent widening of inequalities.

Within Argyll and Bute, a multi-partner physical activity group is developing a strategic approach to support more adults to engage in physical activity for health and wellbeing benefits.

The group is focusing on physical activity communication with staff and public; developing and delivering education/training for staff on supporting and enabling physical activity; maximising use of resources across sectors by developing stronger links between local physiotherapy teams and Argyll Active exercise referral programmes including cardiac rehab and falls prevention.

Recommendations and actions

For NHS Highland

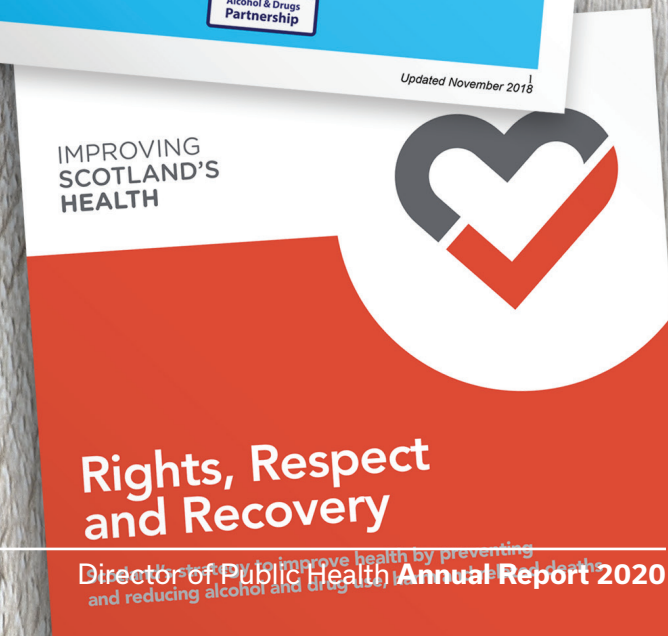
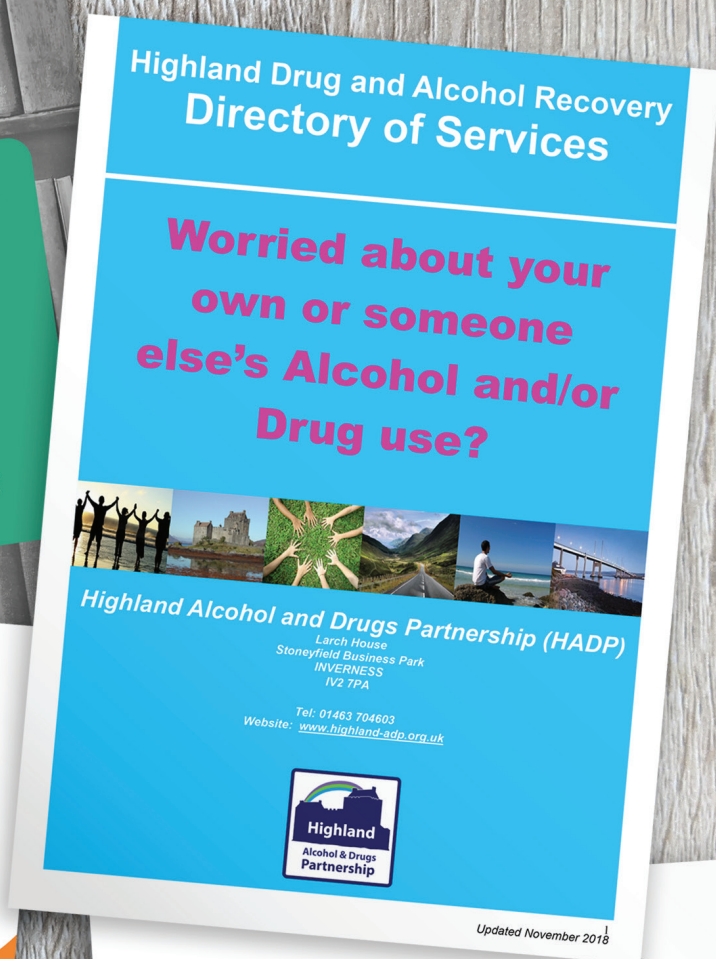
- Commit to implementation of a COVID-19 Social Mitigation Strategy involving all relevant services and partners and deliver specific actions with clearly defined governance and scrutiny and supported by a Non-Executive Director champion.
- Create more Fair Work employment opportunities targeted to meet the needs of at-risk groups.
- Use procurement policy and practice to maximise benefits to the local economy.
- Develop job-matching processes to recruit individuals from at-risk sectors.
- Support further development of Public Health work on income and employment; food insecurity, mental health and support to access nature and greenspace for health.
- Ensure frontline staff can signpost or refer vulnerable clients to sources of social and financial support.
- Assess impact of policies, plans and service changes upon at risk groups.
- Deliver specific actions to support health literacy
- Ensure that the roll-out of online digital services considers access and equality issues.
- Ensure that commissioning and support for third sector organisations takes account of the impact of COVID-19.

For community planning partners in Highland & Argyll and Bute

- Explore the potential for community wealth building as an approach to deliver inclusive growth³⁸.
- Identify local needs and enable flexibility and discretion over unallocated resources targeted towards groups and communities most at risk.
- Maximise impact of links with local and national networks addressing poverty, mental health and support to access nature and greenspace for health.
- Identify those who need digital support.
- Invest in community health development
- Develop and deliver initiatives to support active travel.
- Review the impact of lockdown and social distancing on public transport and how it relates to access to services.



Chapter Three - Alcohol and Drugs Partnership response to COVID-19



This section provides general background information about alcohol and drugs, and describes the impact and response to alcohol and drug related harms in the NHS Highland area during the COVID-19 pandemic.

The Overseers are not there. We don't have the pubs open and we don't have people providing the right measures and we don't have people watching what we do'. (BBC 11.12.2020)¹

At the start of the COVID-19 pandemic there was early recognition by the Scottish Government and Alcohol and Drug Partnerships that programmes and services with a remit of prevention, education and recovery outcomes to reduce the harms caused by alcohol and drugs had to be maintained². This is because, prior to the pandemic the number of drug related deaths and alcohol related deaths were of concern throughout Scotland and it was anticipated this situation would be exacerbated by the pandemic.

NHS Highland is responsible for two local authority areas each with an Alcohol and Drug Partnership which has co-ordination role; these are called the Argyll and Bute Alcohol and Drug Partnership (A&BADP)³ and the Highland Alcohol and Drug Partnership (HADP)⁴.

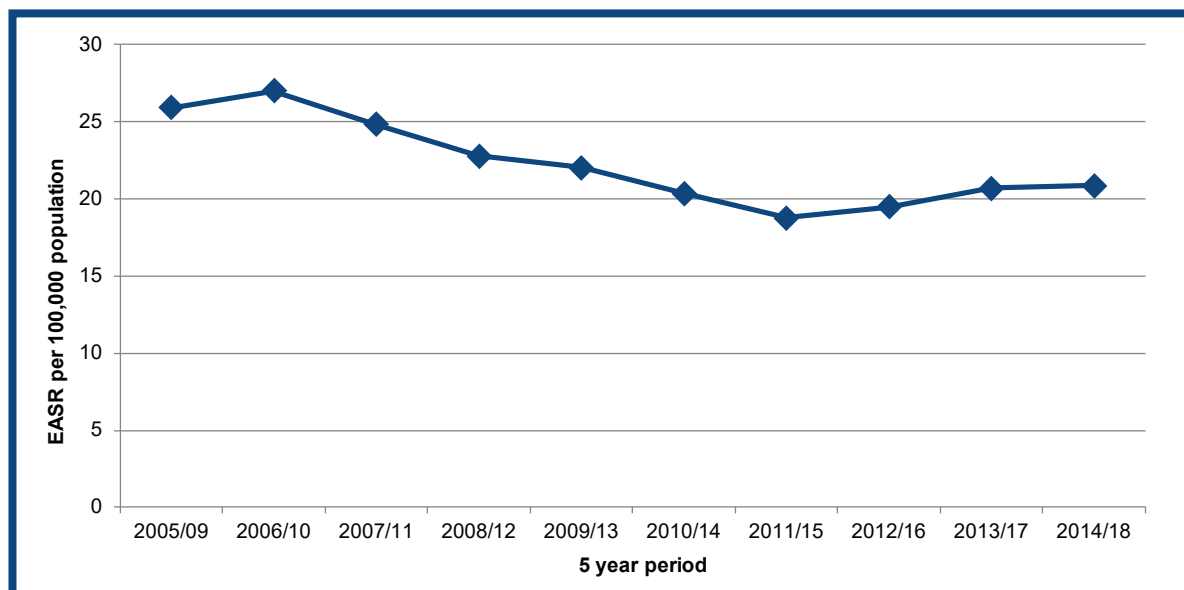


Mortality data, alcohol brief interventions and treatment times guarantee

It is important to note that data, for the time period of the first lockdown in March 2020 until December 31 2020, is not available for this report because of how it is collected nationally.

Figure 1 shows alcohol-specific death rates in NHS Highland. The horizontal axis shows five-year rolling averages and the vertical axis shows European age and sex standardised rates per 100,000. From 2006-2010 to 2011-2015 there was a steady downward trend in mortality rates followed by an upward trend 2014 -2018 but not reaching the numbers reported in 2006-2010.

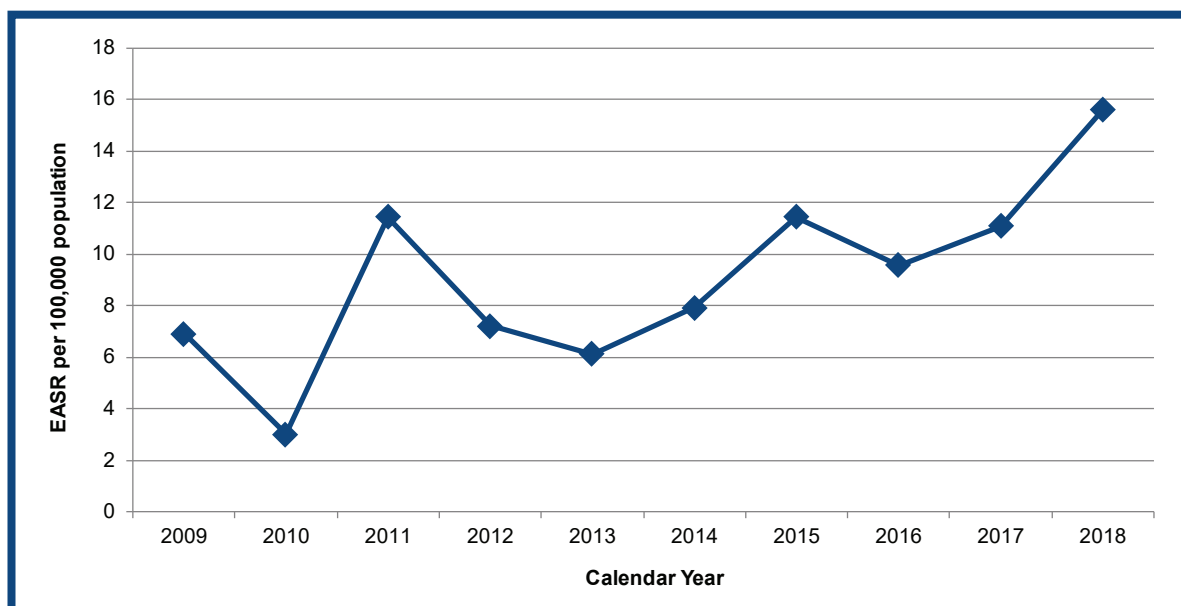
Figure 1: Alcohol-specific death rates in NHS Highland 2005/9-2014/18



Source: SMR01, Scottish Public Health Observatory⁵

Figure 2 shows drug-related mortality in NHS Highland. The horizontal axis shows annual points over a ten-year period from 2009-2018 and the vertical axis shows age and sex standardised rates per 100,000. From 2005 to 2018, there has been an overall increase in drug-related mortality in NHS Highland and in 2018 there were 16 deaths per 100,000 population. In 2018, the highest figure was recorded in this particular time frame.

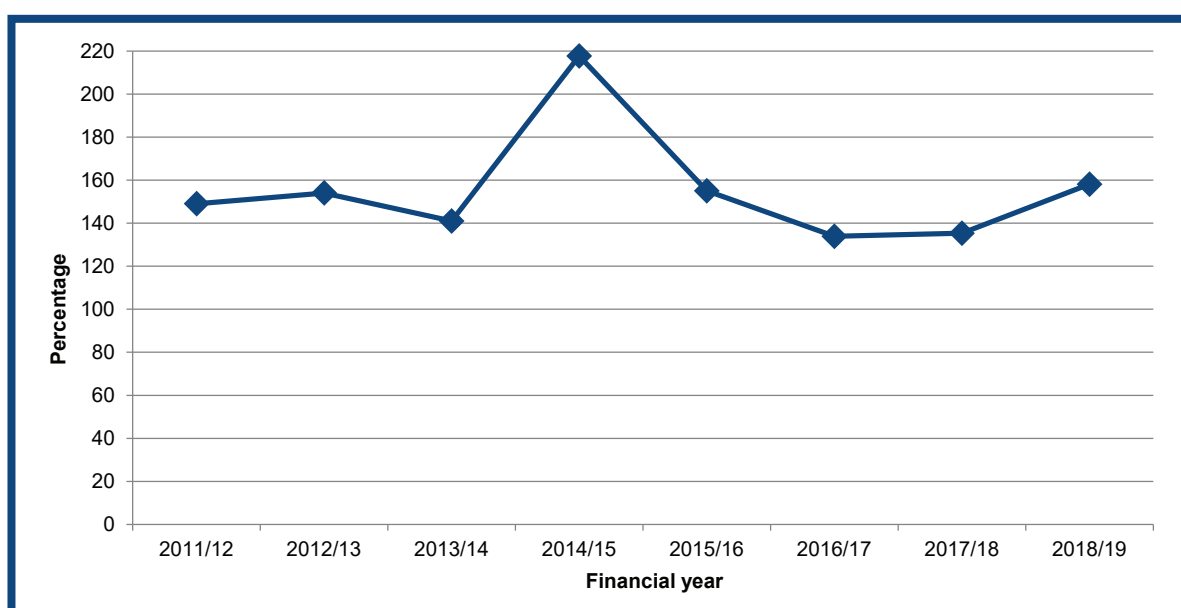
Figure 2: Drug-related mortality in NHS Highland 2009 -2018



Source: National Records of Scotland, Scottish Public Health Observatory⁶

Alcohol Brief Interventions (ABIs), a population-based approach, is a Scottish standard that all NHS Boards are required to meet. Figure 3 shows the percentage of the standard for the number of ABIs delivered in NHS Highland. An ABI is a brief evidenced based structured conversation about alcohol consumption with a patient/client in a non-confrontational way to motivate and support the individual to think about changing their drinking. These are carried out in three priority settings and they are; primary care, emergency departments and antenatal. NHS Highland has always met this standard.

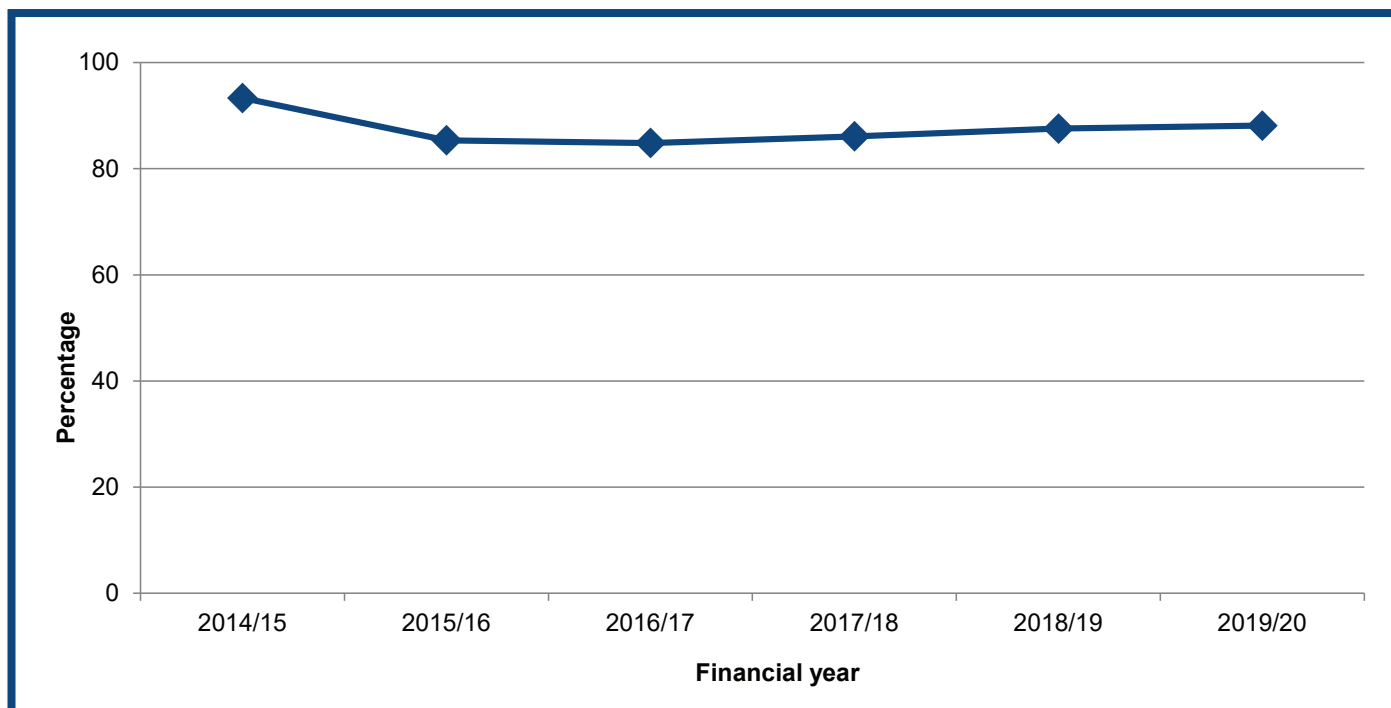
Figure 3: Alcohol Brief Interventions in NHS Highland 2011/12 – 2018/19



Source: Public Health Scotland, Scottish Public Health Observatory⁷

Figure 4 shows the Treatment Times Guarantee (TTG) which is a Scottish Government target that all Health Boards are required to meet. The definition for this target is the: *Number and Percentage (90%) of clients waiting no more than 3 weeks between referral to a specialist drug and alcohol service and commencement of treatment.* The horizontal axis shows the year and the vertical axis shows the percentage that has been met. The latest data reported at June 2020 shows Highland achieved a percentage of 89.5% which is 0.5% below the national target.⁸

Figure 4: Percentage of clients waiting no more than three weeks between referral to a specialist drug and alcohol service



Source: Drug and Alcohol Treatment Waiting Times Database, Public Health Scotland⁹

What has been the local response?

The way people changed their behaviour towards alcohol and drugs during the COVID-19 pandemic is complex and compounded by living and working conditions, for example, those living in poorer circumstances have been disproportionately affected. Some people during lockdown decided to decrease their alcohol consumption by rethinking their life style, but, in contrast the triggers of increased isolation, loneliness and financial hardship resulted in poorer health and wellbeing and an increase in harmful behaviours.

Unfortunately, many individuals are still experiencing stigma because of problematic alcohol and drug misuse and this continues to be a barrier for those accessing treatment and in recovery. Concern about an increase in domestic violence, mostly towards women and children, resulted in specific guidance being published by the Scottish Government¹⁰.

The overall strategic direction for Alcohol and Drug Partnerships has been set by 'Rights, Respect and Recovery (2018)'¹¹ and the Alcohol Framework (2018)¹². The role out of a number of projects, specifically funded to tackle the increase in drug-related deaths, was delayed and the delivery processes changed to reflect the various COVID-19 regulations. Recovery services, responded positively by changing how they provided services, for example, extending service hours into the evening, providing more online/digital methods for client contact and offering different types of treatment. The following is a highlight of some of the work and both Alcohol and Drug Partnerships have recently published a three-year strategy that can be found on their respective websites.

Community responses - Helensburgh Family Support Group

Helensburgh Family support group, supported by the A&BADP, has been running since October 2018 and has helped to support many families in Argyll and Bute over the years.

During the COVID-19 pandemic, the group has been supporting families to help with buying food and mobile phones. The group continued to deliver group sessions over the phone and offer one-to-one support at other times. They also set up a walking group to help support family members during this period.



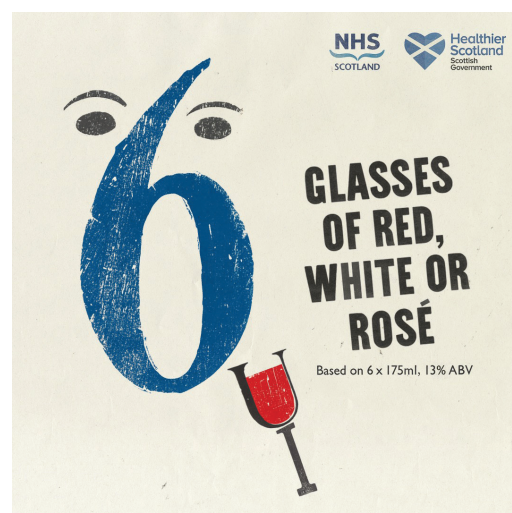
The Family Support group established an outreach service in Helensburgh & Lomond in partnership with the recovery service provider, 'We Are With You' and transport providers, in response to reports of people in crisis within the Helensburgh area. They are offering soup/hot drinks and sandwiches to those in need. They also have the opportunity to arrange safe distribution of naloxone and injecting equipment provision to people who would benefit from this service. The aim of this outreach is to support people in need and provide simple pathways into services. This has resulted in three people, previously unknown to services, being assessed.

Both Police Scotland and ScotRail are very supportive of this work as it has been identified that Helensburgh train station is where the people in need are congregating. The group are working hard to ensure safe distancing, use of personal protective equipment and are looking at ways to safely supports these high-risk individuals. The intension is to replicate this in all localities where vulnerable people care gathering and to offer support to access local services.

Raising Awareness

Throughout the pandemic, it has been recognised that people are likely to feel more stressed or worried than usual, and that in times of stress some people can drink more often or more heavily. To provide support at a population level both ADPs have supported a number of public awareness campaigns providing information and signposting.

The HADP worked in partnership with Public Health Scotland¹³, Alcohol Focus¹⁴ and others to provide good quality, accurate information on alcohol and drugs that is accessible to the public via the [NHS Inform](#) national website. The information provided includes how drugs and alcohol can impact on health and wellbeing, and in some situations increase risks and complications linked to COVID-19. Alcohol can, for example, reduce the immune system's ability to fight off infectious diseases and have an impact on the health of a person's heart and lungs. Harm reduction along with information on behaviour change and the [Count 14](#) campaign on lower risk drinking has been promoted via the NHS Inform website¹⁵ and local community partnerships across Highland to encourage the public to make informed choices and reduce potential risks to their health and wellbeing.



The HADP, throughout the pandemic, has continued to develop the [People First – Language Matters](#)¹⁶ campaign in order to tackle stigma. The campaign promotes the use of People First language as a simple step we can all take to reduce stigma. It raises public awareness that the language used to describe people with drug and alcohol problems can have an impact on how they perceive themselves and how others view them. The campaign emphasises that inaccurate and derogatory use of language creates and perpetuates stigma and can act as a barrier to people accessing support and treatment.



For the HADP, using People First language matters, because it reminds us to be compassionate and that we are talking about human beings; people with rights, who deserve respect, and should be supported in their recovery. HADP is encouraging organisations across Highland to [pledge](#)¹⁷ to become a supporter of People First – Language Matters.



Other prevention and early intervention examples include the HADP tool kit which provides online access to a broad range of quality resources aimed at young people, parents and professionals.

Recovery

Recovery is an individual journey, however, for many, recovery is about being able to achieve personal goals, and the development of relationships and skills that support a positive life. During COVID-19, there has been a range of responses to support individuals.

The NHS Highland Drug and Alcohol Recovery Service have remained opened throughout the pandemic. Services have continued to accept referrals, assess and implement treatment and recovery plans, which are supported by regular appointments with keyworkers. This has mainly been carried out using a telephone triage and assessment service and there are face-to-face appointments available where required. In-line with national guidance; flexible dispensing arrangements for medication has been introduced, with innovative outreach and postal options developed to further support people. A robust overdose awareness and naloxone programme has continued to be delivered with NHS Highland pioneering distribution of intranasal naloxone (Nyxoid). A centralised seven-day service based in Osprey House has been established with all locality teams working in partnership with the Third Sector to provide creative solutions to supporting people throughout the pandemic.

Housing First

In order to improve support to people experiencing homelessness, drug and alcohol problems & complex physical and mental health problems, HADP has collaborated with the Housing Department, Drug and Alcohol Recovery Service and the Salvation Army to pilot a Housing First project. The multi-agency project was launched during the pandemic and provides a locally responsive assertive outreach service underpinned by Housing First principles¹⁸ in order to reach, engage and support people with problem drug and alcohol use and complex needs, particularly those at higher risk of drug and alcohol related death.



Conclusion

Although this does not describe all of the work carried out by the ADPs that has taken place during the ongoing COVID-19 pandemic, this section has highlighted the commitment by those delivering services and projects to be flexible in order to meet local circumstances and individual need. It is widely acknowledged that there are many lessons to be learnt, in particular, how the pandemic has disproportionately affected those living in deprived circumstances compared to those who live in more affluent areas. With a COVID-19 vaccination programme underway, it is time to take stock and build on the lessons learnt hearing from those with lived experience through to early intervention and prevention programmes. Finally, both ADPs, building on their expertise prior to and during COVID-19, have published a three-year strategy which is available on their respective websites.

References

Chapter 1 - Epidemiology

- 1 Gorbalenya A, Baker S, Baric R, et al. The species Severe acute respiratory syndrome-related coronavirus: classifying 2019-nCoV and naming it SARS-CoV-2. *Nat Microbiol.* 2020; 5:536–544. DOI: <https://doi.org/10.1038/s41564-020-0695-z>
- 2 Chan J, Kok K, Zhu Z, et al. Genomic characterization of the 2019 novel human-pathogenic coronavirus isolated from a patient with atypical pneumonia after visiting Wuhan. *Emerg Microbes Infect.* 2020;9(1):221–236. DOI: [10.1080/22221751.2020.1719902](https://doi.org/10.1080/22221751.2020.1719902)
- 3 World Health Organisation. WHO Director-General's Opening Remarks at the Media Briefing on COVID-19. 11 March 2020. <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020> [accessed 19 November 2020]
- 4 Michelen M, Jones N, Stavropoulou C. In patients of COVID-19, what are the symptoms and clinical features of mild and moderate cases? Available at: <https://www.cebm.net/covid-19/in-patients-of-covid-19-what-are-the-symptoms-and-clinical-features-of-mild-and-moderate-case/> [accessed 20 November 2020]
- 5 Scottish Intercollegiate Guidelines Network (SIGN). Evidence review: Assessment of COVID-19 in primary care V2. Edinburgh: SIGN; 2020. Available at: <https://www.sign.ac.uk/media/1699/20200721-update-v16-assessment-of-covid-19-in-primary-care-final.pdf> [accessed 16 November 2020]
- 6 Centers for Disease Control and Prevention. Coronavirus disease 2019 (COVID-19): older adults. 2020. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>
- 7 Davies N, Kucharski A, Eggo R, et al. Effects of non-pharmaceutical interventions on COVID-19 cases, deaths, and demand for hospital services in the UK: a modelling study. *The Lancet Public Health*, 2020;5(7):e375–e385. DOI: [https://doi.org/10.1016/S2468-2667\(20\)30133-X](https://doi.org/10.1016/S2468-2667(20)30133-X)
- 8 World Health Organization. Transmission of SARS-CoV-2: implications for infection prevention precautions. 09 July 2020. Available at: <https://www.who.int/publications/i/item/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations> [accessed 25 November 2020].
- 9 Meyerowitz E, Richterman A, Gandhi R, Sax P. Transmission of SARS-CoV-2: a review of viral, host, and environmental factors. *Ann Intern Med.* 2020 Sep 17. DOI: <https://doi.org/10.7326/M20-5008>
- 10 World Health Organization. Clinical management of COVID-19: interim guidance. 2020. Available at: <https://www.who.int/publications/i/item/clinical-management-of-covid-19> [accessed 25 November 2020].
- 11 de Lusignan S, Dorward J, Correa A, et al. Risk factors for SARS-CoV-2 among patients in the Oxford Royal College of General Practitioners Research and Surveillance Centre primary care network: a cross-sectional study. *Lancet Infect Dis.* 2020 Sep;20(9):1034–42. DOI: [https://doi.org/10.1016/S1473-3099\(20\)30371-6](https://doi.org/10.1016/S1473-3099(20)30371-6)
- 12 Pana D, Szec S, Minhas J. The impact of ethnicity on clinical outcomes in COVID-19: A systematic review. *EClinicalMedicine* 2020;23. DOI: <https://doi.org/10.1016/j.eclinm.2020.100404>
- 13 Public Health England. Disparities in the risk and outcomes of COVID-19. 2020. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf [accessed 20 November 2020]
- 14 Douglas M, Katikireddi S, Taulbut M, et al. Mitigating the wider health effects of covid-19 pandemic response *BMJ* 2020; 369 :m1557. DOI: <https://doi.org/10.1136/bmj.m1557>
- 15 Rocklöv J, Sjödin H. High population densities catalyze the spread of COVID-19. *Journal of Travel Medicine* 2020;27(3). DOI: <https://doi.org/10.1093/jtm/taaa038>
- 16 Johnson K. An Older Population Increases Estimated COVID-19 Death Rates in Rural America. Available at: <https://carsey.unh.edu/publication/older-rural-pop-increases-estimated-COVID-death-rates> [accessed 25 November 2020]
- 17 Ellis C, Jacobs M, Keene K, Bell R, Dickerson D. COVID-19 and the Potential Devastation of Rural Communities, 2020. Available at: <http://hdl.handle.net/2027.42/154715> [accessed 25 April 2020]
- 18 Peters D. Rural Areas Face Higher and Distinct Risks of Serious COVID-19 Outcomes than Urban Areas. Iowa State University Department of Sociology, 2020. DOI: [10.13140/RG.2.2.36466.66243](https://doi.org/10.13140/RG.2.2.36466.66243)
- 19 Brown, J., Guru, S, Williams, K., Florentino, R., Miner, J., Cagir, B., 2020. Rural Healthcare Center Preparation and Readiness Response to Threat of COVID-19. *Journal of the American College of Surgeons*, Issue In Press. Available at: [https://www.journalacs.org/article/S1072-7515\(20\)30311-2/fulltext](https://www.journalacs.org/article/S1072-7515(20)30311-2/fulltext) [Accessed 27 April 2020]

- 20 Anderson R, Heesterbeek H, Klinkenberg D, Hollingsworth T. How will country-based mitigation measures influence the course of the COVID-19 epidemic?. *The Lancet*, 2020;395(10228):931-934. DOI: [https://doi.org/10.1016/S0140-6736\(20\)30567-5](https://doi.org/10.1016/S0140-6736(20)30567-5)
- 21 Sjödin H, Wilder-Smith A, Osman S, Farooq Z. Only strict quarantine measures can curb the coronavirus disease (COVID-19) outbreak in Italy, 2020. *Euro Surveill* 2020;25(13):pii=2000280. DOI: <https://doi.org/10.2807/1560-7917.ES.2020.25.13.2000280>
- 22 Public Health England. PHE novel coronavirus diagnostic test rolled out across UK. Available at: <https://www.gov.uk/government/news/phe-novel-coronavirus-diagnostic-test-rolled-out-across-uk> [accessed 15 November 2020]
- 23 Scottish Government. Novel Coronavirus infection (COVID-19) – Updated case definition, notification under health risk state and arrangements for testing. 13 February 2020. [https://www.sehd.scot.nhs.uk/cmo/CMO\(2020\)1.2.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2020)1.2.pdf)
- 24 Scottish Government. Guidance for NHS Boards: Testing for COVID-19 Infection to Enable Key Workers to Return to Work. Version 1.0 24 March 2020. <https://www.sehd.scot.nhs.uk/publications/DC20200325guidance.pdf>
- 25 Public Health Scotland Open Data Team. Daily COVID-19 Cases in Scotland [dataset] Available at: <https://www.opendata.nhs.scot/dataset/covid-19-in-scotland>
- 26 Public Health England. Coronavirus (COVID-19) in the UK [online]. Available at: <https://coronavirus.data.gov.uk/>
- 27 National Records of Scotland. Deaths involving coronavirus (COVID-19) in Scotland. Available at: <https://www.nrscotland.gov.uk/covid19stats>
- 28 BBC. Coronavirus: 'Significant' outbreak at Skye care home [online]. Available at: <https://www.bbc.co.uk/news/uk-scotland-highlands-islands-52523834>
- 29 Public Health Scotland. COVID-19 Weekly Excess Deaths Health Inequalities Briefing. 24 June 2020. Available from: <https://beta.isdscotland.org/media/4802/2020-06-24-covid-weekly-deaths-report.pdf>
- 30 Scottish Government. Coronavirus (COVID-19): Scotland's route map through and out of the crisis. 2020. Available from: <https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis-phase-3-update>
- 31 Scottish Government. Coronavirus (COVID-19): protection levels – reviews and guidance. 2020. Available from: <https://www.gov.scot/collections/coronavirus-covid-19-protection-levels-reviews-and-evidence/>
- 32 World Health Organisation. Public health criteria to adjust public health and social measures in the context of COVID-19. 2020. Available from: https://apps.who.int/iris/bitstream/handle/10665/332073/WHO-2019-nCoV-Adjusting_PH_measures-Criteria-2020.1-eng.pdf

Chapter 2 - Social mitigation

- 1 Harkins C. Supporting community recovery and resilience in response to the COVID-19 pandemic - a rapid review of evidence. Glasgow Centre for Population Health; 2020. Available from: https://www.gcph.co.uk/assets/0000/7854/COVID19_Comm_Recovery_FINAL.pdf
- 2 Improvement Service. Poverty, Inequality and COVID-19: A brief summary of some issues and potential impact on those living in socio-economic disadvantage. Available from: https://www.improvementservice.org.uk/_data/assets/pdf_file/0013/16402/Poverty-inequality-and-COVID19-briefing.pdf
- 3 NHS Health Scotland. Health Inequalities: What are they How do we reduce them? Inequality Briefing 1. Edinburgh: NHS Health Scotland; 2016. Available from: <http://www.healthscotland.scot/media/1086/health-inequalities-what-are-they-how-do-we-reduce-them-mar16.pdf>
- 4 Douglas M, Katikireddi S, Taulbut M, et al. Mitigating the wider health effects of covid-19 pandemic response *BMJ* 2020; 369 :m1557. DOI: <https://doi.org/10.1136/bmj.m1557>
- 5 The Safety Net in action? Universal Credit's role in the crisis and the recovery. Presentation supported through Resolution Foundation and the Standard Life Foundation. Data from DWP: Management Information. Available from: <https://www.resolutionfoundation.org/events/the-safety-net-in-action/>
- 6 Scottish Government. The Impacts of COVID-19 on Equality in Scotland: Executive Summary 2020. Available from: <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2020/09/the-impacts-of-COVID-19-on-equality-in-scotland/documents/full-report/full-report/govscot%3Adocument/Covid%2Band%2BInequalities%2BFinal%2BReport%2BFor%2BPublication%2B-%2BPDF.pdf>
- 7 Joseph Rowntree Foundation, June 2020. Available from: <https://www.jrf.org.uk/press/almost-third-scots%2E2%80%99-incomes-have-reduced-lockdown-half-affected-renters-worried-about-paying>
- 8 Final Community Impact Summary – COVID-19: “NHS Highland Public Health COVID-19 Social Mitigation work stream”

- 9 The Poverty Alliance in their Anti-Poverty Review. Summer 2020. Page 15
- 10 Child Poverty (Scotland) Act 2017. Available from: <http://www.legislation.gov.uk/asp/2017/6/contents/enacted>
- 11 Community Food and Health. Food Insecurity evidence through a COVID-19 lens: evidence snapshot. 2020. Available from: <https://www.communityfoodandhealth.org.uk/wp-content/uploads/2020/07/Food-insecurity-evidence-snapshot-25-May.pdf>
- 12 Scottish Government. Scottish House Condition Survey Local Authority Analysis. 2020. Available from: <https://www.gov.scot/publications/scottish-house-condition-survey-local-authority-analyses/>
- 13 Community organisations, community activists & COVID-19: Poverty Alliance Briefing. 2nd June 2020. Available from: <https://www.povertyalliance.org/wp-content/uploads/2020/06/Community-organisations-COVID19-Poverty-Alliance-briefing-2nd-June.pdf>
- 14 Child Poverty Action Group. The cost of learning in lockdown: family experiences of school closures. June 2020. Available from: https://cpag.org.uk/sites/default/files/files/The-cost-of-learning-in-lockdown-UK-FINAL_0.pdf
- 15 Douglas et al. Potential mechanisms of unintended population health impacts from strict social distancing and recommendations for mitigation. Available from: <https://www.bmj.com/content/bmj/suppl/2020/04/27/bmj.m1557.DC1/doum055986.wv1.pdf>
- 16 Mental Health Foundation. Divergence of mental health experiences during the pandemic. Available from: <https://www.mentalhealth.org.uk/coronavirus/divergence-mental-health-experiences-during-pandemic>
- 17 O'Connor RC, Wetherall K, Cleare S, McClelland H, Melson AJ, Niedzwiedz CL, et al. Mental health and well-being during the COVID-19 pandemic: longitudinal analyses of adults in the UK COVID-19 Mental Health & Wellbeing study. *BJPsych*. 2020;1–8. Available from: doi:10.1192/bjp.2020.212
- 18 Zalsman, G., Stanley, B., Szanto, K., Clarke, D. E., Carli, V. And Mehlum. L. Suicide in the Time of COVID-19: Review and Recommendations. *Archives of Suicide Research*, 2020; 24:4:477-482. DOI. Available from: <https://doi.org/10.1080/13811118.2020.1830242>
- 19 Mental Health Foundation. Financial inequality and mental health Financial inequality and mental health. Available from: <https://www.mentalhealth.org.uk/sites/default/files/MHF-COVID-19-inequality-mental-health-briefing.pdf>
- 20 Wiley. A regular dose of nature may improve mental health during the COVID-19 pandemic. *ScienceDaily*. 18 November 2020. Available from: www.sciencedaily.com/releases/2020/11/201118080736.htm
- 21 NatureScot (2020). Enjoying the outdoors: Monitoring the impact of Coronavirus and social distancing.
- 22 Reid C. Bike Sales Increased 63% During Lockdown, Reveals UK's Bicycle Association. *Forbes*. 03 August 2020. Available from: <https://www.forbes.com/sites/carltonreid/2020/08/03/bike-sales-increased-63-during-lockdown-reveals-uks-bicycle-association/?sh=37ef33207e12>
- 23 Stewart, D. & Eccleston, J. 2020. Enjoying the Outdoors: Monitoring the impact of Coronavirus and social distancing. *NatureScot Research Report No. 1252*. 2020.
- 24 Obesity Action Scotland 2020. *Lifestyles of People Since the Coronavirus Outbreak Summary Report (Public Poll commissioned by Obesity Action Scotland. May 2020)*
- 25 Sport England. COVID-19 Briefing: Exploring attitudes and behaviours in England during the COVID-19 pandemic. 2020. Available from: <https://indd.adobe.com/view/793b48d5-bbcd-4de3-a50f-11d241a506b3>
- 26 Dowler E. Food and Poverty in Britain: Rights and Responsibilities. In: Dowler E and Jones Finer C (editor). *Welfare of Food: Rights and Responsibilities in a Changing World*. Oxford: Wiley-Blackwell. 2003. Page 140–159
- 27 Local action in Scotland to tackle food insecurity during the coronavirus crisis – downloaded 27/11/2020. Available from: <https://povertyinequality.scot/wp-content/uploads/2020/06/Food-insecurity-SPIRU-final-report-June.pdf>
- 28 Mapping Organisations Responding to Food Insecurity in Scotland. 2020. Available from: <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2020/05/mapping-organisations-responding-food-insecurity-scotland/documents/mapping-organisations-responding-food-insecurity-scotland/mapping-organisations-responding-food-insecurity-scotland/govscot%3Adocument/mapping-organisations-responding-food-insecurity-scotland.pdf>
- 29 Highland Poverty Action Network, *Mapping of Community Food Providers in Highland*. October 2020.
- 30 ScotPHO Profiles 2017. Available from: https://scotland.shinyapps.io/ScotPHO_profiles_tool/
- 31 ASH. A Million People have Stopped Smoking since the COVID Pandemic hit Britain. 2020. Available from: <https://ash.org.uk/media-and-news/press-releases-media-and-news/pandemicmillion/>
- 32 Fire Scotland (2020). Make the call. Available from: <https://www.firescotland.gov.uk/your-safety/make-the-call.aspx>

- 33 Alcohol Focus Scotland. Scots report changing drinking patterns during coronavirus lockdown, 2020. Available from: <https://www.alcohol-focus-scotland.org.uk/news/scots-report-changing-drinking-patterns-during-coronavirus-lockdown/>
- 34 "Crisis and Resilience: The impact of a Global Pandemic on Domestic Abuse Survivor Service Providers in Scotland". Available from: <https://womensaid.scot/wp-content/uploads/2020/09/SWA-COVID-Report.pdf>
- 35 Voluntary Health Scotland. Impact of COVID-19 on Voluntary Health Organisations. April 2020. Available from: <https://vhscotland.org.uk/wp-content/uploads/2020/04/VHS-Briefing-impact-of-COVID-19-on-voluntary-health-organisations-March-2020.pdf>
- 36 McCartney G, Leyland A, Walsh D, Dundas R. Scaling COVID-19 against inequalities: should the policy response consistently match the mortality challenge? medRxiv 2020.05.04.20090761. DOI: <https://doi.org/10.1101/2020.05.04.20090761>
- 37 Paths for All (2020). Available from: <https://www.pathsforall.org.uk/at-story/sarah-wins-our-award-for-her-inspiring-path>
- 38 Scottish Government. Community Wealth Building. Available from: <https://www.gov.scot/policies/cities-regions/community-wealth-building/>

Chapter 3 - Alcohol and drugs

- 1 BBC. COVID in Scotland: 'I found myself pouring a glass of wine at 2pm'. Available from: <https://www.bbc.co.uk/news/uk-scotland-55259382>
- 2 Scottish Government. Ministerial letter Drug Deaths Taskforce: continuation of alcohol and drug services letter 16 April 2020 [online]. Available from: <https://www.gov.scot/publications/continuation-of-alcohol-and-drug-servicesletter-april-2020/>
- 3 Argyll and Bute Alcohol and Drug Partnership. Available from: <https://www.argyllandbuteadp.info/>
- 4 Highland Alcohol and Drug Partnership. Available from: <https://www.highland-adp.org.uk/>
- 5 Scottish Public Health Observatory. ScotPHO Online Profiles Tool v2.0 - alcohol-specific deaths. 2020. Available from: https://scotland.shinyapps.io/ScotPHO_profiles_tool/ [Accessed December 2020]
- 6 Scottish Public Health Observatory. ScotPHO Online Profiles Tool v2.0 - Drug-related deaths. 2020. Available from: https://scotland.shinyapps.io/ScotPHO_profiles_tool/ [Accessed December 2020]
- 7 Scottish Public Health Observatory. ScotPHO Online Profiles Tool v2.0 - Alcohol brief interventions (ABIs) delivered. 2020. Available from: https://scotland.shinyapps.io/ScotPHO_profiles_tool/ [Accessed December 2020]
- 8 Scottish Government. Drug and Alcohol Treatment Times Guarantee Target. Available from: <https://www.gov.scot/publications/nhsscotland-performance-against-ldp-standards/pages/drug-and-alcohol-treatment-waiting-times/>
- 9 Public Health Scotland. National drug and alcohol treatment waiting times. Available from: <https://beta.isdscotland.org/find-publications-and-data/lifestyle-and-behaviours/substance-use/national-drug-and-alcohol-treatment-waiting-times/>
- 10 Scottish Government. Coronavirus (COVID-19): domestic abuse and other forms of violence against women and girls during phase 3 of Scotland's route map (11 August – 11 October). Available from: <https://www.gov.scot/publications/coronavirus-covid-19-domestic-abuse-forms-violence-against-women-girls-during-phase-3-scotlands-route-map-11-august-11-october/>
- 11 Scottish Government. Rights, Respect and Recovery. 2018. Available from: <https://www.gov.scot/publications/rights-respect-recovery/>
- 12 Scottish Government. Alcohol Framework 2018: Preventing Harm. 2018. Available from: <https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/>
- 13 Public Health Scotland. Available from: <https://publichealthscotland.scot/>
- 14 Alcohol Focus Scotland. Available from: <https://www.alcohol-focus-scotland.org.uk/>
- 15 NHS Inform. Available from: <https://www.nhsinform.scot/>
- 16 Scottish Drugs Forum. Stigma and substance use. Available from: <http://www.sdf.org.uk/policy/stigma-and-substance-use/>
- 17 Highland Alcohol and Drug Partnership. Highland First Partner Pledge. Available from: <https://www.highland-adp.org.uk/>
- 18 Housing First. Available from: <https://homelessnetwork.scot/housing-first/>

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Notes

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Integration Joint Board

Agenda item:

Date of Meeting: 27 January 2021

Title of Report: Budget Monitoring as at 30 November 2020

Presented by: Judy Orr, Head of Finance and Transformation

The Board is asked to:

- Note the forecast outturn position for 2020-21 is a forecast overspend of £1.890m as at 30 November 2020 and that there is a year to date overspend of £67k 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. It includes the Covid funding via NHS Highland announced at end of September and November.

1. EXECUTIVE SUMMARY

- 1.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 30 November 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 £67k as at 30 November 2020 (an increase of £2k in the month). This consists of an overspend of £1.056m within Social Work delivered services and a year to date underspend of £989k within Health. The underspends are mainly where there has been reduced activity and spend due to suspension of some services, along with vacancies in Community & Hospital Services and Dental. 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 November. 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 November as these schemes have been extended. Overall the year to date position is still fluid as Covid funding allocations for Q3-Q4 will continue to be revised later in the year.
- 1.3 The forecast outturn position for 2020-21 is a forecast overspend of £1.890m (an improvement of £228k in the month). This consists of an overspend of

£1.879m within Social Work delivered services (improved by £231k since last month) and an overspend of £11k within Health (changed by £3k since last month).

- 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 are now increasing again in number, and we are continuing to pause day services. 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) and vaccination clinics across our area.
- 1.5 We have received approval in principle for these additional costs and eight tranches of funding have been announced for social work costs – totalling £2.079m. £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 £47.5k, the Primary care funding of £-45.3k and November allocation of £122.8k are still to be invoiced to NHS Highland. At the end of November funding for Q2-Q4 based on a combination of actuals and formula shares was updated and we have received a share of this based on the revised Quarter 2 return. We have been overfunded by £538k for Health which is affecting year to date figures, but not the forecast. We are now assuming that all expenditure on Covid costs are covered in full, along with shortages of income, however we have not assumed that funding will cover undelivered savings. The latest submission included a sensitivity analysis and it is now more probable that funding for undelivered savings will be forthcoming.

2. INTRODUCTION

- 2.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 30 November 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 November 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 £1.056m (2.4%) as at 30 November 2020 which is decreased by £20k in the month. Further information is provided within Appendix 1.
- 3.1.3 The largest overspend is £1.269m on Learning Disability due to service demand in supported living and residential care and due to non-delivery of savings where work paused due to Covid (£613k). The next biggest overspend is

Physical Disability £530k mainly due to supported living (up by £102k in month). The third biggest are of overspend is on Older People - £462k mostly due to non-delivery of savings where work paused due to Covid (£765k), but also due to increased demand for homecare which is offset by reduced spend on care home placements and transport, and over recovery of income. This has improved by £434k since last month offsetting all of the previous month's negative movement.

- 3.1.4 The main area of underspend is under Chief Officer (£801k) where we are capturing vacancy savings which are well above budget. Vacancy savings increased by £79k in the month to £830k. This cost centre is also used for Covid costs and related income, including for loss of income £160k. To the end of November the bulk of these costs (totalling £1.300m and all matched by income) were for Personal Protective Equipment (PPE) £175k, additional responder services £61k, and for supplier relief £718k 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 over 5.6m items of PPE free of charge to providers over the 35 weeks to 1 January. The hubs will now continue at least 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 now processed 72 contract variations to end of December totalling £779k.
- 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 November 2020 – Health

- 3.2.1 Within Health, there is a year to date underspend reported of £989k which is a decrease of £22k in the month. The previous month's movement was caused by the Covid funding announced at end of September which has been revised at end of November but this revision has not yet been reflected. This revision has seen our funding reduced by £538.34k (now based on actuals and previously on NRAC share) but this is not yet reflected in the year to date. We had flagged previously that our allocation was likely to decrease. We have taken a more cautious approach when estimating the forecast outturn and this explains the discrepancy between year to date and outturn for Health figures.
- 3.2.2 The underspend is primarily caused by Covid-19 related funding exceeding Covid related expenditure along with underspends due to suspension of services. This is offset in part by shortfalls against savings targets of c £1.2m year to date. There is also a shortfall in income from charges to other health boards, again largely due to the Covid-19 pandemic, and a small number of budget overspends arising from cost pressures.
- 3.2.3 The most prominent budget overspends are GP locum cover on Mull (till end of June only) and for Kintyre Medical Group, 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, locum radiography costs at MACHICC, TAVI procedures at Golden Jubilee, and unfunded pay costs for 3 displaced staff. There are also unfunded costs for one long stay in-patient in New Craigs and one in Fife and a private sector placement in England. 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 where these have now been fully offset by Covid funding, Budget Reserves (due to savings not being achieved) and Prescribing (savings not being achieved) in the areas described above. More detail is given at Appendix 1.

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

3.3.1 The forecast outturn position for Social Work for 2020-21 is a forecast overspend of £1.879m (2.4%), improved by £231k from last month's forecast. The main driver is a shortfall on savings delivery of £2.348m (see section 3.5 below), and overspends in the following areas due to demand pressures (totalling £3.347m):

- Homecare £522k
- Physical Disability supported living £706k
- Learning Disability supported living £814k
- Learning Disability Joint Residential £477k
- External residential placements for children £828k

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 underspend of £134k, improved by £196k in the month, driven mainly by an overspend on Looked After Children in residential placements of £851k, improved from last month by £72k as a result of one external placement ending. There was also an improvement in Adoption underspend because of a one-off payment of £54k for an external adoption placement. 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. The overspend on residential placements has been offset by underspends on adoption and fostering, staffing vacancies in the children & families area teams, and contact and welfare payments and criminal justice where costs were lower due to less contact because of Covid.

- 3.3.4 Chief Officer forecast positive variance is £1,815k reflecting some central provisions and unallocated sums held centrally, as well as forecast over-recovery of vacancy savings of £866k. This is a conservative forecast as we have a year to date variance of £751k. 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 further Covid 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 £2.079m has been allocated to us to date.
- 3.3.5 Adult Services overall is forecast to be overspent by £3.932m which has increased by £62k in the month. The biggest single area of Social Work overspend continues to be on Learning Disability (£2.205m – increased by £153k in month) where there has been a failure to deliver anticipated savings so far, along with higher than budgeted demand. The changes here relate to under recovery of income (offset by income from Covid under Chief Officer) and supported living service demand.
- 3.3.6 The next largest area of forecast overspend is Older People at £816k, (improved by £105k in month) mostly on home care £780k (savings and additional demand – improved by £142k in month due to use of cost and demand pressure contingency to meet saving) and Older People Other £787k (undelivered savings). We had expected homecare costs to reduce later this year in response to care home admissions returning to more normal pre-Covid levels, but we are not seeing this yet so the forecast has been adjusted accordingly. The next area of concern continues to be Physical Disability £831k - nearly all on supported living - mainly additional demand, but also some on the Integrated Equipment Store where planned savings have not been delivered.
- 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 funding for these has not yet been announced. Nearly all social work Covid costs are being funded on an actuals cost basis in the current funding allocation so the risk is restricted to the undelivered savings.

3.4 Forecast Outturn Position as at 30 November 2020 – Health

- 3.4.1 Within Health delivered services the forecast overspend is £11k overspend increased by £3k from last month's forecast of £8k, overall relatively unchanged. The assumption is that Covid costs and loss of income (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 £1.842m, some emerging cost pressures in Community & Hospital Services, offset by some underspends due to suspension of services. There are no significant movements from last month. More detail is given at Appendix 2.
- 3.4.2 The first tranche of funding in respect of the first quarter was 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). This was updated based on a revised Q2 submission at end of November based on actuals and not

NRAC shares and some overfunding for us has been noted but not yet withdrawn. However this has been allowed for in the forecast, but not in the year to dates as yet. 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. 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 November, £5.282m of the target £10.386m savings have been delivered, 51% of the total and this includes £529k delivered on a non-recurring basis. This has increased by £644k in the month. We are now forecasting to deliver £6.209m of the savings in total by the year end, 60% of the total, an increase of £138k 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 £2.348 which is improved by £124k in the month. This is after non-recurring savings of £115k.
- 3.5.3 The forecast outturn shortfall for Health is £1.842m after non-recurring savings and this is unchanged in the month. There is a 4 weekly cycle of regular meetings to review both Health & Social Work savings by Head of Service. Current progress on the unachieved savings is set out in the action tracker included at Appendix 3c.
- 3.5.4 It is clear that the failure to deliver on all savings (overall shortfall of £4.190m predicted) is the key driver in the forecast outturn overspend of £1.890m. 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 complete assurance that these costs will be met 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. However indications are now that we should receive some funding for these.

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

- 3.6.2 The above position was based on the financial forecast as at end of July. The forecast as at end of November is now improved by £1.098m and the outturn

for Health is expected to be around break even. An additional £529k of non-recurring savings are now forecast. Also the Covid loss of income claim is expected to be met in full and this is now reflected in the Social Work forecast. Further funding for social care of £122k has been announced. The Social care loss of income claim amounts to £403k as at end of November. In addition the claim for undelivered savings amounts to £4.190m.

- 3.6.3 In summary, progress of £1.098m against the financial recovery plan has been recognised in the updated forecast. There remains £1.9m to deliver by the end of the financial year. This is expected to be covered through Covid claims for undelivered savings, as well as through further improvements in savings delivery and additional offsetting underspends.

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 £1.890m as at 30 November 2020. This is expected to be improved by further 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 £4.190m 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 November 2020. The forecast outturn position for 2020-21 is a forecast overspend of £1.890m. £4.190m 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 November 2020
- Appendix 2 – Forecast Outturn for 2020-21 as at 30 November 2020
- Appendix 3a – Savings achieved and forecast as at 30 November 2020
- Appendix 3b – Unachieved savings only as at 30 November 2020
- Appendix 3c – Savings action tracker as at 30 November 2020

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

APPENDIX 1

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

For information:

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

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

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

Service	Actual £000	Budget £000	Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	1,668	2,469	801	32.4%	The YTD variance is due to the over-recovery of agreed vacancy savings (£830k) and over-recovery of charges to clients (£160k) which is a Covid-19 adjustment from Scottish Government funding to offset income loss elsewhere in the service. This is partially offset by slippage on the delivery of agreed efficiency savings (£184k) and overspends on software licences.
Service Development	228	230	2	0.9%	The YTD variance is outwith reporting criteria.
Looked After Children	4,475	4,388	(87)	(2.0%)	The YTD overspend is as a result of demand for residential placements (£384k) combined with slippage on savings (£15k) partially offset by YTD underspends on foster allowances and catering purchases in the hostels, as well as additional in year income for external adoption placements and from the Home Office for Unaccompanied Asylum Seeking Children.
Child Protection	1,602	1,868	266	14.2%	The YTD underspend reflects lower than expected demand for contact and welfare services as well as underspends on staffing costs (salaries and travel) in area teams.
Children with a Disability	467	502	35	7.0%	The YTD variance is outwith reporting criteria.
Criminal Justice	(10)	145	155	106.9%	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	1,515	1,545	30	1.9%	The YTD variance is outwith reporting criteria.
Older People	21,780	21,318	(462)	(2.2%)	The YTD overspend is mainly due to slippage on the delivery of agreed savings (£765k) offset by a YTD underspend on transport related expenditure and YTD over recovery of income in the HSCP care homes.
Physical Disability	2,040	1,510	(530)	(35.1%)	The YTD overspend is mainly due to demand driven overspends on third party payments in supported living, slippage on agreed savings (£19k), YTD overspend on equipment purchase in the integrated equipment store and lower than expected income from fees and charges.
Learning Disability	9,591	8,322	(1,269)	(15.2%)	The YTD overspend is due to service demand in supported living and residential care as well as slippage on agreed savings (£613k) and YTD slippage on income from clients partially offset by YTD underspends on respite.
Mental Health	1,447	1,433	(14)	(1.0%)	The YTD variance is outwith reporting criteria.
Adult Services Central Management Costs	344	361	17	4.7%	The YTD variance is outwith reporting criteria.
COUNCIL SERVICES TOTAL	45,147	44,091	(1,056)	(2.4%)	

Service	Actual £000	Budget £000	Variance £000	% Variance	Explanation
HEALTH SERVICES:					Explanation
Community & Hospital Services	37,991	38,706	715	1.8%	Vacancies and reduced non-pay spend due to suspension of services
Mental Health and Learning Disability	9,355	9,697	342	3.5%	Vacancies and reduced non-pay spend due to suspension of services
Children & Families Services	5,145	5,239	93	1.8%	Vacancies and reduced non-pay spend due to suspension of services
Commissioned Services - NHS GG&C - main SLA	43,593	43,727	133	0.3%	Reduction in cost per case activity during Covid first wave
Commissioned Services - Other Cmnty & Hosp Srvcs	2,583	2,550	(33)	(1.3%)	Higher than predicted activity for TAVI cardiac procedure at Golden Jubilee
General Medical Services	12,668	12,742	74	0.6%	Reduced spend due to Covid
Community and Salaried Dental Services	2,255	2,613	358	13.7%	Vacancies and reduced non-pay spend due to suspension of services
Other Primary Care Services	7,327	7,327	0	0.0%	Outwith reporting criteria.
Prescribing	12,986	12,782	(204)	(1.6%)	Prudent accrual assuming non achievement of saving target
Public Health	1,065	1,213	148	12.2%	Vacancies
Lead Nurse	1,402	1,455	53	3.7%	Vacancies and reduced non-pay spend due to suspension of services
Management Service	1,795	1,834	39	2.1%	Outwith reporting criteria.
Planning & Performance	1,354	1,244	(110)	(8.8%)	Savings targets not being achieved
Budget Reserves	0	(441)	(441)		Savings targets not being achieved
Income	(973)	(1,106)	(133)	(12.0%)	Non achievement of savings target due to impact of covid on out of area treatments
Estates	5,294	5,247	(47)	(0.9%)	Displaced staff costs and risk of savings targets not being achieved
HEALTH SERVICES TOTAL	143,840	144,830	989	0.7%	
GRAND TOTAL	188,987	188,921	(67)	0.0%	

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP
REVENUE BUDGET MONITORING FORECAST OUTTURN - AS AT 30 NOV 2020

APPENDIX 2

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

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	3,988	2,077	1,911	47.9%	The forecast underspend reflects unallocated demand pressures for Young Adults, underspends against centrally held contingency funding and over-recovery of vacancy savings (£932k). It also includes Covid-19 funding to adjust for lost income from clients as a result of changes to services during the on-going pandemic (offsetting under-recovery of income can be seen across other
Service Development	394	386	8	2.0%	The forecast variance is outwith reporting criteria.
Looked After Children	6,997	7,403	(406)	(5.8%)	The forecast overspend arises due to demand for external residential placements (£828k) and slippage on agreed savings (£22k) partially offset by underspends in fostering and supporting young people leaving care arising due to lower than budgeted service demand as well as adoption from in year additional income for external placements (£86k).
Child Protection	3,153	2,885	268	8.5%	The forecast underspend arises mainly due to lower than anticipated service demand for contact and welfare services as well as staffing and travel underspends in the area teams.
Children with a Disability	825	810	15	1.8%	The forecast variance is outwith reporting criteria.
Criminal Justice	154	(30)	184	119.5%	The forecast underspend arises due to staff vacancies and related reduced staff travel expenses as well as underspends on payments to other bodies, computer software, rent and utilities.
Children and Families Central Management Costs	2,711	2,638	73	2.7%	The forecast underspend arises due to underspends on payments to other bodies within service
Older People	35,674	36,490	(816)	(2.3%)	The forecast overspend reflects higher than budgeted demand for homecare and slippage on agreed savings (£1.072m). 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	2,437	3,269	(832)	(34.1%)	The forecast overspend reflects higher than budgeted demand for supported living (£706k), higher than budgeted purchasing in the integrated equipment service (£111k) and slippage on agreed savings (£28k) in supported living. This is offset slightly by a forecast underspend (£9k) in the residential care budget, underspend in the sensory impairment service (£5k) and other minor underspends across the service.
Learning Disability	14,750	16,954	(2,204)	(14.9%)	The forecast overspend reflects higher than budgeted demand for services in supported living and residential placements as well as slippage on agreed savings (£861k) and under-recovery of
Mental Health	2,760	2,779	(19)	(0.7%)	The forecast variance is outwith reporting criteria.

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
Adult Services Central Management Costs	494	555	(61)	(12.3%)	The forecast overspend is mainly due to estimated slippage on the delivery of agreed savings (£87k) offset slightly by various minor underspends on payments to other bodies within the appropriate adult budget, transport related expenditure, supplies and services and a minor forecast over-recovery of income for staff costs recharged to Health.
COUNCIL SERVICES TOTAL	74,337	76,216	(1,879)	(2.5%)	
HEALTH SERVICES:					Explanation
Community & Hospital Services	56,890	56,150	740	1.3%	Vacancies and reduced non-pay spend due to suspension of services
Mental Health and Learning Disability	14,524	14,309	215	1.5%	Vacancies and reduced non-pay spend due to suspension of services
Children & Families Services	7,858	7,783	75	1.0%	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 Cmnty & Hosp Srvc	3,817	3,900	(83)	(2.2%)	Higher than predicted activity for TAVI cardiac procedure at Golden Jubilee
General Medical Services	19,337	19,269	68	0.4%	Impact of Covid on cost of services
Community and Salaried Dental Services	3,880	3,428	452	11.7%	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	19,711	(350)	(1.8%)	Savings targets not being achieved
Public Health	1,810	1,668	142	7.8%	Vacancies and reduced non-pay spend due to suspension of services
Lead Nurse	1,959	1,921	38	1.9%	Vacancies and reduced non-pay spend due to suspension of services
Management Service	2,749	2,747	2	0.1%	Outwith reporting criteria.
Planning & Performance	2,026	2,226	(200)	(9.9%)	Risk of savings targets not being achieved
Budget Reserves	3,581	4,243	(662)	(18.5%)	Risk of savings targets not being achieved
Income	(1,689)	(1,349)	(340)	20.1%	Reduced cost per case in-patient treatments and non achievement of savings
Estates	8,164	8,272	(108)	(1.3%)	Displaced staff costs and risk of savings targets not being achieved
HEALTH SERVICES TOTAL	220,262	220,273	(11)	(0.0%)	
GRAND TOTAL	294,599	296,489	(1,890)	(0.6%)	

Appendix 3 (a)

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2020/21

Ref.	Savings Description	Manager	Target £' 000	Year to 30 Nov 2020			Full Year Forecast				
				Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved		
1819-7	Thomson Court	Jane Williams	10	0	10	0%	0	10	0%	Declared on N/R basis M7	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	150	0	100%	150	0	100%	£54k declared M8 and forecast increased by £54k also	C&F
1819-18	Review provision of HSCP care homes	Caroline Cherry	99	0	99	0%	0	99	0%	Declared on N/R basis M7	Adult
1819-19	Review and Redesign of Physical Disability Services	Jim Littlejohn	28	0	28	0%	0	28	0%	Forecast reduced to £0	MH&LD
1819-19	Review and Redesign of Learning Disability Services - Sleepovers and Technology Argyll Wide	Jim Littlejohn	299	0	299	0%	5	294	2%	Forecast reduced to £5k M8	MH&LD
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Mid Argyll	Jim Littlejohn	40	6	34	16%	6	34	15%	Partially declared M8	MH&LD
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Kinlyre	Jim Littlejohn	29	0	29	0%	4	25	15%	15% assumed	MH&LD
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Lorn	Jim Littlejohn	69	17	52	24%	17	52	24%	Partially declared M8	MH&LD
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Bute	Jim Littlejohn	9	9	0	100%	9	0	100%	Fully declared M8	MH&LD
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Cowal	Jim Littlejohn	60	30	30	50%	30	30	50%	Partially declared M8	MH&LD
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Helensburgh	Jim Littlejohn	69	46	24	66%	46	24	66%	Partially declared M8	MH&LD
1819-19	Review and Redesign of Learning Disability Rothesay Resource Centre	Jane Williams	14	0	14	0%	0	14	0%	Forecast reduced to £0	adult/MH
1819-19	Review and Redesign of Learning Disability Assist Cowal Resource Centre	Jane Williams	30	0	30	0%	0	30	0%	Forecast reduced to £0	adult/MH
1819-19	Review of Ext Residential Learning Disability Placements	Jim Littlejohn	194	11	183	6%	29	165	15%	£11k declared M8	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	155	57	73%	155	57	73%	£155k declared M8 and forecast increased by £123k	adult/MH
1819-31	Integrate HSCP Admin, digital Tech and Central ApPOINT System	Patricia Renfrew/ Kirsteen Larkin	104	0	104	0%	0	104	0%	Forecast reduced to £0	corp
1819-33	Catering, Cleaning and other Ancillary Services	Tricia / Jayne Jones / Caroline Cherry	70	0	70	0%	0	70	0%	Forecast reduced to £0	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%	0	33	0%	Forecast reduced to £0	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%	0	102	0%	Forecast reduced to £0	corp
1920-40	Implement best practice approaches for care at home and re-ablement across all areas following Bute pilot	Caroline Cherry/ G McCreedy	300	0	300	0%	75	225	25%	Forecast reduced to £75k	Adult
1920-41	Extend use of external home care transferring hours as gaps occur	Donald Watt	33	0	33	0%	0	33	0%	Forecast reduced to £0	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%	0	87	0%	Forecast reduced to £0	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 Brown Court in line with Lorne Campbell Court structure	Donald Watt	28	0	28	0%	0	28	0%	Forecast reduced to £0	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%	0	85	0%	Forecast reduced to £0	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%	0	200	0%	Forecast reduced to £0	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	250	0	100%	250	0	100%	Fully declared M8 from cost pressure contingency	Adult
2021-32	Review housing support services and remove where not required for LD and PD clients	Julie Lusk	181	6	175	3%	29	152	16%	£6k declared M8 and forecast reduced	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 (\$30110...) (running above budget)	Caroline Cherry/David Forshaw	25	25	0	100%	25	0	100%		Adult
2021-35	Carers support (\$30091..)	Caroline Cherry/David Forshaw	150	150	0	100%	150	0	100%		Adult
2021-36	Respite Care (HQ) (\$30090..) - 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) (\$300500..)	Julie Lusk/David Forshaw	25	25	0	100%	25	0	100%		MH&LD
2021-38	Development & flex budgets not currently utilised (MAKI / B&C) (\$300930..)	Caroline Cherry	10	10	0	100%	10	0	100%		Adult
2021-39	Progressive Care Mull additional income (\$3008002..)	Caroline Cherry/David Forshaw	10	10	0	100%	10	0	100%		Adult
2021-40	Resource Release - budget not use (\$300351..)	Caroline Cherry/David Forshaw	6	6	0	100%	6	0	100%		Adult
2021-41	Telecare - additional income above budget (\$300330)	Stephen Whiston/David Forshaw	80	80	0	100%	80	0	100%		corp

Ref.	Savings Description	Manager	Target £' 000	Year to 30 Nov 2020			Full Year Forecast			
				Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved	
2021-42a	Integrated equipment store - increased consistency in prescribing	Julie Lusk/Jim Littlejohn	80	80	0	100%	80	0	100%	MH&LD
2021-42b	Integrated equipment store - restriction in range of catalogue items to aid re-use and improved procurement; remove items supported priority 3 and 4 needs (bathing assessments/equipmnet)	Julie Lusk/Jim Littlejohn	20	20	0	100%	20	0	100%	
2021-43	Sensory impairment -See/Hear monies underspent	Julie Lusk	10	10	0	100%	10	0	100%	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	Patricia Renfrew/Kirsteen Larkin	93	0	93	0%	93	0	100%	
2021-12	Staffing review to include workload analysis and risk assessment (possible saving of 3 social worker posts (H&L/B&C/OLI) 2 para professional (T&AC))	Patricia Renfrew	246	246	0	100%	246	0	100%	C&F
2021-46	Improved rostering of staff for school hostels	Patricia Renfrew	50	44	6	88%	44	6	88%	£6k declared on N/R basis M8
2021-47	Review of catering arrangements at Dunclutha and East King Street	Patricia Renfrew	23	23	0	100%	23	0	100%	C&F
2021-48	Redesign Emergency Social Work service - shift to contracted hours	Patricia Renfrew/Brian Reid	100	100	0	100%	100	0	100%	
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%	
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 5000000000.40300	Joanna Macdonald/David Forshaw	180	180	0	100%	180	0	100%	corp
Totals			5,453	2,764	2,688	51%	2,990	2,463	55%	

ARGYLL & BUTE HEALTH SAVINGS PLAN 2020/21

Ref.	Savings Description	Manager	Target £' 000	Year to 30 Nov 2020			Full Year Forecast			
				Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved	
1819-4	Closure of West House / Argyll & Bute Hospital site	David Ross	20	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	50	0	100%	50	0	100%	£13k declared M8
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 McGrovy	54	0	54	0%	0	54	0%	corp
1920-4	Review of Service Contracts	Judy Orr	86	4	82	5%	36	50	42%	corp
1920-8	GP Prescribing	Fiona Thomson	500	76	424	15%	145	355	29%	£9.5k declared M8
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%	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%	0	150	0%	Forecast reduced to £0 and declared non-recurring
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%	Adult
2021-1	Mental Health redesign of dementia services (excludes commissioned services)	Caroline Cherry	200	0	200	0%	0	200	0%	Declared non-recurring instead
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	46	94	33%	71	69	51%	£45.6k declared M7. Forecast increased by £1k
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
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

Ref.	Savings Description	Manager	Target £' 000	Year to 30 Nov 2020			Full Year Forecast				
				Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved		
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%	0	60	0%	Forecast reduced to £0 as contract not varied	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	200	0	100%	200	0	100%	£67k declared M7, £16.8k M8	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	20	0	100%	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	1,989	2,945	40%	2,691	2,242	55%		
Non Recurring Savings - Social Work											
1819-7	Thomson Court	Jane Williams	0	10	(10)		10	(10)		£10k declared M7	
1819-18	Review provision of HSCP care homes	Caroline Cherry	0	99	(99)		99	(99)		£99k declared M7	
2021-46	Improved rostering of staff for school hostels	Patricia Renfrew	0	6	(6)		6	(6)		£6k declared M8	
Non Recurring Savings - Health											
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	54	(40)		54	(40)		£27k declared M2 £13k declared M7, £14k M8	corp
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
1920-35	Bed reduction savings : Dunoon	Jane Williams	0	120	(120)		120	(120)		£120k declared M7	
Totals			0	529	(515)		529	(515)			
ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2020/21			10,386	5,282	5,118	51%	6,209	4,190	60%		

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Appendix 3 (b)

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2020/21

Ref.	Savings Description	Manager	Year to 30 Nov 2020				Full Year Forecast		
			Target £' 000	Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved
1819-7	Thomson Court	Jane Williams	10	0	10	0%	0	10	0%
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%
1819-18	Review provision of HSCP care homes	Caroline Cherry	99	0	99	0%	0	99	0%
1819-19	Review and Redesign of Physical Disability Services	Jim Littlejohn	28	0	28	0%	0	28	0%
1819-19	Review and Redesign of Learning Disability Services - Sleepovers and Technology Argyll Wide	Jim Littlejohn	299	0	299	0%	5	294	2%
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Mid Argyll	Jim Littlejohn	40	6	34	16%	6	34	15%
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Kintyre	Jim Littlejohn	29	0	29	0%	4	25	15%
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Lorn	Jim Littlejohn	69	17	52	24%	17	52	24%
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Cowal	Jim Littlejohn	60	30	30	50%	30	30	50%
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Helensburgh	Jim Littlejohn	69	46	24	66%	46	24	66%
1819-19	Review and Redesign of Learning Disability Rothesay Resource Centre	Jane Williams	14	0	14	0%	0	14	0%
1819-19	Review and Redesign of Learning Disability Assist Cowal Resource Centre	Jane Williams	30	0	30	0%	0	30	0%
1819-19	Review of Ext Residential Learning Disability Placements	Jim Littlejohn	194	11	183	6%	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	155	57	73%	155	57	73%
1819-31	Integrate HSCP Admin, digital Tech and Central ApPOINT System	Patricia Renfrew/ Kirsteen Larkin	104	0	104	0%	0	104	0%
1819-33	Catering, Cleaning and other Ancillary Services	Tricia / Jayne Jones / Caroline Cherry	70	0	70	0%	0	70	0%
1819-42	Contract Management reducing payments to Commissioned External providers	Stephen Whiston	33	0	33	0%	0	33	0%
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%	0	102	0%
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%	75	225	25%
1920-41	Extend use of external home care transferring hours as gaps occur	Donald Watt	33	0	33	0%	0	33	0%
1920-43	Cap on overtime	Donald Watt	87	0	87	0%	0	87	0%
1920-45	Planned changes in staffing for Bowman Court in line with Lorne Campbell Court structure	Caroline Cherry / Donald Watt	28	0	28	0%	0	28	0%
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%	0	85	0%
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%	0	200	0%
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%
2021-32	Review housing support services and remove where not required for LD and PD clients	Julie Lusk	181	6	175	3%	29	152	16%

Ref.	Savings Description	Manager	Year to 30 Nov 2020				Full Year Forecast		
			Target £' 000	Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved
2021-10	Transformation of Social Work admin increasing use of technology and integration with NHS admin services - savings not yet quantified	Patricia Renfrew/Kirsteen Larkin	93	0	93	0%	93	0	100%
2021-46	Improved rostering of staff for school hostels	Patricia Renfrew	50	44	6	88%	44	6	88%
Totals			3,182	493	2,688	16%	719	2,463	23%

ARGYLL & BUTE HEALTH SAVINGS PLAN 2020/21

Ref.	Savings Description	Manager	Year to 30 Nov 2020				Full Year Forecast		
			Target £' 000	Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved
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	76	424	15%	145	355	29%
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%	0	150	0%
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	46	94	33%	71	69	51%
2021-4a	Admin & clerical general productivity / efficiency enhancement via shift to digital working in 2020/21 and 2021/22	Stephen Whiston	100	0	100	0%	0	100	0%
2021-4b	Right size admin budgets Mid Argyll and LIH	Caroline Cherry	45	0	45	0%	0	45	0%
2021-13	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%	0	60	0%
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 Dregghorn/Kristin Gillies	50	0	50	0%	50	0	100%
2021-19	Redesign of hotel services to reflect reduction in inpatient numbers	Caroline Cherry	99	0	99	0%	50	49	51%
2021-20	Centralised booking of medical records - reduction in admin costs	Stephen Whiston	97	0	97	0%	0	97	0%
2021-23	Catering & domestic - spending below budgets	Caroline Cherry	80	25	55	31%	55	25	69%
2021-25	Near Me Mental Health project - savings on travel	John Dregghorn/Kristin Gillies	10	0	10	0%	10	0	100%
2021-29	Dunoon Gum clinic - underspend	Caroline Cherry	20	0	20	0%	0	20	0%

Ref.	Savings Description	Manager	Year to 30 Nov 2020				Full Year Forecast		
			Target £' 000	Achieved £' 000	Unachieved £' 000	% Achieved	Achievement £' 000	Shortfall £' 000	% Achieved
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
2021-63	Estate Rationalisation (£50k provision in Investment Fund to be used only on a spend to save basis)	Elizabeth Higgins	50	0	50	0%	0	50	0%
2021-68	Forensic billing review of utilities - water	Joanna MacDonald	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)	David Ross	50	0	50	0%	0	50	0%
2021-66	Community dental practices	Rebecca Heliwell	25	5	20	20%	5	20	20%
	Totals	Donald MacFarlane	3,146	202	2,944	6%	904	2,242	29%
ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2020/21			6,328	695	5,633	11%	1,623	4,705	26%

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ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2020/21

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Forecast £'000	Actions completed to 30 November 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/ 2021-30	Development of Core & Cluster Models and Repatriation of Out of Area Placements	Jim Littlejohn	543	11	42	SIO now appointed. Service Manager with a focus on this portfolio appointed. Fyne View planning as 3 person site progressing with target to have 3 tenants by end of financial year (first mid Feb). 3 persons now planned for Campbell St facility, and 4th still to be identified as earlier SU has refused. £27k saving achieved following move of 4th tenant to waterfront in June 2020 Just Checking licences extended f.o.c.	Waterfront - MM due to move before Xmas, awaiting care assessment before saving can be quantified Campbell St - proposed 4th tenant - Need to revisit alternative service users Fyneview - Subgroup meeting to progress proposed service users, proc process and HMO requirements - expect end of year before 3 people move in. Dunbeg Development – 2 su's identified for share. Property due to be completed Dec/Jan. Continuing discussions with contractor for Helensburgh Golf course new build - 2 @ 2 bed plus 1 3 bed bungalows. Although unlikely that this will be available in the next 12 months due to building delays Sleepover pilot – 4 x su's (2x Oban and 2 x Bute) identified, with care managers discussing implementation of Just Checking with remaining su's in Helensburgh.	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	155	155	Looking at the redesign of day services across LD, 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. No vacancies being filled on permanent basis as services paused - £64k vacancy savings ytd and savings from bank/sessional staff of c £74k Successful application with ihub Collab for Review of LD Day Services - project team formed and first session end of Oct	Overall plan for day services to be developed. May then split savings target between Older Adults and LD services - ELT to consider and give direction 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. Progress with ihub collaborative re future delivery of LD Day Services	Re- assess feasibility of having shared managers	Changes in management has meant lack of clear direction so now being re-scoped	Not yet identified
1819-19 / 2021-32	Review of LD Care Packages A&B wide (overall target split equally across 4 localities)	Jim Littlejohn	449	105	132	General package reductions have been achieved to date totalling approx £112k Forecasted Savings now £248k : Reduction in 22 x 1:1 hours for res placement 2 x services at Daldorch moving from res to SL accommodation 1 x package moving to south lan under ordinary residence CRG process now agreed including for MH/LD - to be approved by SLT in Jan - will assist with equity and budgetary control	Progress Sleepover pilot - 2 x Oban(1 is PD), 2 x Bute identified. Generic letter required to be developed for remaining su's in Helensburgh. Ongoing care reviews, in line with ending of provider sustainability payments 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 To discuss levels of care that can be provided with IJB	maximise savings	Impact of covid has reduced review frequency alongside provider sustainability payments	
1819- 8/22/46	Adult Care West - Restructure of Community Teams (SW & Health) and adopt a single community team approach to undertaking assessment and care management	Caroline Cherry / G Mc Cready	412	0	0	SIO appointed. Info on all teams in scope collated. Terms of reference for SLWG drafted and members identified. CRG process has been established and rolled out to Area Managers - to be approved by SLT 6 Jan. This should ensure standardisation of care packages, ensuring budget monitoring through the CRG process and that reviews start to be undertaken within timescales set. First Community Teams sub group has taken place. Information on staffing has been collated.	Working towards single vision for all teams working with Older People. Working with chair (Finola Owen) and co-chair to clarify priorities.	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

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Forecast £'000	Actions completed to 30 November 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
1920-40	Implement best practice approaches for care at home	G McCready / Caroline Cherry	300	0	75	SIO appointed. Scrutiny of block contracts has been started to identify areas of down time. Final agreement for the Tighnabraich run has enabled the block to be reduced from 82.5 hours per week to 50 hours per week. This should result in a saving of approx. £7k this year and a full year saving of around £33k. Progressing savings on 3 Oban blocks but delayed due to provider staff shortages. 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: - CRGs to meet regularly - Area Managers to chair. - Standardise Care at Home across Argyll & Bute. - HCPOs to do 4-6 week monitoring visits for all new cases with immediate effect - recruit in Oban area to reduce staff travel.	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
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. No vacancies in childrens houses. 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. Continue consultation with Perth & Kinross who have transformed - draft clear proposal for December Board meeting 2-4 year plan. Going to Jan SLT	The Core and Cluster Model has a role in providing a step down provision for care experienced young people on their path to independence.	Because Core and Cluster is addressing under capacity in the wider system.	The need for both external and internal placements has grown over the past six months and is projected to grow further. All appropriate measure are being taken to care for and support our young people in Argyll and Bute. These developments should be taken as cautionary because the equilibrium of the wider system is presently out of balance.
2021-5 & 1920-45	Bring staffing within ECCT teams and Mull Progressive Care Centre into line with best practice elsewhere	Caroline Cherry / Louise Beattie / Donald Watt / Piers Massey	113	0	0	MG made presentation to SLT on 18 December and direction agreed. Paused due to Covid, and now staff sickness. LB has drafted proposal including options appraisal and with DW for review. To include option from Piers for covering hospital at night. Working group established and Terms of Reference drafted	Mull and LCC are two different models and both need to be assessed. Work to be scoped by KB/DW and paper brought to next meeting.	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	0	Work re-started in October. SW has established a programme board covering admin and related savings with support from LB & JD. The 1st meeting would be on 19 Nov and every 4 weeks thereafter. The ELT paper from March 2020 outlined the 9 areas of work that will be covered by the programme board.	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. First meeting on 19 Nov.	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	0	Matchings carried out with staff affected. New structure went live at end of September. Remaining vacancies advertised - 2 area manager posts still to be recruited to.	Shortfall expected - current estimate only £60k recurrent. To assess related vacancy savings as a non-recurrent saving as still some vacant posts. To finalise once all posts recruited to.	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	0	The original plan was not progressed. Now focussing on an efficiency review. Currently under spend on these budgets and saving declared on non-recurring basis due to extra income.	To consider recurring options	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 Civa. The adult services part is delayed. KL has been awaiting meetings with CC to progress and approve	expected to deliver savings in full	Forecast not yet updated	expected to deliver savings in full

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Forecast £'000	Actions completed to 30 November 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
1920-43	Cap on overtime CAH internal service	Donald Watt	87	0	0	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. Additional bank staff being recruited in Mid Argyll. Whilst overtime is lower than last year, it is still above budget, so no saving.	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.	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	0	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. Revised paper going to Dec SLT for approval to appoint a programme manager - being supported by David Bedwell (NHS-H) On-going grip and control for all purchases.	GM meeting with David McKay to discuss who will lead. Potential need to recruit to HSCP catering lead officer post. Meeting with NHS-H arranged. To progress desk top review of Eader Glinn / LIH catering and review lunch clubs in light of savings proposed. SLT decision in December re roles	Possible savings from rationalisation of catering services across the Council and the HSCP.	Progress on shared services has been slower than anticipated.	Confident that these savings will be delivered longer term.
2021-46	Improved rostering of staff for school hostels	Tricia Renfrew	50	44	44	£44k declared M7. £6k declared on non-recurring basis.	Look for further recurrent 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	0	Contract & Demand Management Officer started on 30 November. list of contracts for review collated.	JO setting up induction meetings	SLAs review completed and cost profile for 2020/21 agreed	Delays in reviewing SLA, and difficulties anticipated in reducing costs due to notice periods etc.	Full year effect will be received in 2021/22.
1920-41	Extend use of external home care transferring hours as gaps occur	Donald Watt	33	0	0	Both Kintyre and Mid Argyll have this direction to externalise where possible any new packages. However increases made to contracted hours by HR which now removes this flexibility to change.	To review governance around changes to contracted hours as not approved by Head of Service.	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	0	One SU identified as part of sleepover pilot. Sleepover package approx £38k p/a Responsibility for PD clarified - Jlu/Jli for all under 65 years, CCh for over 65s	Progress Sleepover pilot. Continue review of IES where there are overspends	Resume redesign work supporting new HoS lead as per Transforming together objectives	Work not commenced	Not yet identified
Totals			3,182	493	719					

ARGYLL & BUTE HEALTH SAVINGS PLAN 2020/21

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Forecast £'000	Actions completed to 30 November 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	76	145	3 months pause due to Covid. No drugs coming off patent. Introduction of Pharmacy First may see increase in costs. Split into 8 schemes all in delivery. Fewer alternative medicines being approved so less opportunities this year.	Continue to work closely with North Highland workstream. Significantly shortfall now expected. May be able to identify a non-recurring saving on prescriptions 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. Still working on disentangling G&C from C19 related underspends. To complete for January meeting	maximise savings	Covid-19 and reduction in capacity	Not yet identified

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Forecast £'000	Actions completed to 30 November 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
2021-2/19/23; 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. Revised paper going to Dec SLT for approval to appoint a programme manager - being supported by David Bedwell (NHS-H) On-going grip and control for all purchases.	GM meeting with David McKay to discuss who will lead. Potential need to recruit to HSCP catering lead officer post. Meeting with NHS-H arranged. To progress desk top review of Eader Glinn / LIH catering and review lunch clubs in light of savings proposed. SLT decision in December re roles	Possible savings from rationalisation of catering services across the Council and the HSCP.	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. New structure went live at end of September. Remaining vacancies advertised - 2 area manager posts still to be recruited to.	Shortfall expected - current estimate only £60k recurrent. To assess related vacancy savings as a non-recurrent saving as still some vacant posts. To finalise once all posts recruited to.	Implementation now to be 30 September	Delay in progressing restructuring due to extended consultation process	Indicated vacancy savings as recruitment to vacant posts over the course of the year has been put on hold.
2021-1	Mental Health redesign of dementia services (excludes commissioned services)	Caroline Cherry	200	0	0	Temporary close of Knapdale and use of Fyne View - all patients now moved on. 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. Working on staff redeployment - can't decalre saving until all staff redeployed.	Declared 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
2021-58	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. Will keep on plan for next year delivery	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. Work re-started in October. SW has established a programme board covering admin and related savings with support from LB & JD. The 1st meeting would be on 19 Nov and every 4 weeks thereafter. The ELT paper from March 2020 outlined the 9 areas of work that will be covered by the programme board.	The 1st meeting would be on 19 Nov 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 haematology posts Nursing establishments reviewed. All budget lines reviewed	S paper is going to SLG in January on re-design of the medical unit. £40k will be declared in M09 from Ward B nursing savings and Lab staffing (Band 6 micro-biology post - £10k) £14k from cardio-physiology post will not now be achieved due to increased workload as a result of new guidelines	Increase in savings	Theatre utilisation group across 4 acute Hospitals being led By D Jones. This may increase activity. Unlikely this financial year to declare any further staffing cuts. Not yet been able to identify sufficient staffing savings to meet target. HDU staffing review and audit of dependency levels. Establishment not agreed as yet for ward B.	A review of ECG service to be carried out to identify potential savings. Ward establishment settings to be confirmed and report completed. This has been slightly delayed due to Covid 19.

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Forecast £'000	Actions completed to 30 November 2020	Actions planned for next 4 weeks	What planned actions will achieve	Why there is a forecast shortfall in the saving?	What are we doing to recover from forecast shortfall
1920-35	Bed reduction savings : Dunoon	Finola Owen	150	0	0	Bed modelling ongoing with planning. £120k non-recurring saving declared last year and this year. Currently operating from one ward but need to maintain 2nd ward in case of Covid resurgence.	Workforce planning taking place with Lead Nurse - Finola Owen pulling together a report for next meeting. Currently only able to have 3 beds in 4 bedded side wards for social distancing and consider how to meet mixed sex standards - 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	46	71	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 £24k saving would be declared in M9, but the balance may be non-recurrent. Workforce reviews won't now complete till March/April so any pays savings will be non-recurring for 20/21 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. Capital works approved at Asset Management Board for reconfiguraion of space in hospital to allow 2 GP practices to move in - first step towards redesign of service	Discuss with local GP practices alternative ways of filling gaps in rota. 2 local GP practices keen to move into hospital. 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
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	Still to quantify savings being achieved as awaiting up to date activity reports from NHS GG&C, delayed as staff diverted to support frontline. JD to draft PID	Updated forecast	Covid-19	N/A
1920-4	Review of Service Contracts	Judy Orr	86	4	36	Contract & Demand Management Officer post now offered and due to start on 30 November.	GM and SW pulling together list of contracts for review. JO setting up induction meetings	SLAs review completed and cost profile for 2020/21 agreed	Delays in reviewing SLA, and difficulties anticipated in reducing costs due to notice periods etc.	Full year effect will be received in 2021/22.
2021-15	Investment fund savings - reduce spend on Care & repair by £60k originally funded as short term investment	J Littlejohn/C Cherry	60	0	0	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 reported that saving cannot be delivered at this time as it needs whole system change. 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	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 - planned for mid November meeting. Finalising quotes to get EV chargers installed in all sites later this year.	Paused due to Covid	Covid-19	Not yet identified
1920-3	Health Promotion Discretionary Budgets	Alison McGrory	54	0	0	SLA ended September. This is currently a non recurrent saving as based on staff member's secondment to GG&C. Possible additional NR saving resulting from a post holder being temporarily redeployed for 3 months to work on pan Highland Covid-19 related project work	assess alternative savings as SLA is unlikely to be extended further. Ensure costs are included in the Covid costs by the finance team	Update forecast	Expected staff member to be made permanent	Not yet identified
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 - delayed as KR off work	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 budget so should be achievable, but no work underway	No update - Head of Estates now retired and being replaced. Allocation needed for Lorn Resource Centre but no savings expected from this.	expect to deliver in full	Covid-19	N/A

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Forecast £'000	Actions completed to 30 November 2020	Actions planned for next 4 weeks	What planned actions will achieve	Why there is a forecast shortfall in the saving?	What are we doing to recover from forecast shortfall
2021-64	Review of Forensic Medical Examiner Costs - particularly Bute & Cowal and Out of hours costs (full year saving may only be available in 2021/22)	Rebecca Heliwell & George Morrison	50	0	0	Contracts costs and end dates collated showing wide variation in costs and low usage. SW has indicated to practices that he expects contracts to be rolled forward to 31 March 2022 which would mean any savings from changed practices would be deferred for further year.	Review possibility of using NearMe to deliver service from a possible new pan Highland remote service delivered in-house following changes in requirements for taking of bloods by doctors. JD to follow this up through PMO with A Ennis & G Barron	Paused due to Covid	Covid-19	Not yet identified
2021-4b	Right size admin budgets Mid Argyll and LIH	Caroline Cherry	45	0	0	Underspend 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	5	£5k declared in m3. £20k non-recurrent savings due to vacancy declared 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. Potential savings from the maintenance of dental decontamination units being brought in house. This will be taken forward once the new estates manager is appointed	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
2021-54	Printer rationalisation and centralisation of GP servers	Stephen Morrow	17	10	17	Savings to date £10K from printer rationalisation.	Still to progress Mull server rationalisation. Expecting this to be achieved in full - work has been carried out.	expect to deliver in full	Covid-19	N/A
2021-25	Near Me Mental Health project - savings on travel	Stephen Whiston	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		John	3,146	202	904					

ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2020/21

6,328 695 1,623



Integration Joint Board

Agenda item:

Date of Meeting: 27 January 2021

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 COVID-19 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. All funding is being routed via NHS Highland and announcements to date total £9.097m. A small amount (£57.5k) re Chief Social Work Officer funding has still to be distributed. Two amounts of funding (GP allocation and Scottish Living Wage) are being excluded from our COVID-19 cost returns – in total £598k – and so are not reflected in the analysis below. Looking solely at the allocations from our regular COVID-19 returns, based on the latest return as at 15 January 2021, we have claimed £11.284m and received funding of £9.086m leaving a balance of £2.198m to be funded.
- 1.3 We are expecting funding to be further revised in January based on our latest return submitted on 30 November.
- 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.

- 1.5 This report is based on the draft return for quarter 3 as at 15 January with details of actuals for first 9 months. Scottish Government are reviewing returns on a quarterly basis. A further funding announcement is expected later 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 epidemiology briefing dated 14 January 2021 shows that we have had 60 new cases in Argyll and Bute in the 7 days to 10 January, 9 fewer than the previous week. By Argyll and Bute locality area, Helensburgh and Lomond had the highest number of cases (26), in week ending 10th January, followed by Cowal and Bute (21). The test positive rate, over 7 days to 10th January, was 3.4%, a decrease from the previous 7 days. Rates of cases, per 100,000 population, in Argyll and Bute as a whole remain low compared to neighbouring areas. The most recent estimate of R in Argyll and Bute, on 8 January, is between 0.86 and 1.44 (90% confidence interval). Argyll and Bute is mainly in Tier 4 with selected islands in Tier 3.
- 3.1.2 The latest daily sitrep dated 15 January showed we had 1 confirmed case in our hospitals at midnight. There were 2 care homes closed to new admissions and one under surveillance but none with any confirmed cases. It should be noted that this can change daily.
- 3.1.3 A&E attendances have remained relatively stable with 467 in the week ending 6 January. Re-mobilisation plans have slowed as a result of higher levels of COVID-19 and it is now expected that it may take till quarter 2 or 3 next year before we see a return to fully normal pre-COVID-19 levels of activity.
- 3.1.4 No additional COVID-19 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 with the new more infectious variant, the situation is fast changing, and we are seeing increasing levels of infections. So far, few people have required hospitalisation and there have been few new deaths 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. The Mobile Testing Units are now present in all our main towns on an increased schedule, with 7 day testing in Oban, 5 days in Lochgilphead and 3 days in the other 4 towns. 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 of lateral flow tests for testing staff and residents in care homes and this is soon to be extended to care at home workers, day centres and personal assistants, unpaid carers. It is also now being offered to all front facing clinical staff through our hospitals and GP practices. Testing is now also being offered to teachers in schools. Where there is a positive case identified in a care home, then additional PCR testing needs to be carried out through the CAC as these go to a different lab which has fewer false positive results.

- 3.1.6 There are 296 people in care homes in Argyll and Bute - numbers have been falling. We are continuing to provide financial sustainability support to care homes for vacant places (as agreed nationally) and have so far agreed payments totalling £467k. Financial support is also being provided for additional staffing costs, and other direct costs, and we have agreed payments for these of a further £357k. These claims are being processed as fast as possible. We have employed an additional temporary member of staff to concentrate on processing these claims. Financial support is continuing from December to March on a changed basis.
- 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 37 weeks since then, just under 5.9 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, and are also about to start issuing lateral flow tests to day care centres, and personal assistants and professional social workers.
- 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, and supplies to support flu and COVID-19 vaccination programmes. There are continuing direct deliveries to GP practices, dental practices and optometrists which are not chargeable. In addition, there are push deliveries of PPE to support vaccination clinics. 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 these 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 financial year as well as this year. This disease burden is part of the new activity “norm” and we will have to focus on simultaneously managing COVID-19 whilst resuming routine, comprehensive health and social care. This has financial implications and regular cost returns are submitted of the levels of estimated costs as explained below. The previous return dated 30 November includes a template for estimating COVID-19 costs for 2021/22 to 2025/26. These have been automatically populated based on a set of national assumptions based on our Quarter 2 returns for 2020/21.

3.1.10 These produce estimates as follows:

Financial year	COVID-19 cost estimates £m
2021/22	£7.7
2022/23	£3.4
2023/24	£1.3
2024/25	£1.3
2025/26	£1.3

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 15 January and has been referenced for this report. It is not due for submission until 22 January 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 9 months and revised assumptions to end of the year. 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. The return now requires data to be split between health and social work as funding arrangements differ for each.
- 3.2.3 A small amount of expenditure was incurred in 2019/20 of £41,000 which is matched by a specific funding allocation. In addition the additional FHS 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.
- 3.2.4 Actual costs are being carefully tracked. Social care providers have been asked to invoice additional COVID-19 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-19 paid for the month of September, 50% for the month of October and 25% for the month of November. Further support beyond December is on a different basis again. Additional support for extended sick pay for social care providers has also been extended. Claims for other additional costs from end of September are restricted to those for infection prevention control, PPE and additional staffing costs.

3.2.5 Direct costs for supplies and equipment are being charged to COVID-19 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-19 approvals through workforce monitoring.

3.2.6 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. The health and social care system will continue to operate on an emergency footing until the end of March 2021.

3.2.7 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. There was also direct funding of £409k for additional GP practices and pharmacies predominantly for opening on the bank holidays which is not included in the tracker.

3.2.8 A summary of all the funding announced and distributed is attached at Appendix 1. All funding is being routed via NHS Highland and announcements to date total £9.097m. A small amount (£57.5k) re Chief Social Work Officer funding has still to be distributed. Looking solely at the allocations from our regular COVID-19 returns, based on the latest return as at 15 January 2021, we have claimed £11.284m and received funding of £9.086m leaving a balance of £2.198m to be funded.

3.2.9 Our estimated costs on the claim as at 15 January 2021 total £11.284m prior to receipt of any funding. This has decreased by £2.583m from the £13.867m previously reported as of 11 December. The current submission covers the following key areas:

Cost area	£000s	comment
Additional hospital beds	126	Bed purchases
Reduction in delayed discharges (17)	279	Now tracked actual costs for 17 clients, 10 for care at home packages, 7 care home placements. Decreased by £50k due to changes in care
PPE	236	Reduced by £132k - as community PPE hubs in place till end of year providing f.o.c. to social care and more being pushed f.o.c. to Health also
Estates & facilities	673	Includes hospital deep cleans. Additional costs of remobilisation anticipated. Increase of £116k
Additional staff overtime	530	Decreased by £25k
Additional temporary staff	1,660	Decreased by £289k as Dec & Nov costs lower

Additional costs for externally provided services	88	+ £3k
Social care sustainability payments	1,396	Decreased by £32k
Mental Health services	61	Counselling services -£27k
GP practices + Opticians	94	Decreased by £1.042m – mostly all reversed in December
Additional prescribing (1%)	420	£212k in December – increased by £203k
Community hubs (CACs) and screening / testing	801	Decreased by £343k re CACs in December
Staff accomm, travel, IT & telephony costs	265	Supporting home working – decreased by £41k
Revenue equipment	225	+£20k
Loss of income	807	Reduced charges to patients of other boards and social work client contributions reflecting lack of activity +£80k
CSWO, infection control, Public health capacity, vaccination program	714	Increased by £236k
Winter planning	169	Reduced by £331k – plans affected by capacity
Managing backlog of planned care and unmet demand	13	Now back at Health Board level – reduced by £40k
Underachievement of savings	2,728	In line with latest forecasts – decreased by £1.588m
Offsetting savings - Health	(0)	Now removed – all used to reduce under achieved savings
Total	11,284	

- 3.2.9 The key changes are an decrease in under achieved savings of £1.588m, decrease in GP practices and opticians of £1.042m now funded separately, decrease in costs for CACs of £343k and decrease in winter planning costs of £331k offset slightly by increases in prescribing costs of £203k and vaccination program costs of £236k. Overall a decrease of £2.583m.
- 3.2.10 We were advised by Christine McLaughlin, DG Health & Social Care, dated 29 September 2020 re funding for under-delivery of savings, that this would be re visited following the quarter 2 submission. We continue to be confident that some funding will be provided for undelivered savings although there is still considerable uncertainty about this. The bulk of our requirement is all in respect of social care, with the amount required for health now reduced to £500k as a result of declaring non-recurring savings driven through reduced activity levels.
- 3.2.11 Funding in September was allocated based on a combination of actuals (including PPE and social care) and NRAC shares (staffing costs and overtime, equipment, investment in digital, additional beds, and community hubs) and for Q2-4 was based on 70% only to allow some contingency (50%

for social care) . Since then, there has been an adjustment for primary care and mental health which removed the excess funding to us based on NRAC shares, along with further funding for social care sustainability. The December funding included further social care funding for sustainability, staff restrictions and admin. The next funding announcements will be later in January.

- 3.2.12 We submitted a sensitivity analysis for our expected costs based on our previous revised Q2 submission. This shows:

All in £000s	Forecast	Best Case	Worst Case
COVID-19 Costs	13,867	12,451	14,825

- 3.2.13 The worst case assumes greater need for testing, additional temporary staff spend, and more loss of income due to fewer visitors. Best case assumes offsetting cost reductions continue for rest of year, and greater achievement of savings. In fact we are now looking to have reduced costs below our best case estimate. However changes in COVID-19 infection levels can happen rapidly driving up activity and costs so this is still fluid.

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 COVID-19 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 COVID-19 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 “COVID-19 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 15 January 2021. This will continue to be updated regularly as assumptions are refined and actual costs are incurred.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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APPENDICES:

Appendix 1 – COVID-19 funding summary as at 15 January 2021

Appendix 2 – COVID-19 local mobilisation tracker weekly return as at 15 January 2021

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Summary of Covid funding

	Argyll & Bute HSCP	Distributed by		Invoiced from		comments	
		SG to Health Board	Relates to LMP claim	Health	Soc Work		Council to Health Board
Social care sustainability tranche 1	£903,000	£903,000	£903,000		£903,000	£903,000	share of £75m
GP Covid allocation	£409,480	£409,480		£409,480			Not on LMP
Scottish Living Wage	£188,712	£188,712			£188,712	£188,712	Not on LMP
Social care sustainability tranche 2	£452,000	£452,000	£452,000		£452,000	£452,000	share of £75m now totalling £1.355m
Social care sustainability tranche 3	£400,000	£400,000	£400,000		£400,000	£400,000	share of £8m
September allocation from '£1.1 billion allocation'	£5,553,000	£5,598,442	£5,553,000	£5,721,000	-£168,000		mix of actuals and NRAC shares so overallocated
Q2-4 Primary Care and mental health adjustment	-£538,340	-£538,340	-£538,340	-£538,340			Q2-Q4 overfunded mainly community hubs
November top up allocation for sustainability payments	£122,814	£122,814	£122,814		£122,814		
December allocation for winter plan funding	£1,070,000	£1,070,000	£1,070,000		£1,070,000		£560k for sustainability; £400k for staff restriction; £100k for admin
CSWO funding - 6 months to end Dec	£25,000		£0		£25,000		Used for training - Dec invoices
CSWO funding - 3 months to end Mar 21	£12,500		£0	£12,500			To fund additional nursing post through Health
CSWO enhanced care home support	£20,000		£0		£20,000		targeted at recruiting or backfilling two qualified social workers to support rapid response teams, where outbreak or significant care deficiencies have been identified and resultant ASP/LSI work.
Elective/Planned Care	479,460	479,460		479,460			share of £7.019m shown against Health Board - in September allocation
TOTAL	£9,097,626	£9,085,568	£7,962,474	£6,084,100	£3,013,526	£1,943,712	

Note: overfunding in HB reserves at Dec 2020

£45,442

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H&SCP Costs (NHS delegated Costs)	Revenue												Revenue
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2020/21
Additional Hospital Bed Capacity/Costs - Maintaining Surge Capacity	91	31	0	2	0	0	2	0	0	0	0	0	126
Delayed Discharge Reduction- Additional Care Home Beds	0	0	0	0	0	0	0	0	0	0	0	0	-
Delayed Discharge Reduction- Additional Care at Home Packages	0	0	0	0	0	0	0	0	0	0	0	0	-
Delayed Discharge Reduction- Other measures	0	0	0	0	0	0	0	0	0	0	0	0	-
Personal protective equipment	6	8	(1)	2	1	0	1	1	1	1	1	1	22
Deep cleans	0	0	0	0	0	0	0	0	0	0	0	0	-
COVID-19 screening and testing for virus	6	5	6	3	12	21	38	21	14	20	20	20	185
Estates & Facilities cost including impact of physical distancing measures	73	90	44	49	40	46	59	68	47	50	50	50	667
Additional staff Overtime and Enhancements	71	88	100	20	20	8	33	2	(3)	30	30	20	418
Additional temporary staff spend - Student Nurses & AHP	4	3	3	8	5	5	9	4	3	20	20	20	104
Additional temporary staff spend - Health and Support Care Workers	100	240	273	196	173	58	64	23	3	80	100	80	1,389
Additional temporary staff spend - All Other	1	17	1	41	6	3	5	0	8	15	5	5	106
Social Care Provider Sustainability Payments	0	0	0	0	0	0	0	0	0	0	0	0	-
Social Care Support Fund- Costs for Children & Families Services (where delegated to HSCP)	0	0	0	0	0	0	0	0	0	0	0	0	-
Other external provider costs	7	10	4	0	0	0	0	0	0	0	0	0	21
Additional costs to support carers	0	0	0	0	0	0	0	0	0	0	0	0	-
Mental Health Services	3	5	9	8	0	3	0	5	3	5	10	10	61
Additional payments to FHS contractors	47	460	83	83	109	33	30	22	(808)	11	11	11	94
Additional FHS Prescribing	41	64	32	0	0	0	0	0	212	24	24	24	420
Community Hubs	56	58	15	15	12	57	126	125	(73)	75	75	75	616
Other community care costs	0	0	0	0	0	0	0	0	0	0	0	0	-
Loss of income	50	61	74	39	4	11	9	24	15	45	45	45	423
Staff Accommodation Costs	7	11	4	5	1	1	0	0	0	2	2	2	35
Additional Travel Costs	0	1	2	1	2	1	1	0	2	1	1	1	12
Digital, IT & Telephony Costs	5	27	2	39	9	62	17	17	5	5	5	5	198
Communications	0	5	1	1	0	0	0	2	0	0	0	0	9
Equipment & Sundries	42	41	26	9	13	10	5	10	13	10	10	10	199
Homelessness and Criminal Justice Services	0	0	0	0	0	0	0	0	0	0	0	0	-
Children and Family Services	0	0	0	0	0	0	0	0	0	0	0	0	-
Prison Healthcare Costs	0	0	0	0	0	0	0	0	0	0	0	0	-
Hospice - Loss of income	0	0	0	0	0	0	0	0	0	0	0	0	-
Staffing support, including training & staff wellbeing	2	2	0	1	0	0	0	0	0	0	0	0	4
Resumption & redesign of primary care/contractor services to support access to urgent care in hours and OOH	0	0	0	0	0	0	0	0	0	0	0	0	-
Costs associated with new ways of working- collaborative	0	0	0	0	0	0	0	0	0	0	0	0	-
Winter Planning	0	0	0	0	0	0	0	0	12	46	58	54	169
Additional FHS - GPS	0	0	0	0	0	0	0	0	0	0	0	0	-
Chief Social Work Officer Support	0	0	0	0	0	0	0	0	0	0	0	0	-
Contract Rate Uplift	0	0	0	0	0	0	0	0	0	0	0	0	-
Legal Fees	0	0	0	0	0	0	0	0	0	0	0	0	-
Managing Backlog of Planned Care	0	0	0	0	0	2	11	0	0	0	0	0	13
Management of Unmet Demand	0	0	0	0	0	0	0	0	0	0	0	0	-
Infection Prevention and Control Measures	0	0	2	3	3	3	1	1	3	3	3	3	23
Public Health Capacity	0	0	0	0	0	0	200	200	0	0	0	0	400
Covid Vaccination Programme	0	0	0	0	0	0	0	0	16	83	87	87	273
Other - Please update narrative	0	0	0	0	0	0	0	0	0	0	0	0	-
Offsetting cost reductions - HSCP	(100)	(100)	(100)	(100)	(100)	(100)	(100)	(100)	200	200	200	200	-
Total	511	1,126	582	425	310	222	510	425	(328)	726	757	723	5,988
Subtotal													
Expected underachievement of savings (HSCP)	150	150	150	150	150	150	157	157	(179)	(179)	(179)	(179)	500
Total	661	1,276	732	575	460	372	667	582	(507)	548	578	544	6,488
Total													

H&SCP Costs (Local Authority delegated Costs)	Revenue												Revenue
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2020/21
Additional Hospital Bed Capacity/Costs - Maintaining Surge Capacity	0	0	0	0	0	0	0	0	0	0	0	0	-
Delayed Discharge Reduction- Additional Care Home Beds	20	18	13	14	17	11	36	(18)	11	13	11	11	156
Delayed Discharge Reduction- Additional Care at Home Packages	5	9	8	10	11	11	14	18	10	10	8	8	123
Delayed Discharge Reduction- Other measures	0	0	0	0	0	0	0	0	0	0	0	0	-
Personal protective equipment	69	12	59	18	10	6	1	2	7	10	10	10	214
Deep cleans	0	0	0	0	0	0	0	0	0	0	0	0	-
COVID-19 screening and testing for virus	0	0	0	0	0	0	0	0	0	0	0	0	-
Estates & Facilities cost including impact of physical distancing measures	0	0	0	0	0	0	0	6	0	0	0	0	6
Additional staff Overtime and Enhancements	0	0	9	9	7	1	60	(5)	0	10	10	10	111
Additional temporary staff spend - Student Nurses & AHP	0	0	0	0	0	0	0	0	0	0	0	0	-
Additional temporary staff spend - Health and Support Care Workers	0	3	5	3	8	6	7	2	2	8	8	8	60
Additional temporary staff spend - All Other	0	0	0	0	0	0	0	0	0	0	0	0	-
Social Care Provider Sustainability Payments	0	51	42	34	99	309	139	38	384	100	100	100	1,396
Social Care Support Fund- Costs for Children & Families Services (where delegated to HSCP)	0	0	0	0	0	0	0	0	0	0	0	0	-
Other external provider costs	0	0	63	1	0	0	3	0	0	0	0	0	67
Additional costs to support carers	0	0	0	0	0	0	0	0	0	0	0	0	-

Costs associated with new ways of working- collaborative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Winter Planning	-	-	-	-	-	-	-	-	12	46	58	54	169	
Additional FHS - GPS	-	-	-	-	-	-	-	-	-	-	-	-	-	
Chief Social Work Officer Support	-	-	-	-	-	-	-	-	19	-	-	-	19	
Contract Rate Uplift	-	-	-	-	-	-	-	-	-	-	-	-	-	
Legal Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	
Managing Backlog of Planned Care	-	-	-	-	-	2	11	-	-	-	-	-	13	
Management of Unmet Demand	-	-	-	-	-	-	-	-	-	-	-	-	-	
Infection Prevention and Control Measures	-	-	2	3	3	3	1	1	3	3	3	3	23	
Public Health Capacity	-	-	-	-	-	-	200	200	-	-	-	-	400	
Covid Vaccination Programme	-	-	-	-	-	-	-	-	16	83	87	87	273	
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	
Offsetting cost reductions - HSCP	(100)	(100)	(100)	(100)	(100)	(100)	(100)	(100)	200	200	200	200	-	
Total	611	1,242	832	514	565	594	816	507	134	908	934	900	8,556	
														Subtotal
Expected underachievement of savings (HSCP)	383	383	383	383	360	360	344	319	(47)	(47)	(47)	(47)	2,728	
Total	994	1,625	1,215	897	925	953	1,160	826	88	862	887	853	11,284	
														Total

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Integration Joint Board

Agenda item:

Date of Meeting: 27 January 2021

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 25 November has been updated.
- 1.2 The main change has been to update the health cost and demand pressures to reflect additional costs for Knapdale ward adaptations, removal of Microsoft o365 cost pressure, new pressure of Golden Jubilee Cardiac SLA and additional medical director sessions, change is pay inflation estimates for Council staff to reflect lower estimates, and reduction in estimates for Scottish Living Wage increases. There have been a number of other small adjustments to estimates.
- 1.3 The usual best, mid-range and worst case scenarios are presented for the next three years. In the mid-range scenario, the Health and Social Care Partnership budget gap estimated over the three year period 2021-22 to 2023-24 is £14.036m with a gap of £6.054mm in 2021-22.
- 1.4 The budget gap in the best case scenario over the three years is £1.515m and in the worst case scenario, the budget gap over the three years is £35.208m. 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	1,990	(685)	209	1,515
Mid-Range	6,604	3,614	4,368	14,586
Worst Case	13,820	9,876	11,513	35,208

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 2 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. We have been advised that New Medicines funding will be decreased by c £550k but this should be offset in cost reductions. Following discussion of this through the relevant networks, we are reflecting the loss of funding in the mid-range scenario, and in worst case.
- 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
Reduction in New Medicines Funding	-550	-550	-550
Resource Transfer baseline	7,057	7,057	7,057
Resource Transfer uplift (2.5%)	308	623	946
Total Funding NHS	230,863	235,803	240,866

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. We expect Scottish Government budget to be announced on 28 January so this will be considered carefully for implications for funding.

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	230,863	235,803	240,866
Funding A&B Council	59,377	59,322	59,250
New SG funding for social work	1,000	2,000	3,000
Total Funding	291,240	297,125	303,116

3.2 Savings Measures Already Approved

3.2.1 A number of additional savings for 2021-22 were agreed at the IJB on 27 March 2019 as part of setting the 2019/20 budget. These new savings totalled £520k and comprise a further £500k on prescribing and £20k for criminal justice.

- 3.2.2 Saving 2021-65 of £50k, review of support payments to GP practices, was deferred to 2021/22 at the budget meeting on 25 March 2020. There is no change to this position from that reported in the previous budget outlook.

3.3 Base Budget

- 3.3.1 The base budget is the approved budget from 2020-21 and includes the second year of the agreed investment in financial sustainability for 2021/22 only. There are no changes from the base budget previously presented.

- 3.3.2 The table below summarises the base budget in the mid-range scenario.

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

3.4 Employee Cost increases

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

- 3.4.2 For Social Work staff, the assumptions have been reduced downwards following UK government announcement of a public sector pay freeze. For 2021-22 onwards, the best case scenario assumes a 1% increase p.a., the worst case scenario assumes a 3.0% increase (similar to the 2018-19 offer) and the mid-range scenario assumes a 2% 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 is unchanged.

- 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	672	1,357	2,056
Social Work pay increments	87	174	261
Social work change to pay structure	-2	-2	-2
Total Employee Cost Changes	2,878	5,828	8,849

3.5 Non-pay Inflation

3.5.1 A review of the non-pay inflation assumptions has been undertaken and all assumptions have been rolled forward with some small recalculations only apart from a more significant change in the calculation of the Scottish Living Wage uplift based on the new rate announced in November. . 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
<u>Health:</u>			
Prescribing	1,000	2,000	3,000
Hospital Drugs	79	162	249
Main GG&C SLA	1,385	2,805	4,260
Other SLAs	618	1,252	1,885
Energy Costs and Rates	174	347	521
Catering Purchases	50	100	150
<u>Social Work:</u>			
Catering Purchases	37	58	79
National Care Home Contract	530	1,082	1,655
NHS Staffing Recharges	125	180	237
Purchase and Maintenance of Equipment	11	22	33
CPI Essential increases	9	18	28
Scottish Living Wage	622	1,256	1,905
Carers Allowances	33	67	101
Utilities	26	35	45
Total Non-Pay Inflation	4,699	9,384	14,148

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:

- Increase in cost of day responder services
- New cost pressure for Golden Jubilee Cardiac SLA reflecting increased demand
- New cost pressure for additional medical director sessions
- Reduction in allowance for new high cost packages
- Removal of pressure for Microsoft licence fees as they look able to be contained within current budgets
- All others have simply been rolled forward as per the previous outlook, but some calculations have been slightly 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	57	58	59
Golden Jubilee Cardiac SLA	70	72	74
New high cost care packages	120	120	120
Low secure service NHS Fife	190	190	190
New Craigs Mental health unit	150	150	150
Other NSD* developments	50	100	150
Oncology medicines demand	450	900	1,350
Bute Dialysis staffing	115	118	122
Microsoft Licence fees	0	0	0
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	420	0	0
Contracted out laundry service	18	18	18
TAVI procedures	78	80	82
Additional medical director sessions	31	32	33
Social Work:			
Older People Growth	380	766	1,158
Care Services for Younger Adults: Learning Disability & Mental Health	326	659	999
Care Services for Younger Adults: Physical Disability	455	520	586
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, 849	6,031	8,605

*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	2,878	5,828	8,849
Non-Pay Inflation	4,699	9,384	14,148
Cost and Demand Pressures	3,849	6,031	8,605
Management/Operational Savings agreed March 2019	(520)	(520)	(520)
Management/Operational Savings agreed March 2020	(50)	(50)	(50)
Total Estimated Expenditure	297,844	307,343	317,702
Estimated Funding	291,240	297,125	303,116
Estimated Budget Surplus / (Gap) Cumulative	(6,604)	(10,218)	(14,586)
Estimated Budget Surplus / (Gap) In Year	(6,604)	(3,614)	(4,368)

- 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 £14.586m with a gap of £6.604m in 2020-21.

- 3.7.3 In contrast, the budget gap in the best case scenario over the three years is £1.515m and in the worst case scenario, the budget gap over the three years is £35.208m. 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)	(6,448)	(10,780)	(15,789)
Funding decrease	(550)	(550)	(550)
Employee cost changes	305	629	969
Increase in non-pay inflation	175	431	764
Increase in cost & demand pressures	(86)	52	20
Revised Budget Gap (mid-range)	(6,604)	(10,218)	(14,586)

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

Budget Gap	2021-22 £000	2022-23 £000	2023-24 £000	Total £000
Best Case	1,990	(685)	209	1,515
Mid-Range	6,604	3,614	4,368	14,586
Worst Case	13,820	9,876	11,513	35,208

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 £14.036m with a gap of £6.604m in 2021-22. This has worsened from the outlook previously presented by £156k for 2021-22 mainly due to the reduction in New Medicines funding offset by changes in assumptions for Social Work pay inflation, Scottish Living Wage and review of cost pressures.

13. DIRECTIONS

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

APPENDICES:

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

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BUDGET OUTLOOK 2021-22 TO 2023-24
INTEGRATION JOINT BOARD 27 JANUARY 2021

APPENDIX 1

	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	2,272	4,604	6,996	2,608	5,286	8,035	2,954	6,004	9,151
Pay Increments/change to employee base	270	499	727	270	542	814	455	912	1,369
Total Employee Cost Changes	2,542	5,103	7,723	2,878	5,828	8,849	3,409	6,916	10,520
Non-Pay Inflation:									
<i>Health:</i>									
Prescribing	900	1,800	2,700	1,000	2,000	3,000	1,100	2,200	3,300
Hospital Drugs	47	97	150	79	162	249	116	232	348
Main GG&C SLA	1,108	2,238	3,391	1,385	2,805	4,260	1,662	3,374	5,137
Other SLAs (GPs, GG&C, other HBs, service inputs)	494	998	1,502	618	1,251	1,885	742	1,503	2,263
Utilities and rates	131	266	401	174	347	521	213	426	639
<i>Social Work:</i>									
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	125	180	237	125	180	237	125	180	237
Purchase and Maintenance of Equipment	8	16	25	11	22	33	14	27	42
Specific CPI Increases	5	9	14	9	18	28	14	28	42
Scottish Living Wage	434	874	1,321	622	1,256	1,905	867	1,761	2,681
Carers Allowances	25	50	75	33	67	101	41	84	127
Utilities	25	32	39	26	35	45	27	39	51
Total Non-Pay Inflation	3,787	7,525	11,313	4,699	9,384	14,148	5,671	11,371	17,186
Cost and Demand Pressures:									
<i>Health:</i>									
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	57	58	59	57	58	59	57	58	59
Golden Jubilee Cardiac SLA	70	72	74	70	72	74	70	72	74
New high cost care packages	120	120	120	120	120	120	200	200	200
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	0	0	0	0	0	0	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 contracted out laundry	420	0	0	420	0	0	420	0	0
Additional TAVI procedures	18	18	18	18	18	18	18	18	18
Additional Med Director sessions	0	0	0	78	80	82	130	134	138
	31	32	33	31	32	33	31	32	33
<i>Council:</i>									
Older People Growth	0	0	0	380	766	1,158	761	1,545	2,354
Care Services for Younger Adults	163	328	494	326	659	999	489	993	1,513
Care Services for Younger Adults (< 65 years) LD, MH	228	258	288	455	520	586	683	787	895
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	2,501	3,242	4,612	3,849	6,031	8,605	6,284	9,840	14,568
<i>Savings Previously Agreed:</i>									
Management/Operational Savings - Agreed March 2019	(520)	(520)	(520)	(520)	(520)	(520)	(520)	(520)	(520)
Management/Operational Savings - Agreed March 2020	(50)	(50)	(50)	(50)	(50)	(50)	(50)	(50)	(50)
Total Savings	(570)	(570)	(570)	(570)	(570)	(570)	(570)	(570)	(570)
Total Estimated Expenditure	294,317	301,038	308,817	297,844	307,343	317,702	300,851	313,296	327,442
Funding:									
NHS	231,450	237,411	243,552	230,863	235,803	240,866	228,584	232,120	235,719
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	291,240	297,125	303,116	287,031	289,600	292,234
Budget Surplus / (Gap) Cumulative	(1,990)	(1,305)	(1,515)	(6,604)	(10,218)	(14,586)	(13,820)	(23,696)	(35,208)
Budget Surplus / (Gap) In Year	(1,990)	685	(209)	(6,604)	(3,614)	(4,368)	(13,820)	(9,876)	(11,513)
<i>Partner Bodies Split:</i>									
Health	(942)	(604)	(809)	(3,253)	(4,814)	(6,734)	(6,399)	(10,587)	(15,709)
Social Work	(1,048)	(702)	(706)	(3,351)	(5,404)	(7,852)	(7,421)	(13,109)	(19,499)
Budget Surplus / (Gap) Cumulative	(1,990)	(1,305)	(1,515)	(6,604)	(10,218)	(14,586)	(13,820)	(23,696)	(35,208)
Budget Surplus / (Gap) In Year	(1,990)	685	(209)	(6,604)	(3,614)	(4,368)	(13,820)	(9,876)	(11,513)



Integration Joint Board

Agenda item:

Date of Meeting: 27 January 2021

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. No new risks have 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 10 classified as possible, 5 classified as likely and 1 as almost certain. The remainder have been classed as unlikely. None have been quantified as being over £500,000. Overall these risks have been quantified as potentially amounting to £895k. This is reduced from the £1.110m reported to IJB in November. The main changes have been reduction of risks due to being later in year.
- 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 even though a trade agreement has been put in place. National Procurement have taken 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	1	4	4	3	0	12
£100k - £300k	0	5	6	2	1	14
£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	1	9	10	5	1	26

- 3.6 There are 26 risks identified in total with 9 classed as unlikely, 10 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 £895k, reduced from the £1.110m previously reported.

3.7 No risks have been removed, and no new risks have been added. The main changes have been from reducing the likelihood of risks as we are later through this financial year. This 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.

3.8 Financial risks will be reviewed and monitored on a two monthly basis and will be reported to the Board as part of the pack of financial reports.

4. RELEVANT DATA AND INDICATORS

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

5. CONTRIBUTION TO STRATEGIC PRIORITIES

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

6. GOVERNANCE IMPLICATIONS

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

6.2 Staff Governance – None.

6.3 Clinical Governance – None.

7. PROFESSIONAL ADVISORY

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

8. EQUALITY AND DIVERSITY IMPLICATIONS

8.1 None directly from this report.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

9.1 None directly from this report.

10. RISK ASSESSMENT

10.1 Risks are detailed within the report.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

11.1 None directly from this report.

12. CONCLUSIONS

12.1 This report summarises the key financial risks facing the Health and Social Care Partnership. There are 26 risks identified in total with a potential adverse impact of £895k which is not included in the financial forecast. No individual risks potentially exceed £300k.

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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HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	2020-21		Quantified Risk £000s	Comments on change since last update
				LIKELIHOOD	FINANCIAL IMPACT £000		
Health	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 - 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.	4	100-300	100	Increased risk rating due to delay in receiving drug reports from GGC (pharmacy staff working on covid frontline issues than reporting)
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	Potential for crisis referrals following festive period (common in prior years) & further tier 4 restrictions
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. Ending of free supply of drugs on compassionate grounds will increase costs to HSCP
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
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	3	100-300	50	Risk reduced as later in year and all expected costs built into forecasts where known
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.	3	100-300	50	Reduced likelihood as activity over the last couple of months has seen children return from care
Health	Commissioned Services - NHS GG&C & Other Scottish Boards	Potential for growth in the number of high cost individual patient treatments. High volume being experienced for new TAVI cardiac procedure	This will be monitored but it is an area where there is limited control.	4	<100	25	budget for 6, already done 8 in YTD, 1 patient listed for Dec surgery, total of 9 surgeries last year. Cost is £25k per procedure
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 OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	LIKELIHOOD	FINANCIAL IMPACT £000	Quantified Risk £000s	Comments on change since last update
Council	All Social Work	Difficulties in recruiting and retaining qualified staff as well as increased demand/complexity in terms of the services required and/or increased sickness absence which result in the use of locum/supplemental staffing.	Work is ongoing with HR and the Communications team to look at how we can encourage people to come and work in Argyll and Bute. Review of spend by agency staff for adults undertaken by the CSWO. Review of the effectiveness of the SW Training Board. Attendance management processes in place.	4	<100	25	numbers of agency social workers is reducing. Close management review from CSWO. Cost reduced as additional social workers recruited recently but likelihood increased due to Covid and other winter pressures
Health	Adult Services	Continued use of agency nursing staff in Lorn & Islands Hospital	Continuation of attempts to minimise the use of agency staff.	2	100-300	20	Usage low and related to covid
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	
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.	2	100-300	20	Financial impact reduced as later in year and all known are built into forecast
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.	2	100-300	20	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.	2	100-300	20	Financial impact reduced as later in year and all known are built into forecast
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	Assumes SG Covid Funding will cover the costs of all shielding staff
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.	3	<100	13	Risk reduced as Covid related costs are being reimbursed
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	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.	2	<100	5	Better management of rota has reduced risk and cost of rota compared to previous years
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.	2	<100	5	Proactive budget management has reduced the risk 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	
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	1	<100	0	Likelihood reduced as now later in year
Grand Total						895	

TOTAL		895
Split	Health	718
	Council	178

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

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Integration Joint Board

Agenda Item:

Date of Meeting: 27 January 2021

Title: 2021/22 Social Work Fees and Charges

Presented by: David Forshaw

The board is asked to:

- Review and endorse the appended 2021/22 Social Work Fees and Charges proposals so that the proposals can be submitted to Argyll and Bute Council for ratification at its 2021/22 budget meeting.

1. EXECUTIVE SUMMARY

- 1.1 This report provides details of the proposed annual Social Work Fees and Charges uplifts for 2021/22. In accordance with normal practice, a standard uplift percentage of 3% has been applied to all of the department's fees and charges with three exceptions which are explained in the detail of the report.
- 1.2 Members are reminded that decisions on changes to the partnership's Non-Residential Care Charging Scheme are reserved to Argyll and Bute Council (the Council) and that members of the IJB are asked to review and, if so minded, endorse the proposed changes to the scheme ahead of a formal submission to the Council's 2021/22 budget meeting in to seek ratification for their implementation from April 2021.

2. INTRODUCTION

- 2.1 This report sets out the schedule of proposed fees and charges for Social Work services for the 2021/22 financial year. The detailed list of proposed charges, including the 2020/21 rates for comparison, is attached as appendix 1 to the report.

3. DETAIL

- 3.1 Appendix 1 to this report provides the list of uprated fees and charges for 2021/22 after the application of a 3% annual inflationary uplift – there may be some minor variations due to rounding in the smaller charges.
- 3.2 The proposed charges for the following three service areas are not calculated by applying a standard 3% uplift:

3.2.1 Local Authority Residential Care Provision (Older People)

Charges for the provision of residential care are based on the budgeted cost of the service for 2021/22 which takes account of a number of inflationary assumptions across the range of costs incurred by the homes. The overall uplift for 2021/22 is 2%, mainly due to a lower assumption being applied for staff pay inflation as a result of the economic impact on the public finances of the COVID 19 pandemic. The proposal is to reduce the uplift to be in line with actual costs (below the 3% applied to other charges) as previous years' uplifts have been above the inflationary uplift level. We advise all clients that we will not charge them more than it costs to deliver the service, noting also that we only recharge controllable costs.

The proposed rate will be charged to other health and social care partnerships and local authorities with clients placed in the HSCP's care homes in and to local people residing in the homes who own capital and assets exceeding £28,500 (threshold as at 2020/21). There are currently 12 self-funding clients out of 67 residents in the HSCP's care homes as at 11 January 2021, equivalent to 18% of the current residents). The majority of residents, 82% of the current residents, pay substantially less based on their ability to pay as assessed under the National Assistance (Assessment of Resources) Regulations issued by the Scottish Government.

3.2.2 Sleepovers

The sleepover charge is based on the 2021/22 Scottish Living Wage hourly rate, which has been set at £9.50 per hour, an increase of 2.15% compared to the 2020/21 rate of £9.30 per hour. The uplift percentage is slightly less due to the effects of rounding in the calculation.

3.2.3 Children and Families Local Authority Residential Care Provision

As above at 3.2.1, the proposed charges for Dunclutha, Shellach View and East King Street reflect the budgeted cost for 2021/22 and are affected by the same payroll and inflationary cost pressures explained previously.

The charges for the three units would only be payable by other councils placing clients in the HSCP's children's houses. None of the children or their families would be charged for the service provided at the three houses.

4. RECOMMENDATION

- 4.1 It is recommended that the proposed rates increases are endorsed by the IJB and the proposals submitted to the Council for ratification at its 2021/22 budget meeting ahead of implementation of the new rates from April 2021.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 The HSCP faces a combination of increasing demand and service costs which is outstripping the funding available to sustain service delivery in its current form. The annual adjustment to fees and charges ensures that charges remain relevant to service costs which enables the IJB to maintain income at levels proportionate to service costs in order to sustain services and avoid potential service reductions.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

The annual adjustment to fees and charges ensures that charges remain relevant to service costs which enables the IJB to maintain proportionate income levels in order to sustain services and avoid potential service reductions.

6.2 Staff Governance

Updated fees and charges lists will be provided to staff and built into revised 2021/22 versions of the Social Work service's charge calculation templates once the rates have been ratified by the Council.

6.3 Clinical Governance

Not applicable.

7. EQUALITY AND DIVERSITY IMPLICATIONS

- 7.1 The proposed changes apply equally to everyone who receives a service which the partnership will continue to charge for. Subsequently, there are no anticipated adverse equality or diversity issues arising from this report.

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

- 8.1 Not applicable.

9. RISK ASSESSMENT

- 9.1 The key risk arising from the above proposal relates to service users who are unable to afford to pay increased charges. To ensure that charges are levied fairly and that service users are not placed into financial hardship, the Council's Non-Residential Care Charging Policy is reviewed annually in line with changes to state benefits rates and other related guidance issued by the Scottish Government and COSLA – no proposals for changes have been issued for 2021/22. In addition, staff are able to signpost service users to local advice services and the Council's Welfare Rights Team to ensure that their benefit entitlements have been maximised and for help and advice with managing their money. Finally, a waivers and abatement procedure is in place which provides service managers with discretion to adjust charges where necessary.

10. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

10.1 Not applicable.

11. CONCLUSIONS

11.1 This report sets out the proposed annual increases to the Social Work fees and charges rates which reflect the increased cost of delivering social care services in Argyll and Bute. Members are asked to endorse the proposals for submission to the Council for ratification at the Council's 2021/22 budget meeting.

12. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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APPENDIX 1 – 2021/22 SCHEDULE OF PROPOSED FEES AND CHARGES FOR SOCIAL WORK SERVICES

Description	Other	2020/21				2021/22				Increase		Notes/Comments
		Net £	VAT Rate	VAT £	Gross £	Net £	VAT Rate	VAT £	Gross £	£	%	
SOCIAL WORK												
Local Authority Residential Care Provision (Community Care) Weekly Charge		1,391.34	Outwith the Scope	0.00	1,391.34	1,422.39	Outwith the Scope	0.00	1,422.39	31.05	2.2%	
Non - Residential Services - Lunch Clubs - per meal		4.50	Outwith the Scope	0.00	4.50	4.65	Outwith the Scope	0.00	4.65	0.15	3.3%	
Non - Residential Services - Telecare - Community Alarms - per week		5.46	Outwith the Scope	0.00	5.46	5.60	Outwith the Scope	0.00	5.60	0.14	2.6%	
Non - Residential Services - Telecare - Care Assist System - per week		4.63	Outwith the Scope	0.00	4.63	4.75	Outwith the Scope	0.00	4.75	0.12	2.6%	
Non - Residential Services - Telecare - Mobile Devices and Monitoring - per week		2.58	Outwith the Scope	0.00	2.58	2.65	Outwith the Scope	0.00	2.65	0.07	2.7%	
Non - Residential Services - Telecare - Canary System - per week		2.06	Outwith the Scope	0.00	2.06	2.10	Outwith the Scope	0.00	2.10	0.04	1.9%	
Non - Residential Services - Home Help - hourly rate		18.48	Outwith the Scope	0.00	18.48	19.04	Outwith the Scope	0.00	19.04	0.56	3.0%	Adjusted to be divisible by 4 to reflect quarter hour visits
Non - Residential Services - Housing Support - hourly rate		18.48	Outwith the Scope	0.00	18.48	19.04	Outwith the Scope	0.00	19.04	0.56	3.0%	Adjusted to be divisible by 4 to reflect quarter hour visits
Non - Residential Services - Employment Support - hourly rate		18.48	Outwith the Scope	0.00	18.48	19.04	Outwith the Scope	0.00	19.04	0.56	3.0%	Adjusted to be divisible by 4 to reflect quarter hour visits
Non - Residential Services -Sleepover Service - per night		104.04	Outwith the Scope	0.00	104.04	106.20	Outwith the Scope	0.00	106.20	0.00	2.1%	Rate increase reflects change in base to match Scottish Living Wage which is a Scottish Government requirement from 2018/19 onwards.
Non - Residential Services -Transport - per day		2.86	Outwith the Scope	0.00	2.86	2.94	Outwith the Scope	0.00	2.94	0.08	2.8%	Adjusted to be divisible by 2 to enable one-way charging
Non - Residential Services -Elderly Day Care - hourly rate		9.08	Outwith the Scope	0.00	9.08	9.36	Outwith the Scope	0.00	9.36	0.28	3.1%	Adjusted to be divisible by 4 to reflect quarter hour visits
Non - Residential Services -Learning Disability Resource Centre Service - hourly rate		24.00	Outwith the Scope	0.00	24.00	24.72	Outwith the Scope	0.00	24.72	0.72	3.0%	Adjusted to be divisible by 4 to reflect quarter hour visits
Provision of Occupational Therapy Consultation - Per assessment/consultation		251.89	Outwith the Scope	0.00	251.89	259.45	Outwith the Scope	0.00	259.45	7.56	3.0%	
Provision of Professional Services - Per Community Care Assessment/ Consultation		631.39	Outwith the Scope	0.00	631.39	650.33	Outwith the Scope	0.00	650.33	18.94	3.0%	
Provision of Professional Services - Full needs assessment only		479.36	Outwith the Scope	0.00	479.36	493.74	Outwith the Scope	0.00	493.74	14.38	3.0%	
Provision of Professional Services - Needs Review only		175.31	Outwith the Scope	0.00	175.31	180.57	Outwith the Scope	0.00	180.57	5.26	3.0%	
Children & Families - Local Authority Residential Care Provision: Dunclotha (weekly charge)		2,146.89	Outwith the Scope	0.00	2,146.89	2,185.31	Outwith the Scope	0.00	2,185.31	38.42	1.8%	Charge levied to other HSCPs/Councils buying places from Argyll and Bute.
Children & Families - Local Authority Residential Care Provision: Shellach View (weekly Charge)		2,000.69	Outwith the Scope	0.00	2,000.69	2,080.21	Outwith the Scope	0.00	2,080.21	79.52	4.0%	Charge levied to other HSCPs/Councils buying places from Argyll and Bute.
Children & Families - Local Authority Residential Care Provision: Helensburgh (weekly Charge)		1,972.27	Outwith the Scope	0.00	1,972.27	2,000.00	Outwith the Scope	0.00	2,000.00	27.73	1.4%	Charge levied to other HSCPs/Councils buying places from Argyll and Bute.
Children & Families - Other Charges - Inter Country Adoptions		6,618.32	Outwith the Scope	0.00	6,618.32	6,816.87	Outwith the Scope	0.00	6,816.87	198.55	3.0%	
Inter-Authority Substitute Family Care Placements: Within Scotland	In line with British Association of Adoption and Fostering (BAAF) recommended figures		Outwith the Scope				Outwith the Scope					In line with British Association of Adoption and Fostering (BAAF) recommended figures.

Description	Other	2020/21				2021/22				Increase		Notes/Comments
		Net £	VAT Rate	VAT £	Gross £	Net £	VAT Rate	VAT £	Gross £	£	%	
SOCIAL WORK												
Inter-Authority Substitute Family Care Placements: Elsewhere - 1 child	In line with British Association of Adoption and Fostering (BAAF) recommended figures		Outwith the Scope				Outwith the Scope					In line with British Association of Adoption and Fostering (BAAF) recommended figures.
Inter-Authority Substitute Family Care Placements: Elsewhere - 2 children (siblings placed together)	In line with British Association of Adoption and Fostering (BAAF) recommended figures		Outwith the Scope				Outwith the Scope					In line with British Association of Adoption and Fostering (BAAF) recommended figures.
Inter-Authority Substitute Family Care Placements: Elsewhere - 3 children (siblings placed together)	In line with British Association of Adoption and Fostering (BAAF) recommended figures		Outwith the Scope				Outwith the Scope					In line with British Association of Adoption and Fostering (BAAF) recommended figures.
Hostel Charges - Room hire - children's hearing - half day		22.60	Exempt	0.00	22.60	23.30	Exempt	0.00	23.30	0.70	3.1%	
Hostel Charges - Room hire - children's hearing - Full day		37.75	Exempt	0.00	37.75	38.90	Exempt	0.00	38.90	1.15	3.0%	
Hostel Charges - Room hire - half day		37.75	Exempt	0.00	37.75	38.90	Exempt	0.00	38.90	1.15	3.0%	
Hostel Charges - Room hire - full day		67.90	Exempt	0.00	67.90	69.95	Exempt	0.00	69.95	2.05	3.0%	
Hostel Charges - Catering: Tea, Coffee and Biscuits		2.75	Standard	0.55	3.30	2.83	Standard	0.57	3.40	0.10	3.0%	
Hostel Charges - Catering: Soup and Sandwiches		5.38	Standard	1.08	6.46	5.54	Standard	1.11	6.65	0.19	2.9%	
Hostel Charges - Catering: Lunch (2 course with coffee)		8.21	Standard	1.64	9.85	8.46	Standard	1.69	10.15	0.30	3.0%	
Hostel Charges - accommodation - Argyll & Bute Council - Bed & Breakfast		31.46	Standard	6.29	37.75	32.42	Standard	6.48	38.90	1.15	3.0%	
Hostel Charges - accommodation - Argyll & Bute Council - Half Board		44.13	Standard	8.83	52.96	45.46	Standard	9.09	54.55	1.59	3.0%	
Hostel Charges - accommodation - Other Groups - Bed & Breakfast		31.46	Standard	6.29	37.75	32.42	Standard	6.48	38.90	1.15	3.0%	
Hostel Charges - accommodation - Other Groups - Half Board		44.13	Standard	8.83	52.96	45.46	Standard	9.09	54.55	1.59	3.0%	
Hostel Charges - accommodation - Other Groups - Full Board		50.38	Standard	10.08	60.46	51.88	Standard	10.38	62.25	1.79	3.0%	



Integration Joint Board

Date of Meeting: 27th January 2021

**Title of Report: Healthcare Improvement Scotland- Unannounced
Inspection, Cowal Community Hospital**

Presented by: Elizabeth Higgins, Lead Nurse

The Board is asked to:

- Note the unannounced inspection 'on the day' and draft report feedback and the timetable for the published report and improvement plan which will be widely accessible.

1. EXECUTIVE SUMMARY

On 27th October 2020, Cowal Community Hospital had an unannounced Hospital Inspection carried out by Healthcare Improvement Scotland (HIS). On the day verbal feedback was positive with some areas for improvement. The formal report is due to be published on 21st January 2021.

2. INTRODUCTION

This paper is to inform the IJB that on 27th October 2020, Cowal Community Hospital, Dunoon was subject to an unannounced hospital inspection by Health Improvement Scotland.

The inspection was based predominately on the Care of Older People in Hospital Standards (2015) and Healthcare Associated Infection (HAI) standards (2015).

The inspection focussed on infection prevention and control and the care of older people under three themes:

- People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.
- Infection control practices support a safe environment for both people experiencing care and staff.
- Staffing arrangements are responsive to the changing needs of people experiencing care.

3. DETAIL OF REPORT

The inspection team spent several hours in the ward observing practice and reviewing documentation. They gave verbal on the day feedback to the Senior Charge Nurse and Lead Nurse.

The overall feedback was very positive and complementary of the care observed. It is apparent that there are areas of improvement around documentation and care planning as well as mandatory training for medical staff. Improvement plans are already in place to address the issues highlighted

At the time of this IJB covering paper being authored, NHS Highland has had sight of the draft report and the content of the report mirrored the positive feedback received on the day of the inspection.

Time table for report

Draft report 9th Dec 2020 – received and checked for accuracy.

Final report published 21st January 2021

Whilst we acknowledge the nature of the feedback at the time of writing this paper, and whilst we await the formal report, we would wish to thank all the staff within CCH and in particular the ward on such a positive inspection outcome.

Thanks also to the infection control team and nursing leads for support to all the Community Hospitals in preparation for inspections.

4. RELEVANT DATA AND INDICATORS

Inspection carried out using the Care of Older People in Hospital Standards (2015) and Healthcare Associated Infection (HAI) standards (2015).

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Contributes to a number of the HSCP SPs

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Nil of note

6.2 Staff Governance

HEI standards are intended to protect both staff and patients

6.3 Clinical Governance

Infection Control and Care of Older People are key components of good CG

7. PROFESSIONAL ADVISORY

Sighted on and supportive of paper

8. EQUALITY & DIVERSITY IMPLICATIONS

n/a

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

No issues

10. RISK ASSESSMENT

Any risks identified following inspection will be addressed as part of the action plan

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Not applicable for this paper

12. CONCLUSIONS

The experience and outputs from the inspection was very positive and supportive. There are a number of key areas for improvements and an action plan has been developed to address and monitor progress.

13. DIRECTIONS

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

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Integration Joint Board

Date of Meeting: 27 January 2020

Title of Report: Argyll & Bute Child Poverty Action Plan Review 2019-20

Presented by: Joanna Macdonald

The Board is asked to:

- Note the report detailing the review of the Child Poverty Action plan for 2019-20

1. EXECUTIVE SUMMARY

- 1.1 The Child Poverty Action Plan is a multi-agency plan endorsed and supported by both health board, council and other partner agencies and supporting the delivery of the Local Outcome Agreement. It will seek to deliver the targets set by the Scottish Government in Argyll & Bute reducing the number of children living in poverty and subsequently reducing health and other inequalities.
- 1.2 This approach is focussed on tackling the causes of poverty as reported as well as the impacts of poverty.
- 1.3 The review notes the work being undertaken across agencies and also the implementation of Children's Rights and a commitment to undertaking Children's Rights and Wellbeing Assessments to assist and inform EQSEIA's and to ensure that children rights are taken into consideration.
- 1.4 The review features both planned work and the partner response to COVID-19. Due to COVID-19 some service delivery will require to be redesigned or rescheduled.
- 1.5 The report will be presented through the appropriate partnership governance for approval prior to publication and this paper provides an initial update to the Community Planning Partnership. Publication is anticipated to be by February 2021.

2. INTRODUCTION

In 2017 the Child Poverty (Scotland) Act came into force as an attempt to put in place measures that would reduce the concerning increase in child poverty, both on a national and local level. To evidence the need for such action the Scottish Government commissioned research which found that by 2030/31, if no action was taken, it was estimated that 38% of children would be in relative poverty, 32% of children would be in absolute poverty, 17% of children would be

in combined low income and material deprivation and 16% of children would be in persistent poverty. The key reason for these projected rises was seen as the announced UK Government cuts, primarily the benefit freeze and the two child limit on tax credits.

The 2017 Act set into in law four targets relating to ending child poverty, which the Scottish Government committed to trying to achieve by 2030. The targets for children living in households in Scotland are that:

- less than 10% of children live in relative poverty (relative poverty is less than 60% of average household income for the year taking account of the size and composition of the household);
- less than 5% of children live in absolute poverty (absolute poverty is less than 60% of average household income for the financial year beginning 1 April 2010);
- less than 5% of children live in combined low income and material deprivation (low income is defined as less than 70% of average household income for the year, material deprivation is when families are unable to afford three or more items out of a list of basic necessities);
- less than 5% of children live in persistent poverty (persistent poverty is where a child has lived in relative poverty for three out of the last four years).

These are all measured after housing costs are deducted. The Act also sets out interim targets which are to be met in the financial year beginning 1 April 2023.

The Scottish Government produced its national Child Poverty Action Plan and, in June 2019, all 32 Scottish Council areas produced their own local Child Poverty Action Plans and are required to review on an annual basis.

The Argyll & Bute Child Poverty Action plan can be found here:

https://www.argyll-bute.gov.uk/sites/default/files/child_poverty_action_plan_0.pdf

3. DETAIL OF REPORT

3.1 In addressing child poverty the report outlines the causes of poverty and linkages with domestic abuse and lack of access to opportunity.

It notes the adoption of Children's Rights assessment and how this will be used to inform decision making going forward.

The action plan seeks to tackle poverty at the root cause and reviews activity undertaken to increase income through employment and earning, through welfare benefit support and reviewing the cost of living and housing issues.

It further goes on to explore support in maintaining access to digital, particularly pertinent during the Lockdown period. The Connecting Scotland project supported the provision of devices under strict criteria to reduce digital exclusion.

Partnership working remains the key to delivering the activity with a wide range of partners involved throughout the life stages of children and supporting

families to maximise their opportunities and income. This has been supported by the Council Advice web page allowing people to access a range of services.

Future work will continue to engage with harder to reach groups and the agencies supporting them. The action group will continue to develop material supporting poverty awareness and the communication of the skills and experience available to children and families to support them.

The group will aim to ensure they reach as diverse a group as possible targeting the travelling community to ensure children can attain their aspirations.

The impact of COVID-19 has stimulated a national response around issues like free school meals outwith term time and this will be subject to ongoing review of need.

Trauma Informed Practice has been adopted in Argyll & Bute with training undertaken and future training identified to be rolled out to wider groups.

It also notes the progression in informing policy through listening to children.

4. RELEVANT DATA AND INDICATORS

The report notes performance data and qualitative response from partners.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

This review notes contribution to the Scottish Governments national priorities, Single Outcome Agreement and delivery of the HSCP strategic plan.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

None for this report

6.2 Staff Governance

None for this report

6.3 Clinical Governance

None for this report

7. PROFESSIONAL ADVISORY

None for this report

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

Complaint with data protection principles.

10. RISK ASSESSMENT

Ongoing risk assessment on the short and long term impact of COVID-19 and the impacts on poverty in Argyll & Bute and subsequent inequalities.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

No user involvement in the writing of this report but communities are consulted through the delivery of actions.

12. CONCLUSIONS

The report contains a link to the plan. The review will note a breadth of work undertaken in a multi-agency approach. The plan remains ambitious seeks to build on the work delivered annually. COVID-19 has impacted on the mode of some of the work planned but has also provided opportunities to achieve other areas of work in the shorter term.

13. DIRECTIONS

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

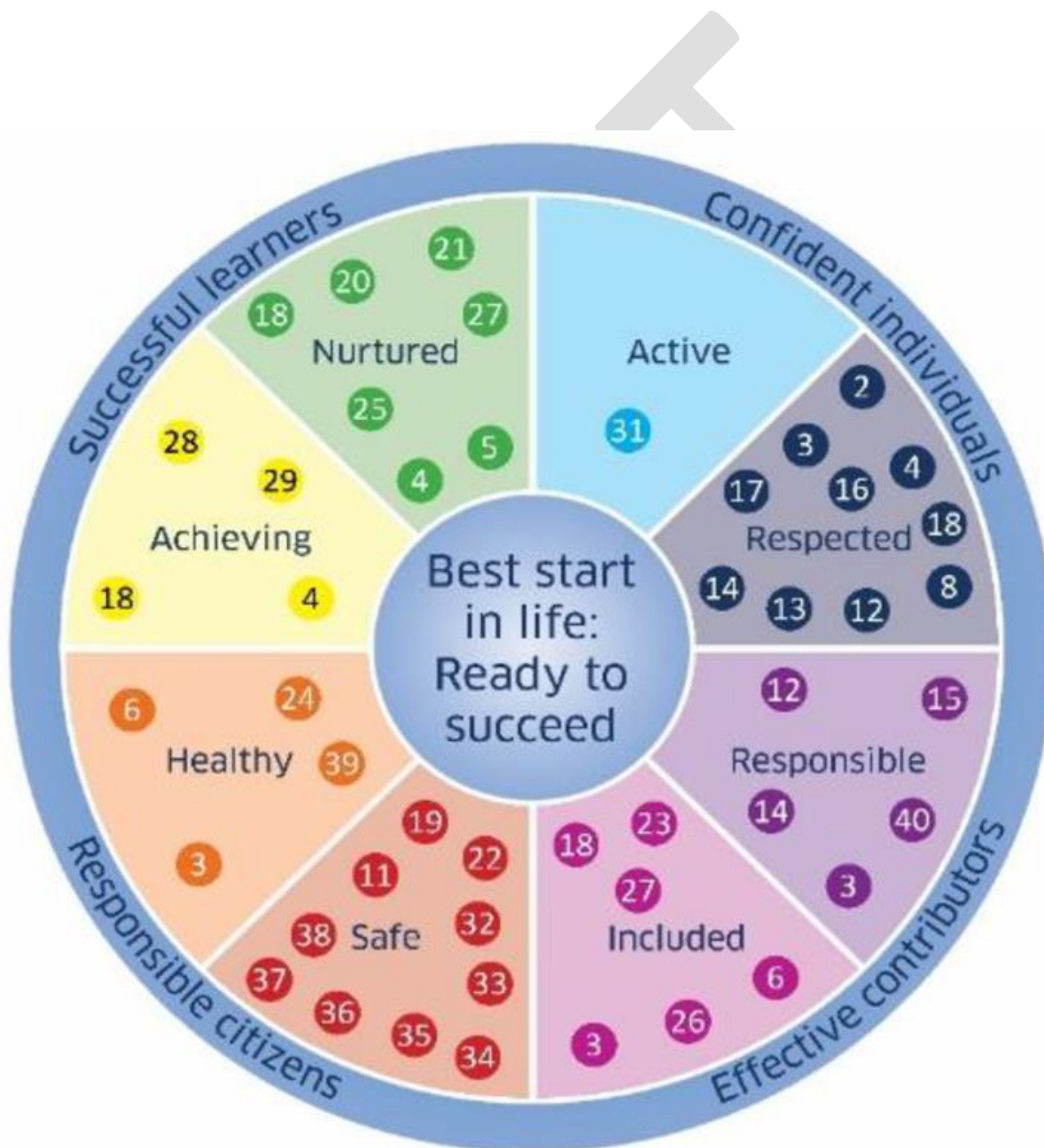
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Argyll and Bute Child Poverty Action Plan Review 2019-20

November 2020



Author Mandy Sheridan



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DRAFT



Foreword

Argyll and Bute benefits from supportive communities and an enviable environment for children to grow up in. Despite our idyllic setting Child Poverty is a reality.

In 2020 the impact of Covid-19 has further impacted on families and communities, increasing the risk of poverty and with that the impacts that poverty brings.

In this first review of the Argyll & Bute Child Poverty Action Plan, it outlines the work undertaken so far. The plan is an agreed multi-agency approach to tackling poverty and the causes of poverty in Argyll & Bute.

We will be reviewing and monitoring the impact of the pandemic in the forthcoming year and will continue to closely review the economic, social and health impacts on our communities.

We are aligned in our desire to see our local children access the best opportunities to support them to develop their potential and as adults continue to live and work in a vibrant Argyll & Bute.

We have no hesitation in recommending this review which highlights the excellent multi-agency and partnership work being undertaken. We would continue to ask you to support the Children's Strategic Group to ensure they can continue to tackle the inequalities which are so damaging to our young people and to their futures.



Joanna Macdonald
Chief Officer Argyll & Bute
Health and Social Care
Partnership
Chair Childrens Strategic Group



Pippa Milne
Chief Executive
Argyll & Bute Council



Pam Dudek
Chief Executive
NHS Highland Health Board



Introduction



In 2017 the Child Poverty (Scotland) Act came into force as an attempt to put in place measures that would reduce the concerning increase in child poverty, both on a national and local level. To evidence the need for such action the Scottish Government commissioned research which found that by 2030/31, if no action was taken, it was estimated that 38% of children would be in relative poverty, 32% of children would be in absolute poverty, 17% of children would be in combined low income and material deprivation and 16% of children would be in persistent poverty. The key reason for these projected rises was seen as the announced UK Government cuts, primarily the benefit freeze and the two child limit on tax credits.

The 2017 Act set into law four targets relating to ending child poverty, which the Scottish Government committed to trying to achieve by 2030. The targets for children living in households in Scotland are that:

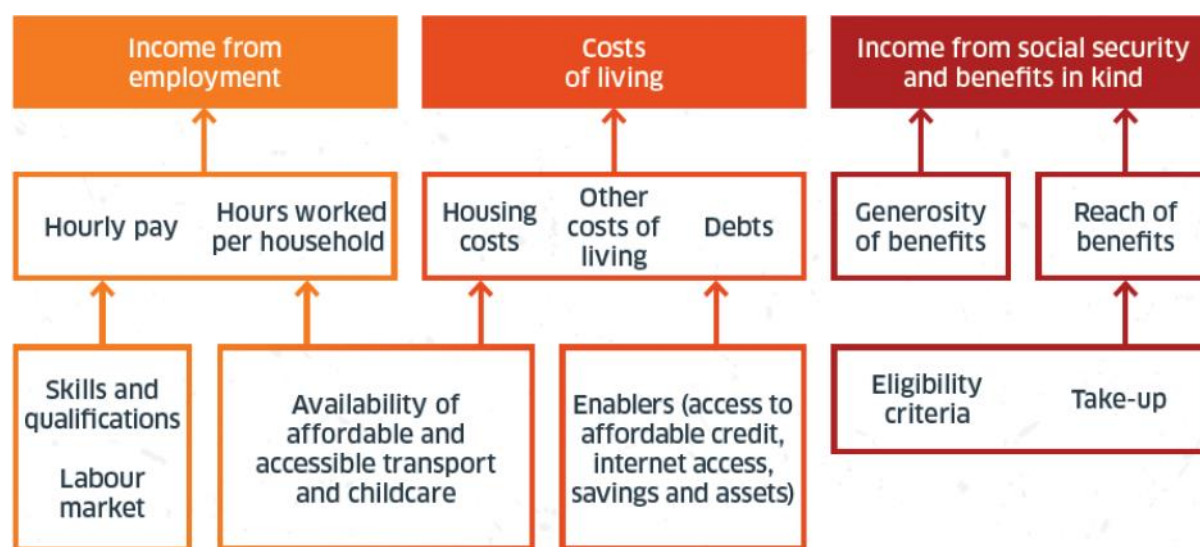
- less than 10% of children live in relative poverty (relative poverty is less than 60% of average household income for the year taking account of the size and composition of the household);
- less than 5% of children live in absolute poverty (absolute poverty is less than 60% of average household income for the financial year beginning 1 April 2010);
- less than 5% of children live in combined low income and material deprivation (low income is defined as less than 70% of average household income for the year, material deprivation is when families are unable to afford three or more items out of a list of basic necessities);
- less than 5% of children live in persistent poverty (persistent poverty is where a child has lived in relative poverty for three out of the last four years).

These are all measured after housing costs are deducted. The Act also sets out interim targets which are to be met in the financial year beginning 1 April 2023.

The Scottish Government produced its national Child Poverty Action Plan and, in June 2019, all 32 Scottish Council areas produced their own local Child Poverty Action Plans. Local action plans, as with the national one, were based primarily on identifying measures to combat the three drivers of poverty:



Income through employment, income through benefits and the cost of living.



They also looked at measures to alleviate the impact of poverty on children and families. It was acknowledged that there were limited funds to create new projects and actions but Councils, Health Boards and their partners were encouraged to work closely together to come up with new ideas and fresh ways of using available resources in order to meet the Scottish Government's ambitious targets for the reduction of child poverty by 2023 and 2030. Plans would look at what was already happening across Scotland and what future work was planned; becoming road maps to show how child poverty would be tackled.

Argyll and Bute, in line with other local authorities, published its first Local Child Poverty Action Report in June 2019.

https://www.argyll-bute.gov.uk/sites/default/files/child_poverty_action_plan_0.pdf

The report acknowledged the challenges presented by Argyll and Bute being the second largest local authority in Scotland at 690, 899 hectare and also the third most sparsely populated area with only 13 people per square kilometre or 0.13 per hectare compared to the Scottish average of 0.70 and along with its five towns it included 23 inhabited islands. Demographic challenges were acknowledged with the National Records of Scotland office stating in March 2020 that between 2018 and 2028, the population of Argyll and Bute is projected to decrease from 86,260 to 81,197. This is a decrease of 5.9%, with the biggest decrease coming in the 0-19 age group. This can be compared to a projected increase of 1.8% for Scotland as a whole.



The plan also noted that areas of deprivation existed; in recent figures the Scottish Index of Multiple Deprivation 2020v2 noted that Argyll and Bute contained 10.4% of the 20% most deprived Data Areas in Scotland and 11.2% of the 20% most income deprived data zones. Overall data from the charity “End Child Poverty” last published in May 2019, estimated Argyll and Bute as having 20% of children living in poverty (All poverty rates are calculated on an after housing costs basis. Households are living in poverty if their household income [adjusted to account for household size] is less than 60% of the median household income).

The figures by ward were as follows:

Ward	% of children in poverty
Cowal	21%
South Kintyre	21%
Dunoon	27%
Lomond North	22%
Oban South and the Isles	21%
Isle of Bute	26%
Oban North and Lorn	18%
Helensburgh and Lomond South	15%
Kintyre and the Islands	19%
Helensburgh Central	19%
Mid Argyll	16%

www.endchildpoverty.org.uk/poverty-in-your-area-2019

The Department of Work and Pensions looked at child poverty figures **before housing costs** and found the following:

	Children in Poverty 2014 / 2015	Children in Poverty 2018 / 2019	Percentage Point Increase
Scotland	14.5%	18.1%	3.6%
Argyll and Bute	13.4%	17.3%	3.9%



Comparison of the figures suggests that housing costs are a key factor when considering factors contributing to child poverty. In addition they would suggest that whilst rates of child poverty in Argyll and Bute remain below the national average for Scotland, they may be increasing at a faster rate. The Covid19 crisis may turn out to have further fuelled this increase because some areas of Argyll and Bute have a considerable dependence on the Tourist Industry.

We looked in detail at the workers in the tourism sector, which is one of the most directly affected by restrictions. Pre-crisis, they were on one of the lowest paid sectors with an average take-home income that was around 15% lower than the Scottish average, and a poverty rate of 28% which is much higher than the Scottish average of 19%. For children with parents who work in the sector, the poverty rate was 41% compared to the Scottish average of 24%.

The Poverty Alliance in their Anti-Poverty Review, summer 2020; p. 15

Lone parents may be particularly affected by this as a third of lone parents work in sectors, such as tourism, that experienced shutdown. The vast majority of lone parents are women, and are more likely to be living in poverty. (Close The Gap, 2020; Improvement Service, 2020a). There are a significant number of lone parent families living in Argyll and Bute. On 23 October 2020 there was a live caseload covering Housing Benefit and Council Tax Reduction of 849 single parent families which represents 11.5% of the overall caseload.

It is also clear that families with children, as a whole, are experiencing increased financial difficulties in 2020.

Number of Crisis Grants where there were children recorded as household members:

	No. of Claims	No. of Children
01/04/19 – 30/09/2019	93	159
01/04/2020 – 30/09/2020	128	243
Difference in No.	35	84
Difference in %	27.34%	34.57%

Government statistics for Argyll and Bute, looking at children under the age of 16 living in families in relative and absolute poverty found the following:

1. Number and percentage of Children (aged under 16) living in relative low income families.

Year	Number	Percentage
2014 - 2015	1,823	13
2015 - 2016	1,825	14
2016 - 2017	2,094	16
2017 - 2018	2,266	17



2018 - 2019	2,254	17
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2. Number and percentage of children (aged 16 and under) living in absolute low income families.

Year	Number	Percentage
2014 - 2015	1,817	13
2015 - 2016	1,722	13
2016 - 2017	1,757	13
2017 - 2018	1,866	14
2018 - 2019	1,877	14

These statistics are produced at a national level. Due to a data lag the 2019-2020 statistics are not available. <https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-201415-to-201819> - specifically within

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/895808/children-in-low-income-families-local-area-statistics-2014-15-to-2018-19.ods

The Connection between Poverty and Domestic Abuse:

In Scotland, as is the case all over the World, domestic abuse very often goes hand in hand with financial abuse. Financial abuse is a form of coercive control and is an offence under the Domestic Abuse (Scotland) Act 2018. It prevents women having the resources to leave violent relationships and being able to support themselves and their children.

One answer to the old question: 'Why doesn't she just leave?' becomes evident when we look at the statistics: for the vast majority of women, economic abuse happens alongside other forms of domestic abuse. This may include coercive control of finances (97% of domestic abuse victims), sabotage - such as the abuser showing up at the woman's workplace or making her late to undermine her job - (89%), and financial exploitation (87%). There are many reasons why women don't leave violent relationships, and fear for their safety and their children's is one of the biggest. But financial insecurity also looms large in women's decision-making..... Disabled women will face additional barriers to leaving services, transport and available adapted homes, but also because their abusive partner is often their carer.

Domestic Abuse is an Economic Issue - for its Victims and for Society; CPAG; Dr Sara Reis; 06/12/2019

Living in a remote place can also be used to increase financial control and prevent women fleeing domestic abuse. In Argyll and Bute we have many remote places, including 23 inhabited islands.



Financial control, removal from friends, isolation from family are all well understood tools of abuse. .. The more rural the greater the impact of this isolation, which is now geographic and tangible, sitting alongside financial and social isolation.

*Captive and Controlled; Domestic Abuse in Rural Areas;
National Rural Crime Network Report 2019*

Becoming a single parent is another factor that impacts on women fleeing domestic abuse. Around 230,000 children were living in relative poverty in Scotland before the covid19 crisis. Of these, 90,000 were in lone-parent families; mostly headed by women. In Argyll and Bute the connection between poverty and domestic abuse is recognised and there are resources targeted at assisting women and children. The Housing Consortium has policies that will offer priority and support to women fleeing domestic violence and there are organisations such as Women's Aid, Rape Crisis and ASSIST who have specialist workers who can offer emotional and practical support. This is very necessary because the covid19 pandemic has seen a concerning rise in levels of domestic abuse. The figures for Argyll and Bute Women's Aid on 26/10/2020 showed that:

- 174 Women were being supported
- 64 of whom were living under extreme financial difficulties (37%)
- 131 children lived in those 64 families and faced poverty daily.

On that date last year (26/10/19) there were 106 women's cases open

Anecdotally staff felt that the volume of cases where extreme financial pressure existed had increased greatly during COVID.

The Council has produced a webpage that gives women advice and links to a range of services that they might need and this will include money advice. Domestic abuse is unacceptable and in Argyll and Bute the Violence against Women and Girls Partnership, a multi-agency group (including health, education, third sector, employability, benefits, housing and social work) is working to try and ensure women and children that they do not fall into poverty as a result.

<https://www.argyll-bute.gov.uk/advice-services>

Alongside the challenges there are also some advantages and benefits to living in Argyll and Bute, some of these included:

- Argyll and Bute is a place of outstanding natural beauty.
- We have a lower child poverty rate than the Scottish national average.
- In 2018 Argyll and Bute Schools were above the current national performance in Scottish Qualifications Authority (SQA) examinations in all four of the national measures; National 4, National 5, Higher and Advanced Higher. In 2019 pupils in academic year 2018/19 i.e.
 - National 4 results are above the national outcome by 11.50% in 2019.
 - ii. National 5 results are above the national outcome by 1.2% in 2019.

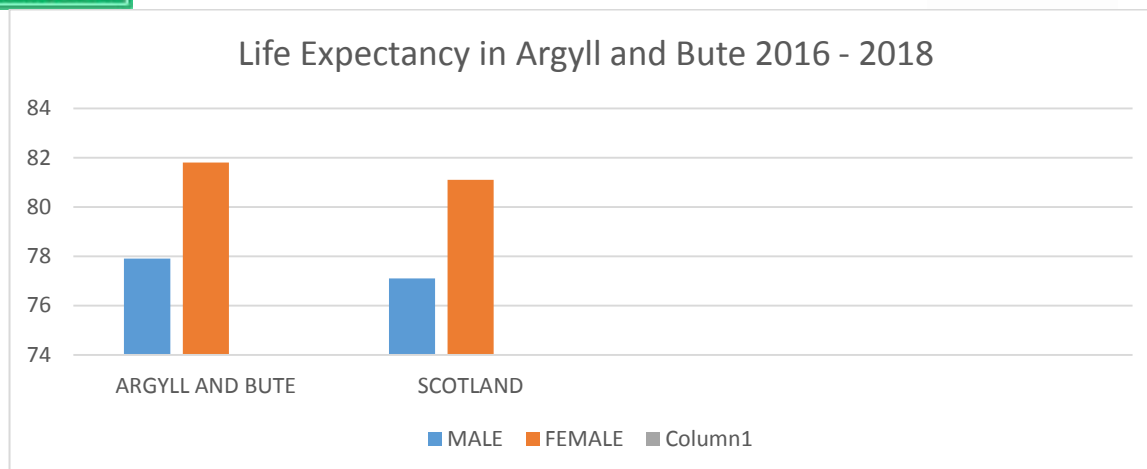


- iii. Higher results are below the national outcome by -1.6% in 2019. There is a national dip in the 2019 higher results.
- iv. Advanced Higher results are below the national outcome by -3.7% in 2019.

Nomis, official labour market figures show that between Jan.2019 – Dec.2019 Argyll and Bute's population scored more highly in terms of qualifications than both the Scottish and UK average in most respects.

	Argyll and Bute Level	Argyll and Bute %	Scotland %	Great Britain %
NVQ4 and Above	22,300	44.6	45.3	40.3
NVQ3 and Above	31,300	62.6	60.8	58.5
NVQ2 and Above	39,300	78.6	75.6	75.6
NVQ1 and Above	44,400	88.8	83.5	85.6
Other Qualifications	2,00	4.0	6.7	6.7
No Qualifications	3,600	7.2	9.8	7.7

- **In Argyll and Bute, life expectancy at birth is higher than at Scotland level for both females and males. (Argyll and Bute Council Area Profile; National Records of Scotland; April 2020.)**



- **Business survival rates in Argyll and Bute are better** and survival rates increased from 63.5 to 64.4 per cent, compared with a 2.4 percentage point reduction for Scotland (which had a business survival rate of 60.4 per cent in 2018/19). (Best Value Assurance Report; Argyll and Bute; Audit Scotland May 2020).

Our Vision:

Whilst acknowledging the challenges and the need to work in partnership to tackle child poverty in Argyll and Bute, the plan was able to set out a clear vision of what we wanted to achieve:

We want an Argyll and Bute where no-one lives in poverty. Everyone should be able to achieve their potential and feel healthy, happy and valued. We want to be a place where everyone understands that tackling poverty is a shared responsibility. We believe that if we act locally, and in partnership, we can make a difference.

This is supported by the Local Outcomes Improvement Plan and its six long term outcomes that in Argyll and Bute:

https://www.argyllbute.gov.uk/sites/default/files/aboip_v1_2017.pdf

1. The economy is diverse and thriving.
2. We have infrastructure that supports sustainable growth.
3. Education, skills and training maximises opportunities for all.
4. Children and young people have the best possible start.
5. People live active, healthier and independent lives.
6. People live in safer and stronger communities.



Children's Rights:

Since creating this first vision statement Argyll and Bute, other local authorities and the Scottish Government have committed to putting the United Nations Convention on the Rights of the Child at the centre of decision making both politically and legally. On the 1st of September 2020 the First Minister announced a UNCRC Incorporation Bill as part of Scotland's 2020/21 Programme for Government. This Bill looks to put the UN Convention on the Rights of the Child into Scots law to the maximum extent possible.

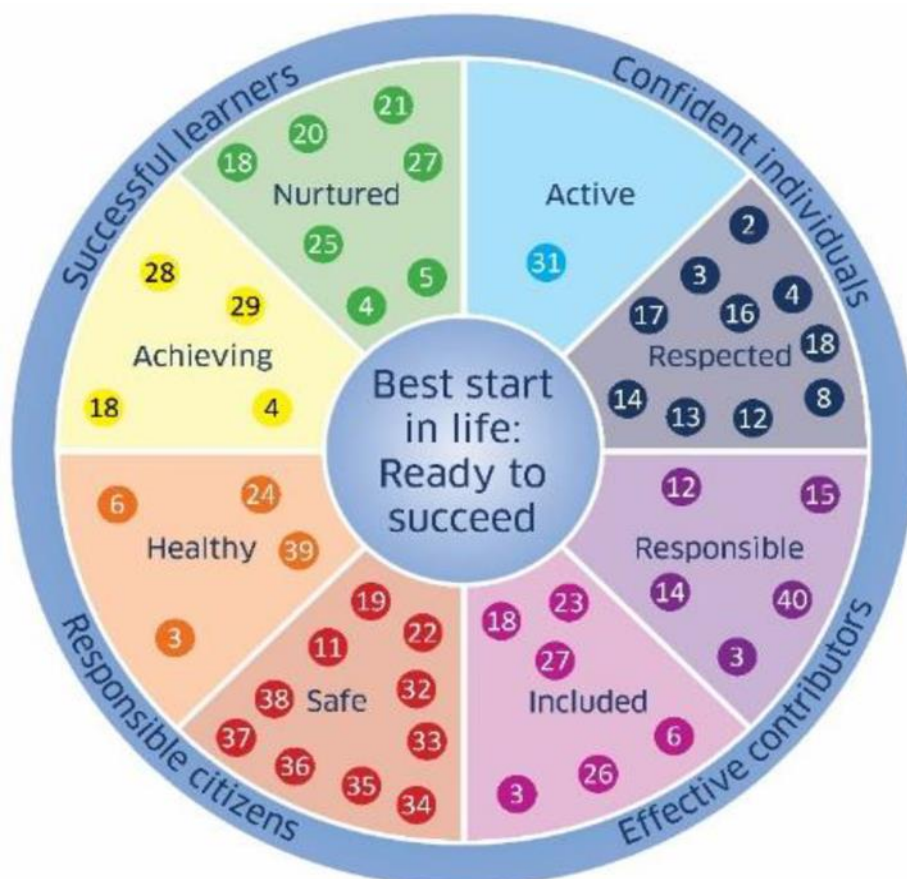
In Scotland Government Ministers currently have a duty to promote public awareness and understanding of the rights of children under Part 1 of the Children and Young People (Scotland) Act 2014. Local Authorities and Health Boards have a duty to report back every three years on the steps each has taken to secure better or further effect of UNCRC requirements under s.2 and Schedule 1 of the 2014 Act.

In 2020 Argyll and Bute will produce its own Children's Rights Report and will use its principles when tackling child poverty. This will demonstrate a commitment to the articles of the UNCRC and delivering them through The Getting it Right For Every Child (GIRFEC) assessment approach, which encompasses 8 Wellbeing Indicators (safe, Healthy, achieving, nurtured, active, respected, responsible and included). GIRFEC recognises that all children are unique and that each child should be helped to reach their full potential. A range of experiences can have negative effects on young people; these are recognised in the work on Adverse Childhood Experiences (ACEs) or other adversities such as bereavement or bullying, or where a family is affected by illness, disability or poverty.

<https://www.gov.scot/publications/adverse-childhood-experiences/>



The UNCRC Articles that apply to the Wellbeing Indicators (SHANARRI):



In our original Child Poverty Action Plan we said that we would complete Equality and Socio-Economic Impact Assessment (EQIA's) to ensure that the Fairer Scotland Duty, part one of the Equality Act 2010, informs our decision making in a clear and transparent way and that all our strategic decisions have due regard to: eliminating discrimination, harassment, victimisation and any other conduct prohibited by the 2010 Act. In completing EQIA's we would also fulfil our duties under the Island Scotland Act 2018 and consider the impact of our strategies, policies and service provisions on the populations of 23 inhabited islands of Argyll and Bute.

In this Review Report we confirm that we will continue to tackle child poverty and its impacts on children and families by the use of impact assessments. In connection with children's rights and the UNCRC we will also now commit to carrying out Children's Rights and Wellbeing Assessments (CRWIA's) in conjunction with EQIA's in order to ensure that we identify all and any impacts on children, young people and their rights and wellbeing caused by any plans, policies or actions of the Council, Health Board or partner agencies. Subsequent decision will then be made with children's rights and child poverty taken into consideration.



The United Nations Convention on the Rights of the Child.

https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf?_ga=2.174658018.1999023234.1593702630-61273816.1593702630

The United Nations Convention on the Rights of the Child; in child friendly language

<https://sites.unicef.org/rightsite/files/uncrcchildfriendlylanguage.pdf>

Covid 19:

On the 23rd of March 2020 it was announced that lockdown conditions would commence across the UK in order to prevent the spread of the Corona Virus. People's lives were impacted on immediately as they were compelled to stay at home and abide by restrictions; some families, those already experiencing poverty and living on benefits or low and insecure wages, would find this more of a challenge. Public Health Scotland said that: "Around 230,000 children were living in relative poverty in Scotland before this crisis. Of these, 90,000 were in lone-parent families (headed predominantly by women)."

<https://publichealthscotland.scot/>

Argyll and Bute Council and its partners immediately took action to organise a response that would support communities and individuals, particularly those who were already seen to be vulnerable or disadvantaged. These actions included:

- Tactical Command Groups were set up and met on a daily basis to ensure fast and coordinated approaches to the challenges of covid19. These along with a newly established "Caring for People Tactical Partnership" ensured that safety / advice and resource messages got to children and families quickly.
- The Caring for People Tactical Partnership, comprised of NHS Highland, Argyll and Bute Council, Argyll and Bute HSCP and Third Sector Interface staff, was formed to coordinate the urgent community response to the COVID-19 pandemic. Local communities across Argyll and Bute had already started to mobilise and form local resilience groups, to protect those most at risk from COVID in the community. The Caring for People group brought together many of these groups to provide guidance and ensure that no area was uncovered and no one was left behind. A helpline was set up for people who were self-isolating/vulnerable and whose usual support network was not available. This was to ensure that everyone had access to food, essential supplies and other necessary support. Local Caring for People teams were established, and worked with existing resilience groups and a network of volunteers to arrange for food delivery, other essential shopping supplies and medication delivery. The Caring for People helpline supported over 3400 people and took over 5500 calls, with over 500 calls a week during the busiest period. Over 990 people in Argyll and Bute registered to volunteer as part of the Caring for People community response.



<https://sway.office.com/Dw2xKno7aogbLmcl?ref=Link>

- Caring for people developed leaflets on where to go for help, money worries, and general wellbeing. These were distributed to all households in Argyll and Bute via Royal Mail, recognising that issues such as digital exclusion and low income could be a barrier to people from accessing information online (example below). Partners such as the Scottish Fire & Rescue Services helped to move leaflets across Argyll and Bute so that they could be sent out with food parcels. Other resources were also developed, such as guidance on how to volunteer safely and a website with information about businesses and groups who were helping locally.
- The group supported those who were asked to shield and worked with the newly formed **Community Food Group** to ensure that food was available and accessible to all. By the end of July this group had delivered a total of 44,811 fresh and ambient parcels to vulnerable, shielding and free school meal households across Argyll and Bute since the crisis began. Over 3000 people in Argyll and Bute were registered as shielding and statistics published by COSLA recognise the exceptional effort within Argyll and Bute to get in contact with those shielding and check their needs. This was undertaken by the Customer Contact Centre and a number of teams including Caring for People then worked together to ensure needs have been fulfilled.
- Caring for People understood this emergency was having an impact on mental health and wellbeing. The Helpline could therefore put people who feel lonely in touch with others to provide a friendly ear and if people are experiencing mental health problems they could also be directed to a range of services where they can get help.





Looking after your Health and Wellbeing

Keep Active - Now more than ever, it's essential to keep active. Being active can enhance your mood, wellbeing and energy levels by helping to reduce stress, anxiety and depression. NHS Inform is an excellent resource for tips on health and wellbeing.

www.nhsinform.scot/healthy-living/



Mental Wellbeing - If you're finding things hard emotionally right now, you're not alone. There are lots of things you can do to benefit your wellbeing at this time.

clearyourhead.scot/



Emotional Support - Are you feeling anxious or stressed?

To find out about a range of local and national support and services to help you cope contact the **Emotional Support Service** via the **Caring for People Helpline**
Tel: **01546 605524** Mon - Fri 9am - 5pm or complete a request form online -
https://argyllandbute.custhelp.com/app/VOL/Help_Request

Having trouble keeping kids amused? -

For some useful tips visit www.parentclub.scot



Money Worries? - Are you worried about how to cope financially at the moment?

Citizens Advice Bureau give independent financial advice www.abcab.org.uk
Email: info@abcab.org.uk or Tel: **01546 605550** Mon - Fri 10am-1pm/2pm-4pm

Scottish Welfare Fund provides emergency **Crisis** or **Community Care** Grants:

A **Crisis Grant** can be awarded to cover:

- Immediate short-term living expenses needed until their next income is due because of an emergency.
- Where a person is stranded, costs for accommodation in a hostel.
- Travel costs in case of an emergency.
- Living expenses or items where the need has arisen due to a disaster.

A **Community Care Grant** can be used to:

- Support families facing exceptional pressure.

These grants do not need to be paid back. Tel: **01546 605511**

or apply online at: www.argyll-bute.gov.uk/about-scottish-welfare-fund

If you wish to have this information produced in another format or in another language, please contact:

High-UHB.ABHealthImprovement@nhs.net



- **Hub Schools** were quickly established to ensure care for the children of key workers and vulnerable children and these worked well throughout lockdown allowing health, social care and other key frontline workers to continue in their posts. A food group was formed that ensured that all children who were entitled to free school meals continued to get food support as did their wider families if necessary. Children were assisted when shielding by multi-agency wraparound support to them and their families.
- Argyll and Bute continues 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. This training was used to advise and inform workers dealing with children and families experiencing trauma during and following lockdown and helped to give the right kind of support to our children and young people.
- **Welfare Rights Officers** continued to offer online and telephone advice for families anxious about benefit and Social Security issues. The welfare needs of NHS Highland and Argyll and Bute Council staff were also considered; information about welfare support, money and income was distributed to staff via the Wellbeing Wednesday communications. These steps helped to give information and reassurance in stressful times.
- **Women's Aid and the Housing Department worked closely together** to ensure women and children fleeing domestic violence during lockdown were quickly rehoused and that a shortage of refuge accommodation did not impact on safety or the need to exit dangerous situations.



- **The Family Placement Manager** maintained contact with children and young people in residential placements out with Argyll and Bute and ensured that their needs were met. There was ongoing communication between the Lead for Care Experienced Children and the Named Persons of external education /placement providers. She also contacted all schools where the Lead Professional is from another authority to ensure that there was been continuity of contact and support.
- The Education Lead for Looked After Children offered **financial support for the purchase of devices through the Care Experienced fund** (in line with Scottish Government approval to re-allocate funds to address risks associated with lockdown). **The Digital Inclusion Project** worked across Argyll and Bute to obtain, repair and distribute smart phones, laptops and other devices to those without these resources.
- **A bank of resource materials** were added to the resource hub – attached to Our Children Their Mental Health, related to COVID 19 for young people, parents or professionals.
https://www.argyll-bute.gov.uk/sites/default/files/mental_health_resources_updated_april_2020.pdf
- With ferry transportation curtailed innovative solutions were piloted; for example the **use of Drones** to fly tests and drugs to the island of Mull Hospital; this taking only 15 minutes rather than the several hours a ferry might have taken.

Although there are mitigation measures in place, the effects of covid19 mean that long term effects on income and employment will likely be substantial. Those who already had the least resources before the COVID-19 pandemic are at greatest risk of experiencing adverse economic and health consequences now. Key population groups who are likely to need ongoing economic support include those most at-risk and with least resources: low income families with children; primary care givers (chiefly women and lone parents); young people at risk of not entering or sustaining positive destination; disabled and long-term sick. In Argyll and Bute the Department of Work and Pensions said that for 16-24 year olds there was almost 180% increase in claimants over 6 months Feb to Aug averaging 30% increases per month with similar increases in claimants aged 25-59 and slightly lower increases for 60+.

To assist and support children and young people trying to transition to work, training and further education during the covid19 pandemic : *Argyll and Bute Transition Workstream; Post-Covid 19 Recovery Guidance for Transition for all Ages and Stages* was developed as a guide for Schools and partner organisations. This included what supports could be accessed through the Community Learning Services Team, Schools Development Scotland and Argyll College. It also gave guidance on the feelings and health issues that children and young people might be experiencing and how these could be supported. This was in addition to the protocols, assessments and supports available to young people



with disability; as set out in: *Argyll and Bute's Children. Post School Transition: Children and young people affected by disability.* Social work and health supported children with a disability by providing: 18 overnight respites at Ardlui; 3 external specialist residential placements and 83 day respite provision.

Argyll and Bute Council, Highland Health Board and their partners continue to support children and families affected and disadvantaged by covid19 and its impact on daily life. It anticipated that covid19 and exit from the EU will combine to produce some major challenges to local services and to the local and national economy.

As the Scottish Government looks towards recovery, it has established a Social Renewal Advisory Board, with specific policy circles established to inform future government work on the basis of learning from the pandemic and ensuring a fairer society. Argyll and Bute Council are directly represented on the policy circle exploring Access to Food. Argyll and Bute also held a 'Listening Event' following a request from the Board to help understand the lived experience of lockdown. This took place on 9 September with members of the community who experienced particular disadvantage during lockdown and the outcome of this was shared with the Board to help shape policy on social justice and addressing inequality.

In addition The Oxford Economics Vulnerability Index, considers a local authority's economic diversity, business environment and digital connectivity to consider how able, or not, an area is to withstand and respond to the economic shock resulting from COVID-19. A score above 100 on the index means an area is more vulnerable than the Great Britain average. Argyll & Bute scored 150.6 and was the 1st most vulnerable local authority. Digital connectivity contributed most to the locality's vulnerability (a score of 193.8) suggesting poor broadband speeds and low rates of working from home. Economic diversity (a score of 140.9) and Business environment (a score of 131.9) also contributed to the locality's vulnerability suggesting a greater share of self-employment and small firms in the region and a greater reliance on gross value added (GVA) in sectors most exposed to COVID-19 impacts.

Argyll & Bute A coherent labour market response to the emerging unemployment crisis; Making Skills Work for Scotland. 11th September 2020; Skills Development Scotland.

In Argyll and Bute steps are being taken to tackle these challenges, prepare for exit from the EU and learn lessons from covid19. This includes a Recovery Group looking at lessons learned which includes a stream which will be investigating impacts on child poverty and how to address them. Close working will be taking place between a wide range of partners, including: SDS, Employability, DWP, third sector, Colleges and Universities, Benefits, Public Health, Workforce Development, Council HR, Youth



Services, local business, under the auspices of the Councils Employability Team. Despite the very concerning financial picture, we are determined to move forward in a socially inclusive manner and try to “Build Back Better”.

A. Increasing Income from Employment and Earnings:

1. Employability:

Delivery of the **Parental Employability Support Fund (PESF)** has commenced within the broader context of the No One Left Behind policy direction Phase 1.

Eligible participants are:

- Lone Parents who are unemployed or experiencing in work poverty
- Parents with a disability or families who are unemployed or experiencing in work poverty and have a disabled child
- Parents who are unemployed or experiencing in work poverty and have 3 or more children
- Parents from a minority ethnic background who are unemployed or experiencing in work poverty
- Parents who are unemployed or experiencing in work poverty and have a youngest child <1.
- Parents who are aged <25 who are unemployed or experiencing in work poverty
- Parent must have the right to live and work in the UK

The main objectives/expected outcomes are to support the delivery of the Scottish Government’s Parental Employability Support Fund (PESF) to deliver a flexible and user-based model of employability support for the parental groups identified in Every Child, Every Chance: tackling child poverty delivery plan 2018-2022, through:

Appropriate support focusing on intensive key worker support that provides:

- Person-centred help for parents to address their barriers to work, which might include a lack of skills or work experience, and / or signposting to health support, money advice or motivational support. The funding for this is made available under the 1973 Act and the 1999 Regulations.
- Help in meeting the increasing challenge of in-work poverty, targeting support to help parents already in work through the provision of training and employability support to remain active in the workplace and gain progression through a rewarding career. The funding for this is made available under the 1999 Regulations.
- Promote fair working practices, including payment of the Living Wage as this relates to the Grantee’s areas of responsibility.

Delivering employability support to parents by:



- Identification, (re)engagement and support for parents who require support to access or progress in the labour market; and multi-agency partnership working within the partnership to ensure sufficient and suitable onward progression opportunities are available.
- Deliver intensive in and out of work employability support, including support to upskill, apply for jobs, etc. for low income parents who are not ready for Fair Start Scotland and other local or national programmes.
- Help in meeting the increasing challenge of in-work poverty, targeting in-work support to help parents already in work to upskill, providing access to training and support to progress in employment.
- Person-centred help for parents to address their barriers to work, which includes training, upskilling, as well as support to access health support, money advice, or motivational support through supporting individuals to access these wrap around support services.
- Delivering Employability Key Worker support services throughout a participant's journey. Key Workers will work with participants throughout the process and continue to provide support for up to 26 weeks following the participant's progression into work.
- Ensuring Employability Key Workers have the skills and local awareness to support the implementation of Action Plans, including full awareness of all support provided locally by partner organisations.
- Carrying out an initial assessment of all participants to ascertain specific barriers and needs; providing an Action Plan to participants identified as requiring this intervention.
- Providing aftercare support for up to 52 weeks that enables participants entering employment to sustain and further improve their skills.
- Delivering an employability system that supports more parents, particularly those facing multiple barriers - to move into the right job at the right time.
- Putting in place arrangements that maximise the opportunity for inclusion and investment of partner funds.
- Enhancing links between ELC expansion and local employability services to support new training and employment opportunities- and upskilling and progression of existing staff - enabled by the funded 1,140 ELC provision. To opportunities specifically available within the expanding ELC sector.

It is anticipated a total of 41 parents will be supported (19 unemployed and 22 employed) by 31st March 2021. Five parents are currently receiving support with a further 7 referrals in the pipeline.

Further support available under the No One Left Behind policy direction is the **Argyll and Bute Employer Recruitment and Training Incentive (ABERTI)**. This incentive is aimed at job ready participants aged 16 to 67 years. Employers are able to recruit a maximum of two employees per annum and must be able to evidence employment is in addition to their existing workforce and will lead to a sustainable job. The funding, a maximum £3,500 per employee, may be used by the employer at their discretion to help towards the costs



associated with employing the additional member of staff. However a minimum of £500 must be spent on direct training provision (which may include in-work training) and must be evidenced on the employee's Learning Action Plan and copies of relevant certificate/s provided. To date a total of 15 employees have commenced employment and 21 places remain to be filled with employment commencing no later than 31st March 2021.

Fair Start Scotland (FSS) is currently being delivered by Argyll and Bute Council's Employability Team on behalf of People Plus.

To be eligible participants must be:

- Living in Scotland and eligible to work in the United Kingdom;
- over 18 and out of work; or
- 16 or 17 and are either disabled or in receipt of Employment and Support Allowance or Universal Credit

This service is targeted at those who wish to receive individually tailored support to find and remain in employment or self-employment.

Dedicated Key Workers provide:

- One-to-one meetings, focusing on and offering a holistic approach to meet individual needs and issues.
- Life coaching, a counselling type approach with guidance and advice.
- Creation of an in-depth action plan to provide pre work support for 12-18 months.
- Participants with the job searching skills required to actively job search, reviewing job applications and CVs.
- Conduct mock interview and interview technique sessions.
- Ensure awareness of other services within the community and signposting as appropriate; Debt Management, Addiction Services, Literacy and Numeracy, Housing Services, Welfare Rights, Citizens Advice, etc.
- Encourage participants to engage in an array of E Learning courses provided by PeoplePlus.
- Provide the opportunity to move into some form of work experience which meets the participant's skills sets and aspirations.
- Offer high quality in-work support for 12 months following the transition to employment.

Future Planned Activity:

Argyll and Bute Council will shortly be submitting an application to the Department of Working Pensions (DWP) to be become a Gateway Organisation for the **Kick Start Scheme** which was recently launched by the UK Government. A gateway organisation is required in Argyll and Bute to act on behalf of small and medium sized businesses that do not have 30 or more bids for job placements, but wish to benefit from the scheme.



The Kickstart Scheme provides funding to employers to create job placements for 16 to 24 year olds on Universal Credit. This scheme provides funding to create new job placements for 16 to 24 year olds on Universal Credit who are at risk of long term unemployment. Employers of all sizes can apply for funding which covers:

- 100% of the National Minimum Wage or the National Living Wage (depending on the age of the participant) for 25 hours per week for a total of 6 months
- Associated employer National Insurance contributions

Employers can spread the start date of the job placements up until the end of December 2021.

Business Support:

Economic Growth (including Business Gateway) has been integral to the delivery of hardship funds to businesses, a key source of individual and family livelihoods, as the spread of the pandemic continues.

The **Newly Self-Employed Hardship Fund** and the **Coronavirus Bed & Breakfast and Small Serviced Accommodation Provider Hardship Fund** closed to applications on 10th July 2020. On 20th October the **Business Hardship Fund** (supporting businesses affected by temporary restrictions to slow the spread of COVID-19) was launched and is being administered by Economic Growth.

The Business Gateway Local Growth Accelerator Programme (LGAP), received Scottish Government approval (22nd October 2020) to repurpose and flex the LGAP support to allow the programme to also help businesses build their resilience to respond to the COVID-19 pandemic and the changing economic climate, which includes EU Exit.

Economic and Social Recovery Group:

The focus on Economic and Social Recovery is a key element of Argyll and Bute Recovery Strategy and Framework, hosted by Argyll and Bute Council, aligned to the content and future direction set out by the Scottish Government in terms of national recovery.

The Argyll Economic Resilience Forum has been established in Argyll and Bute chaired by Highlands and Islands Enterprise (HIE) with a Vice Chair from Argyll and Bute Council. The principal objective of the Forum is to provide a collective platform for the 'voice' of industry to restart and reshape economic and social recovery across the communities of Argyll and Bute. An Officer Advisory Group has also been established to support the Forum, with a particular focus to facilitate the preparation, delivery and implementation of an Economic and Social Recovery Plan for Argyll and Bute that is fair and inclusive; building in the concept of community wealth building.

2. Employability actions in Schools / achievements. Plans and Covid19.



The No One Left Behind programme is delivered by Argyll and Bute Council's Community Learning Service and Employability Service. The Community Learning team work with learners to develop bespoke personal learning plans based on the learner's strengths, skills and aspirations to support them to access a positive destination. School leavers at risk of not entering a positive destination can also be supported for a period of up to six months. Throughout the CoVid19 lockdown period contact was maintained with No One Left Behind learners. An online programme has been developed and currently we have 20 learners engaged with a further 6 referrals in the pipeline.

Work has been carried out between the Education Management Team, Schools, Employers and Health and Safety to ensure that winter leaver's with employment offers are supported to access Flexible Learning Plans that will enable them to go on work placement. CoVid19 has presented significant challenges, however along with appropriate learning offers from schools, this model ensures that the young people remain engaged and receive practical work experience in their chosen career pathway.

In response to the CoVid19 lockdown and restrictions Community Learning piloted an online version of the GIVE (Get Inspired through Volunteering and Engagement) programme in Helensburgh this summer. 40 young People registered for the programme with an average of 28 participating on each activity. Feedback from young people suggests the online GIVE programme was a great success and very much contributed to their health and well-being during an unprecedented and difficult period. The programme will be offered across the authority for the October holidays.

The Annual Participation Measure (APM) reports on the economic and employment activity of the wider 16-19 year old cohort, including those at school. The measure is used to inform policy, planning and service delivery and to determine the impact of the Opportunities for All commitment. Despite a slight reduction of 0.7% in the 2020 figure, Argyll and Bute records 94.1% of 16 to 19 year olds as being in a positive destination, above the Scottish average of 92.1%

As part of the Scottish Youth Guarantee funding announced recently, discussions are underway with the DYW Regional Board to enhance the DYW provision in every secondary school in Argyll and Bute. Initial consultations have taken place with Head teachers to establish DYW priorities in each school and to begin formulating responses.

ALlenergy deliver educational sessions in local schools and within the wider community to promote STEM education and careers opportunities in Mid Argyll and Kintyre, funded by Scottish Power Renewables, Beinn an Tuirc Community Benefit Fund 'Regional Tranche'. The steering group includes ALlenergy (SPR) and Argyll and Bute Council.



This project encourages and facilitates young people to seek careers in STEM subjects and the renewable energy sector, providing events, workshops and careers advice in schools and communities, particularly in the areas of Mid Argyll and the Kintyre Peninsula.

The delivery takes a joined-up approach whereby the following elements combine to provide a rolling programme taking participants on a STEM 'journey' from the end of primary school until the point which consideration of subject choices are starting to be made at secondary school; Introduction to STEM during Primary 7 class, Transition to secondary schools, Family learning events and local careers events. This approach aims to complement the Scotland-wide drive to enhance awareness and uptake of STEM subjects and vocational opportunities. The target area of Mid Argyll and Kintyre is a remote rural area on the West coast of Scotland where there are challenges in access to external educational facilities such as the Glasgow Science Centre.

ALlenergy developed and published individual STEM activity workbooks which enables structured engagement through the student's 2-year STEM journey and promotes participant ownership of their learning experience. The project delivers a varied series of engaging workshops and family fun sessions to raise awareness of STEM and encourage young people to continue their studies in these subject areas, whilst working in partnership with local employers to provide support and information about careers and training opportunities. In 2019/20 ALlenergy worked with all S1 students in the Mid Argyll and Kintyre area (approximately 132 participants across 8 workshops) and all Primary 7 pupils in the same area (approximately 154 pupils across 10 workshops). ALlenergy's Education Officers delivered 3 Pop-Up STEM sessions during the holiday period in Lochgilphead, Tarbert and Campbeltown as well as holding a stall at the Kintyre Show, Islay Show and Mid Argyll Show. Over 500 children and families engaged on a one to one basis with 1000s visiting the stall and pop-up to pick up leaflets and browse resources.





As STEM Ambassadors, ALLenergy's Education Officers are part of a nationwide movement of professionals committed to enhancing skills in these critical subject areas and raising awareness of the vital contribution expertise in them has to offer in building skills capacity for the society of the future. With a total of 19 local hubs, the STEM Ambassador network brings together a huge range of volunteers from a variety of STEM related sectors, professions and academic areas. STEM Ambassadors' contributions of time, energy and expertise can have an enormous impact on events, helping young people, parents, carers, teachers and others to see at first-hand the relevance and importance of these subjects and explore pathways to pursue them.

Due to COVID-19 we are redesigning project delivery to accommodate restrictions so we can safely deliver activities. We are in discussion with funders and schools to design a new delivery programme that will most likely move to virtual and/or outdoor learning.

Funding from RES in response to the COVID-19 pandemic will deliver STEM Family Learning Packs to Primary 6 pupils in PEF funded schools in Cowal, Bute and Helensburgh.

Quotes gathered from children, parent/carers and teachers:

"This is great. So much of this kind of thing gets missed out from the school curriculum. Schools often don't have the hands on resources that kids get so much out of."

"I am a local teacher and will be teaching the weather next term, this has given me lots of ideas"

"I am a science lover – this is like our favourite stall in the whole world"

"Wow there's a lot of colour and fun things to do in here. You will have my daughter in this tent all day"

"Thank you for making science so exciting for them"

"Really important to have events like this, they help to support children in choices which can be challenging and involve conflicting factors." (local Science teacher)

"Thanks! I had a great time. There was lots to do." (primary school pupil who stayed for 2.5 hours!)

"You don't need to go to university to be successful. You should look local first." (local resident on local opportunities info board)



3. Argyll and Bute: - Offering Apprenticeship Opportunities.

Since June 2019, the council has employed 6 apprentices bringing the total employed since 2014 to 62. During this time 10 apprentices who started their apprenticeship before June 2019 completed their apprenticeship with 8 out of 10 going onto secure further employment with Argyll and Bute Council. Going forward the council hopes to be able to continue to offer additional apprenticeship opportunities, this has been made more complicated with the current remote working environment we are facing as a result of covid but it is hoped that we will be able to recruit a minimum of 5 apprentices across Argyll and Bute in January 2021. We have a high rate of apprentices going onto secure employment with Argyll and Bute Council on completion with 74% off all apprentices completed securing a job with the council. By linking all our vacancies to workforce planning we are hopeful that this trend can continue.

During the period June 2019-2021 we also expanded our Foundation Apprenticeship Programme to offer places to a number of different schools across Argyll and Bute. In 2018, we had 5 Foundation Apprentices in Social Services Children and Young People all based in Rothesay Academy. Last year we started 41 young people on the course from Lochgilphead, Campbeltown, Oban, Dunoon, Helensburgh and Rothesay. The foundation apprenticeship offers the opportunity for a school pupil to gain work experience and a vocational qualification whilst in school. They gain a qualification which is equivalent to a higher and at the same time get to experience a work placement which provides them with key experience, skills and knowledge. This is not only a brilliant addition to a school leavers CV but it allows Argyll and Bute Council to grow a quality Early Years workforce for the future.

Between June 2019 and June 2020, the council employed 9 Graduate Trainees posts. 2 of these posts were Graduate Apprenticeships where post holders are provided the opportunity to gain a degree level qualification through work based learning and attendance at university. They work whilst they learning meaning they can put their skills into practice straight away. The remaining 7 are graduate posts where post holders have a degree level qualification and are gaining the skills and knowledge they need to become a qualified professional.

Argyll and Bute Council works closely with schools to facilitate work placements for young people where possible and has established links with DYW Argyll to offer opportunities for young people in the local area where it is possible to do so.

4. Council actions on Pay and Conditions:

The council's Business Continuity Committee agreed changes to the council's pay and grading structure which will increase pay for lower grades, introduce new higher grades, and better match allowances to modern-day working.

- Salaries in the lowest grades will be increased to include the SLG Living Wage. All councils must introduce this Living Wage into their salary structures by April 2021. Argyll and Bute Council has been a living wage employer since 2013 and pays a



supplement to more than 580 employees whose hourly rate falls below the SLG Living Wage.

- This would need an increase in a number of supervisory roles, to reflect the difference in demands between grades. Part of this includes creating two new grades at the higher end of the scale.

Changes will also bring changes to some terms and conditions:

- additional special leave entitlement;
- an end to outdated allowances to address inequalities;
- new allowances to better support a modern workforce;
- updating the flexible working system;
- refreshing the employee benefits package.

In addition, the Council is an equal opportunities employer and this is reflected in their provision of maternity, paternity and adopters leave. Ensuring equal access to special leave etc. is considered key to respecting the rights of children born to all families and ensuring their wellbeing.

In the case of an adopted child, ordinary paternity leave is available to an employee who is married to, or the civil partner of the child's adopter, or the cohabiting partner of the child's adopter (including same sex partners). Ordinary paternity leave is available to adoptive parents where a child is matched or newly placed with them for adoption, including where the child is adopted from overseas. Either the adoptive father or the adoptive mother may take ordinary paternity leave where the other adoptive parent has elected to take adoption leave.

Argyll and Bute Council Paternity Leave & Maternity and Adoption Support Leave procedures for Local Government Employees, Teachers and Associated professionals

Also the Council has a policy of considering requests for flexible working in order to help families to ensure a health work life balance.

5. Economic Development and Strategic Transportation (2019- 2022)

The principal purpose of the Service is to:

To work in partnership to attract external investment that delivers SME business support, sectoral growth, key physical and digital infrastructure enhancements to grow



our economy, to improve local skills, create and retain high quality jobs and build sustainable communities that will attract residents, businesses and visitors.

Key Actions Relating to Addressing Child Poverty:

- Council subsidise scholar flights from Colonsay and Coll to Oban free of charge to enable students to access education and travel home at weekends.
- We are working with DCMS/BDUK with a view to securing grant funding to install high speed, full fibre broadband connections to 12 of our most remote schools. This includes a number of our island communities;
- Inclusive growth / community wealth building will be an integral part of our Rural Growth Deal proposals – targeting poverty, increasing economic activity including targeting youth unemployment, STEM skills, addressing fuel poverty etc. (www.argyll-bute.gov.uk/RGD).

6. Skills Development Scotland / Argyll and Bute:

- **School Service** – Service focused on S3– S6 who are considered to be most at risk of not making a positive progression from school, helping those young people to develop their career management skills and move onto education, employment or training when they leave school. Additional inputs as required focused on particularly vulnerable groups e.g. learning support units in school.

Our targeted school services S3 - S6 pupils continued throughout April 2019 - March 2020, in discussion with school senior leadership teams and guidance staff. This ensured that our actions as part of our partnership agreements with schools aligned with school improvement plans and contributed to addressing the attainment gap. Since 20 March 2020, when schools closed as a result of the COVID-19 pandemic, our careers service has moved from face-to-face service delivery to online and telephone. This meant target support for school pupils Senior Phase was sustained, alongside support from local authority partners.

- **Post School Service Next Steps** - Service to support young people aged 16 – 18 (extended to 26 for care experienced young people) who are unemployed, helping them to build up their career management skills and move on to and sustain a range of options as appropriate: Activity Agreements, Employability Fund and other training programmes, education and employment.

The service continued throughout 2019 - 2020 supporting young people to develop their career management skills and progress through the employability pipeline. Following closure of our centres on 19 March 2020 our advisers moved to on-line



and telephone delivery and continued to provide targeted and universal support for adult customers, including Next Steps support.

- **Post school service; adults** - Working in partnership with a range of partners to support local job clubs helping unemployed adults to develop their career management and employability skills and move into employment.

The service continued throughout 2019 - 2020 with advisers supporting customers impacted by a number of significant redundancy situations in Argyll & Bute as part of Partnership Action for Continuing Employment (PACE), working alongside local and national PACE partners. Following closure of our centres on 19 March 2020 our advisers moved to on-line and telephone delivery and continued to provide targeted and universal support for adult customers, including delivering PACE redundancy support for employers, employees and apprentices.

- **Care Experienced:** Work in partnership with Throughcare/After Care workers to support young people who are care experienced. Active members of Throughcare/After Care local and central forums.
- Our advisers continue to work in close partnership with the Argyll & Bute Council Throughcare/After Care and Social Work teams to work with young people who are care experienced and to ensure our support is delivered at the right time and with the relevant support from other key workers supporting the young person.

7. Argyll College and University of the Highlands and Islands; Supporting Care Experienced Young People:

Where possible work experience and work placements are built into courses to enhance students' skills and employability. The college delivers a variety of SVQs and Modern Apprenticeships to further promote work based learning.

The College and UHI welcomes applications from students who may not have the conventional course entry requirements and can offer contextualised interviews to establish a relevant course route and level for a potential student. As part of the COVID-19 strategy the Admissions Department have developed processes to enable students to be interviewed by a variety of online technologies such as Skype for Business.

Argyll College and UHI provide a wide range of support services and have developed ways to deliver this support remotely during the COVID-19 situation. As teaching moved to being fully online and using a variety of technologies students who did not have suitable IT equipment were able to have college laptops on loan. Where students could not afford internet bursary systems have been used to help support students to buy dongles or to source some internet. Support Assistants



have continued to provide one to one learning support via phone and WebEx technologies. The College has a Student Counsellor and Wellbeing Officer who has trained in online counselling, and college staff remain in frequent contact with students, referring them to the college counsellor for mental health support if necessary.

The College and UHI recognise the barriers that Care Experienced young people can have to further and higher education. All Care Experienced students can receive support to apply for enhanced bursary, general wellbeing support and additional learning support if required.

(Scottish Government, 2020)

This kind of support is important to care experienced young people because they continue to achieve poorly, compared to their peers. In 2017/18 62% of all school leavers had 1 or more qualification at SCQF level 6 or better, whereas only 12% of school leavers who were in care for the full year and 11% who were in care for part of the year had qualifications at this level (Scottish Government, 2019). Some progress is being made and across all levels of study at university and college, the number of Care Experienced entrants increased from 2,070 in 2016-17 to 2,545 in 2017-18 (SFC, 2019). However at all levels, Care Experienced students have lower rates of completing courses compared to all students at university and college. Between Care Experienced students and non-Care Experienced students, there is a difference of 5.3% for retention at university. Argyll and Bute Council is continuing to deliver a range of services aimed at improving the educational attainment and life chances of care experienced children and young people.

<https://www.argyll-bute.gov.uk/news/2020/jun/supporting-care-experienced-children-and-young-people>

8. Procurement:

Argyll and Bute Council's Procurement Annual Procurement Report 2019 / 2020 notes the following processes and policies which address equality and the three drivers of poverty:

- a) **Comply with the statutory requirements on the payment of a living wage** to persons involved in producing, providing or constructing the subject matter of regulated procurements; through contributing towards improving the social wellbeing element - in particular, reducing inequality in Argyll and Bute - of our sustainable procurement duty by promoting the Living Wage and fair work practices in regulated procurements; while ensuring a proportionate approach which provides an appropriate balance between quality and cost.

Progress: Of the 31 regulated procurements carried out in 2019/20, which had a CSS, 23 (74.2%) included consideration of Fair Work Practices. The remaining



procurement exercise had started prior to the inclusion of this requirement within the template. A contract condition relating to Fair Work Practices was included within 15 (33.3%) regulated procurements carried out in 2019/20; these are the only ones it was considered to be relevant to.

b) Complying with the Council's Sustainable Procurement Policy (Appendix 2) in relation to the use of community benefit requirements.

Progress: Of the 45 regulated procurements carried out in 2019/20, which were not within an external framework, 21 (46.7%) included Community Benefits Clauses. Of the remaining 10 procurements, 6 (13.3%) were below the internal £100k threshold for the mandatory inclusion of a CBC within Supplies and Services contracts; and the final 4 (8.9%) were not considered appropriate for the inclusion of a CBC due to the scope of the contracts.

c) Complying with the statutory requirements on how we intend our approach to regulated procurements involving the provision of food to: (i) improve the health, wellbeing and education of communities in the authority's area, and (ii) promote the highest standards of animal welfare, by considering relevant national guidance.

d) Ensuring that the Council's regulated procurements will be carried out in compliance with the sustainable procurement duty, through embedding sustainable procurement as business as usual – ensuring that sustainability issues are considered at all stages of individual procurement exercises; considering how individual procurement exercises can assist the Council to improve the economic, social, and environmental wellbeing of Argyll and Bute; facilitating the involvement of small and medium enterprises, third sector bodies, minority groups and supported business in the procurement process; and by promoting innovation at the initial stage of regulated procurements.

Progress: Of the 31 regulated procurements in 2019/20, which had CSSs, 23 (74.2%) considered Sustainability issues. The remaining 8 (25.8%) were not considered to be appropriate.

e) Council procurement scheme to benefit community projects; Published Date: 28 Aug 2020

A new procurement initiative from Argyll and Bute Council is set to benefit communities looking for help with projects in their local area. The new process enables contractors and suppliers appointed by the council to choose from a list of proposed community benefits, that community groups have identified, as part of the tender. The Community Benefit Scheme can include a range of benefits including anything from additional volunteering hours to help create raised beds, supporting



fundraising towards a new minibus, providing building or decorating materials and help with planting or weeding.

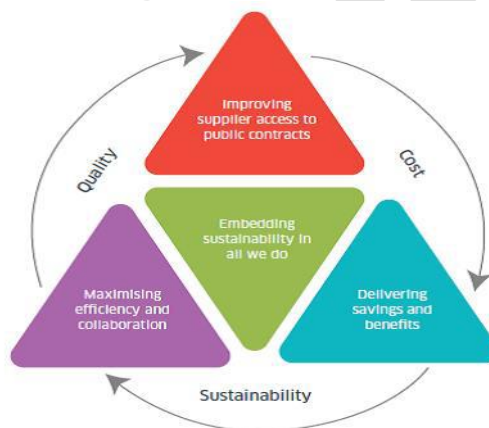
Communities are being urged to complete an online application form detailing the support that they would like to be considered.

How does it work?

- Community groups will be asked to apply online for requests for help with projects in their local area
- Once approved, requests will be added to a wish list
- As part of the tender award any contract worth over £200,000 **must** include a community benefit
- If the tender award is under £200,000, contractors and suppliers can still choose from the wish list

https://www.argyll-bute.gov.uk/sites/default/files/2019-20_annual_procurement_report_v.01.pdf

https://www.argyll-bute.gov.uk/sites/default/files/procurement_strategy_and_spp_2020-21_-_v0.3_0.pdf



B. Increasing Benefits:

1. Scottish Welfare

The expenditure in 2019/2020 was £447,287. Of this expenditure £375,414 was spent on Community Care Grants which is the provision of funds to purchased goods and furniture items for qualifying persons moving into or out of care. £71,872 was spent on Crisis Grants used to support low income households affected by emergency or disaster situations where they typically need support with daily living expenses or fuel.

This represents an increase of £4,000 on the previous year, roughly a 1% increase in spend.

Income through

Fund 2019/2020

Scottish Welfare fund for

2. Discretionary Housing Payments 2019/2020

In 2019/2020 the Council spent £662,151 supporting individuals who were struggling to meet their rent costs by supporting them with a Discretionary Housing Payment (DHP). This represents an over spend of £19,981 on the annual budget of £642,170. The over



spend was in relation to costs associated with mitigating the removal of the spare room subsidy and therefore was covered by tranche 2 funding received from the Scottish Government in August 2020.

3. Client Gain 2019/2020

In 2019/2020 welfare rights teams across Argyll and Bute managed to increase the level of benefits received by citizens to a total of £6,614,745 during the year. This is a 7% increase on the previous year and represents considerable benefit to families living with financial difficulties. The break down across the respective organisations is detailed below;

Client Gain Figures Argyll and Bute 2019/2020

ORGANISATION	CLIENT GAIN 2019/2020 (£)	CLIENT GAIN 2018/2019 (£)
Argyll and Bute Council	2,988,393	£3,666,622
Argyll Community Housing Association Working with Bute Advice	2,628,739	2,844,000
Money Skills Argyll *	279,407	460,000
Argyll and Bute Citizens Advice Bureau	718,206	681,000
	6,614,745	6,185,000

*Estimated

4. Automation of School Clothing Grant Payments

In 2019/2020 the council was able to automate the payment of School Clothing Grants for the first time by matching data held in the Education management system to that held in Benefits relating to Council Tax Reduction Scheme claimants. An extra £20,900 was paid to customers via paypoint voucher because of this extra automation in October 2019. This brought the spend for the 2019/2020 year on School Clothing Grants to £167,200, an increase of 15% or £21,850 from 2018/2019 expenditure levels. This work is important in ensuring that families who might otherwise not have claimed, either from confusion over entitlement or fear of stigma, will get this important benefit.

5. Social Security Scotland; Activity in Argyll and Bute:



The Social Security Scotland Local Delivery Team for Argyll and Bute have been engaging with the Local Authority, housing associations, third sector organisations, Health and Social Care partners and charities to raise awareness of the Agency, and the benefits we are delivering.

We have visited Funeral Directors, schools and nurseries and attended local meetings and events, to engage with the local community and raise awareness of our role.

Our local partners have been helping us in raising awareness, and have found our stakeholder resources toolkit a great support when updating their newsletters, Twitter, Facebook and Social Media sites.

A summary of the number of benefit applications and payments made by Local Authority area can be found on the Scottish Government website:

- [Carers Allowance Supplement](#)
- [Best Start Grant and Best Start Foods](#)
- [Funeral Support Payment](#)
- [Young Carers Grant](#)

C. Cost of Living:

1. Cost of the School Day / Holiday Hunger etc.

- Two Head Teachers conferences in session 2019-20 included sessions on Cost of the School Day included as part of Pupil Equity Funding Sessions.
- Three twilight training sessions for school staff on Pupil Equity Funding took place virtually in the 2019-20 session.
- Northern Alliance leads for closing the poverty related attainment gap presented a virtual twilight in the 2019-20 session.
- Schools using PEF funding to address Cost of the School Day issues such as breakfast clubs and wider achievement opportunities (swimming, horse riding, outdoor education).
- Free school meal uptake in Argyll and Bute is higher than average uptake across Scotland, with uptake in P1 – 3 at around 82%.

2. Period Poverty:

Prior to the covid19 pandemic period products were freely available in schools for pupils who needed them, there was a Lead Officer on this on behalf of Education, but implementation and budget was managed by each head teacher locally. Also prior to covid19, the Council's Commercial Manager was rolling out the community aspect of this,



including provision to young people (and all others) out with schools. The aim was to help improve the reach of reusable products and, as part of that, immediately prior to the pandemic, arrangements had been made for supplies to go to Kintyre Youth Café and Girl Guiding in Helensburgh who were both keen to trial reusable period products for their young people (along with regular supplies). Monies had been earmarked to improve supplies of reusable products.

Following the pandemic, the operation was moved online, with pupils and people in communities able to order their own supplies directly from Hey Girls using online form. The online order enables individuals to order standard supplies as well as reusable products to best suit their needs. In addition the website was updated to reflect these changes, and merged all of the information across both projects into one, for consistency: <https://www.argyll-bute.gov.uk/sanitaryprovision>

Statutory changes are coming into effect for provision and we will continue to keep abreast of these. This approach will continue for the foreseeable future, but products remain available in schools. Provision of period products ensure that those girls unable to afford such products are not disadvantaged and do not lose any School or social time as a result.

3. Housing

The Housing Sector has a crucial role to play in addressing child poverty and promoting a more inclusive and fairer Scotland for all. Affordable, good quality accommodation and appropriate support services are critical factors in helping families and young people to be resilient and independent. Argyll & Bute Council and our housing partners are committed to monitoring and improving circumstances for all children living in the area; and Housing Services will continue to ensure that appropriate linkages are established between the Local Housing Strategy and the Child Poverty Action Plan.

This will involve inter alia:

- monitoring both social and private rents across the authority area;
- facilitating an appropriate mix of property types and sizes within the new build SHIP programme;
- reducing incidence of homeless households which include children;
- promoting support for families with vulnerable children; and
- minimising occupancy in temporary accommodation.

Significant challenges remain to be addressed:-

- 47% of families (households with children under 16) occupy dwellings which fail the Scottish Housing Quality Standard (SHQS) compared to only 37% in Scotland as a whole. (SHCS, LA Results, 2016-18, published 2020).
- Over a third (36%) of households in need currently on the HOMEArgyll waiting list includes children under 16.
- Over 22% of homeless households in 2019/20 included children (21 couples with children and 76 single parent families).



Argyll and Bute Council no longer has housing stock (Council Houses) available for rent. We work with the local Housing Associations to build new homes. In 2019/20 75 new affordable homes were provided and there are plans for 137 new build homes in 2020/21.

ACHA's new build development at Glenshellach, Oban includes: 2x 1 bed flats designed as fully wheelchair accessible homes; 1x 2 bed flat with wet-floor shower and soundproofing; and 1x 3 bed property with minor adaptations designed to suit a child with autism.



Rent Deposit Guarantee Scheme – Argyll and Bute Council operates this scheme which can help people to access rented accommodation in the private sector. Instead of a new prospective tenant having to find the deposit that is often required, the council will guarantee that the deposit will be paid if any damage is done to the property while the tenant is living there. The tenant will agree to reimburse the Council for the cost of any loss or damage to the property caused by an act/s of neglect or negligence by themselves or their visitors. In 2019/20 six households were helped with this scheme.

Gypsy / Travellers

The Council retains a statutory duty to assess the accommodation and support needs of Gypsy/Travellers, and ensure that appropriate provision is available. The two official sites owned and managed by ACHA, at Bayview (formerly Ledaig) near Oban and Duncholgan near Lochgilphead, continue to provide 22 pitches in total to accommodate this client group with an occupancy rate of 41% in 2020. At the end of 2019/20 there were a total of 9 households and 18 individuals resident onsite.

Official TP Site and Pitches	31 st March 2020	
	Duncholgan	Ledaig
Total pitches:	14	8
pitches occupied:	6	3



pitches vacant and available:	0	0
pitches vacant and not available:	8	5
Tenants – Nos of Households/Families	6	3
- Total persons	13	5

Source: Twice Yearly Gypsy/Traveller Site Count, March 2020

In recent years, the average weekly pitch rent has been consistently well below the Scottish average, and is currently £52.17; while customer satisfaction within this client group has been significantly higher than the national average, and currently stands at 100% for the second year in a row (ACHA Annual Customer Satisfaction Survey 2019).

The Council continues to support the upkeep of the official sites with grant award to ACHA from the Strategic Housing Fund, which amounted to:

Year	2016/17	2017/18	2018/19*	2019/20	4 year Total
Grant	£39,660	£41,228	£31,001	£28,939	£140,828

* Since 2018/19 Council Grant has been reduced to reflect the reduction in provision, following the closure of Torlochan site in Cowal.

ACHA's updated Gypsy/Traveller Strategy for 2019-2022 continues to focus on delivering the site standards set out in Scottish Government guidance re: Essential Fabric Standards; Energy Efficiency; Facilities & Amenities; Safety & Security; Maintenance & Repairs; Fair Treatment; Consultation; and Occupancy Agreements.

In March 2020 the Scottish Government announced the allocation of a one-off short-term funding initiative in support of the national Gypsy/Traveller Action Plan which was launched in 2019. ACHA have been awarded **£108,726**, to be administered by the council, for improvements to the local Gypsy/Traveller sites in 2020/21. A range of positive options are being explored jointly with local site tenants and the ultimate aim is to deliver immediate benefits and improve the quality of life for these residents.

4. Community Food Forum



On the 6th of February 2020 the Argyll & Bute Community Food Forum was launched. This Council supported initiative was be a network through which existing independent food-banks, food waste and community food initiatives can share experience, advice and ideas. It was also to be a forum for those who are considering setting up a food-bank or community food initiative including food waste projects or those who wished to volunteer. Today they have a wide membership covering the whole of Argyll and Bute including several islands.

This was a timely initiative as Covid19 officially arrived in March. Throughout the pandemic the resilience shown by the Food Forum and its members was remarkable, as were community efforts to support their work. At a meeting in September some of those efforts were discussed;

- Hope Kitchen in Oban stated that numbers rose from 20 allocations per week to 233 per week, it averaged out to around 180 and has settled now at 120 allocations each week.
- Helensburgh and Lomond Foodbank discussed the level of effort made in making the foodbank accommodation covid safe. 40 parcels each week are being given out. Support through food provision for children over the holidays has had a positive impact on the numbers. Numbers however are up 25% on last year.
- Bute Oasis provided 3235 allocations of food from the start of shut down. Initially the figures were around 400 per week, then when the Council allocation began and they were able to transfer 170 to the Council list. Bute Oasis was still delivering to those shielding to the end of August. As the main source of funding was through sales in the shop, closing the shop had a huge impact on resourcing the foodbank. Through local fundraising Bute Oasis has maintained their services.

5. Fuel Poverty – Argyll, Lomond and the Islands Energy Agency (ALLenergy):

New Fuel Poverty Definition update: The new definition of Fuel Poverty is comprised of two main elements: the ability to maintain an acceptable standard of living as determined by the Minimum Income Standard (MIS) and the ability to maintain an appropriate heating regime. A household is now considered to be Fuel Poor if it spends more than 10% of its adjusted income on energy costs and still fails both of these criteria. ALLenergy along with other organisations across Scotland called for a MIS uplift to reflect the greater costs incurred by those living in remote, rural and island areas, and supported the inclusion of enhanced heating regimes to reflect the increased energy usage required to achieve thermal comfort for households with certain characteristics and/or vulnerabilities. Both of these elements were adopted through subordinate legislation. Scottish Government has varying levels of control over the different drivers of Fuel Poverty, but the Act legislates that progress must be reported against all four of the recognised drivers: energy efficiency,



household income, fuel prices, and how energy is consumed in the home. Earlier this year, Kevin Stewart MSP, the Minister for Local Government, Housing and Planning, confirmed that the publication of the Scottish Government's Final Fuel Poverty Strategy had been delayed in order to focus on the immediate support required by FP households impacted by the Covid-19 pandemic.



ALLenergy have secured funding to continue our work fighting fuel poverty. Our Affordable Warmth Advisors help people reduce their cost of living by helping households reduce their energy costs through a range of measures including tariff switching and heating replacements. The Affordable Warmth Advisors help households' identify benefits they may be entitled to, as well as other financial help, such as the Warm Home Discount (a £140 credit to electricity bills). However, the Mind the Fuel Poverty Gap-Warm Home Discount in the Scottish context report, published by CAS in 2020, estimated 229,938 households received WHD in Scotland in 2018. This represents 9.3% of Scottish households. 25% of Scottish households are defined as fuel poor, therefore, a majority of households in fuel poverty did not receive WHD. The report also stated "In the 2018 dataset, 77% of the Fuel Poverty gap values were higher than £250 – the Scottish Government's target for 2040". ALLenergy are working to reduce this gap by helping people reduce their energy costs and increase their income.

Fuel poverty in Argyll is at one of the highest levels in Europe, due to poor housing, high energy prices/lack of mains gas, low wages, vulnerable demographics, bad weather and exposure. Fuel poverty affects 1 in 3 households in Argyll. Recent data has revealed a further 5% rise in electrically heated households in fuel poverty across Scotland as a whole. Due to the time-consuming practical difficulties of working across Argyll and Bute, home visits can be costly. Yet ALLenergy's extensive experience has proven that for many vulnerable customers, home energy visits are crucial and far more effective than telephone advice. This is supported by independent research, e.g. Baker (2019) 'Never try and face the journey alone: Exploring face-to-face advocacy needs of fuel poor'.

For 2020/21, funding received from Energy Redress will deliver energy advice sessions and energy efficiency toolkits to households across Argyll and Bute, particularly homes off the gas grid. Electrically heated households on the common THTC and E10 restricted meters pay most and are likely to be under heating their homes as a result. The THTC



tariff unit cost is 4.2x higher than mains gas with no simple options for switching. A switch to E7 from THTC could result in 18% saving.

Funding received from the Robertson Trust will continue our work targeting households using foodbanks and facing the eat or heat dilemma. Funding from RES will provide 100 Winter Warmth toolkits.

"My flat is really cold in the winter but these items helped keep the warm in"

"Thanks for the pack- I wouldn't have been able to afford these items as I'm on benefits"

"I've used all the items in the pack- hot water bottle is my favourite"



Allenergy believes its crucial people receiving any kind of anti-poverty support are signposted for further support including debt, energy and wellbeing.

COVID-19: At the beginning of COVID-19 outbreak and introduction of lockdown, the Allenergy Board placed the organisation on furlough from 1st April. It soon transpired lockdown and restrictions would remain in place for some time, so the team returned to work on 1st June. Since then, the team have adapted to working from home and advisors are delivering our energy advice service over telephone and email until it is safe to resume house visits. Our in-depth telephone advice is far more time consuming than first envisioned. A lot of information can be gathered during a house visit by looking at the property and the person's living conditions. Initial advice sessions are taking longer because the advisor must ask the client every single question as they do not have eyes on



the building or circumstances. Advisors are using EPC data, where possible, to get the property's technical details as householders can often misinform advisors of building details. Many of our clients need handholding through activities and often need pre and post phone calls for something they must do, such as taking meter readings or looking at tariff comparisons. A concern of ours is householders may not admit or even know of other issues in the home when having a telephone conversation. Things like dampness, condensation, draughts and living in cold conditions might not be something all clients tell you over the phone but are instantly recognised by advisors during a house visit.

A report published in September 2020 by Scottish Government, Experimental analysis of the impact of COVID-19 on Fuel Poverty Rates.

<https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2020/08/scottish-house-condition-survey-additional-analysis/documents/experimental-analysis-of-the-impact-of-covid19-on-fuel-poverty-rates-report/experimental-analysis-of-the-impact-of-covid19-on-fuel-poverty-rates-report/govscot%3Adocument/Experimental%2Banalysis%2Bof%2Bthe%2Bimpact%2Bof%2BCOVID-19%2Bon%2BFuel%2BPoverty%2BRates%2BReport.pdf>

D. Helping Families in Other Ways:

1. Argyll and Bute's LGBTQ+ network

Argyll and Bute's LGBTQ+ network was set up in 2019, holding its first meeting on 19th March, 2019. From the outset, the group comprised representatives from education services and Community Learning and Development, Skills Development Scotland, NHS Highland, Argyll College/UHI, representatives from Mid Argyll Youth Parliament, Waverley Care and Third Sector agencies such as Mid Argyll Youth Development Services (MAYDS) and The Youth Café, Campbeltown. It was considered vital that children and young people be central to the group.

LGBTQ+ youth groups were consulted on what they would look for in the network

Their views included:

- A safe space to interact with other young people;
- Resources to support them;
- Opportunities to take part in equalities activism; and
- Community links with other local authorities.

(Hermitage Academy Sage group)

Those children who were consulted had also talked about the challenges that they had experienced in rural communities and the risk of mental health issues and discrimination were highlighted. It was agreed that as well as considering training opportunities, the



group should support schools through educational resources to help embed LGBTQ+-inclusive policy and curriculum and to this end a guideline highlighting key policies and resources on LGBTQ+ inclusive education was issued to schools. Resources are also updated on Argyll and Bute's SALi and information on updates are publicised to schools on a regular basis.

Events and Training:

- The Oban Pride that took place on Saturday, 18th May, 2019, was significant in that it was the first opportunity that an organised pride event for school-aged young people had taken place.
- In honour of Pride Month on Friday, 21st June, 2019, Tarbert Academy held a Pride Event which was organised by S3 pupils and was well supported by partner agencies and by the local community in Tarbert.
- On 12th September, 2019 the LGBTQ+ Network organised a Getting it Right For LGBTQ+ children and young people in Argyll and Bute Conference. The Conference was well attended by primary and secondary school staff, health and social care, Skills Development Scotland, Police Scotland and Third Sector.
- On Purple Friday, 28th February, 2020 the Network organised a learning event for pupils in S1 to S3. The event took place in Mid-Argyll Community Centre and in the MAYDS centre. The aim of the day was to provide a fantastic opportunity for schools and partners to celebrate diversity in our schools and communities; promote equality and positive relationships; and to help LGBTQ+ children, young people, their families and allies to feel that they are supported and included.
- Stonewall Scotland delivered a workshop on LGBTQ+ awareness to a multi-agency audience of Argyll and Bute professionals on Monday, 24th August 2020 via Skype. The training was very well attended and raised awareness of current research on the experiences of LGBTQ+ children and young people and key terminology.

Next Steps:

- In January, 2020 it was confirmed that Argyll and Bute were awarded funding for our Rainbow Project, which aims to create an outreach programme to support children and young people, school staff and parents to increase LGBTQ+ inclusion. This will build on some of the work being carried out by Claire Brown and Phill Dexter on Police Scotland Choices for Life programme and will form a key part of our work next session. Phill Dexter, our Outreach Worker, will be liaising with schools throughout the year.



- A key aspect of our 2020-21 strategy is to take our training and awareness to the heart of Argyll and Bute Council.
- Unfortunately, due to the Covid19 crisis, the Purple Pride Ball for young people aged 14-18 planned for June, 2020 could not take place. However we hope that we will be able to return to our plans for this sometime next year.
- We also intend to set up our Rainbow Project twitter and facebook page so that our visibility, and critically that of LGBTQ+ children and young people, is enhanced throughout Argyll and Bute.

The Consultation carried out highlighted the social isolation, mental health issues and low self-esteem that can become an issue for children and young people and the additional problems that some might face living in remote and rural communities. All of these factors can contribute to failing to reach full potential and an increasing risk of future lived experience of poverty. The activities done here, in partnership with LGBTQ+ children and young people have had a positive impact and helped to empower many.

2. Argyll and Bute Council has a Parent Support and Advice web page that parents and carers can access for advice including: money advice, child care entitlement, parenting and family activities and child minding. <https://www.argyll-bute.gov.uk/early-years> Parents can also contact for help and advice via this web page. Such “one stop shop” pages are invaluable when parents are unsure of where to turn for answers and support.

3. Advice Pathways:

Before Covid-19 Argyll and Bute were looking at the Antenatal contact being the key point of contact for Health Visitor's to have the conversation about 'money worries'. A referral pathway into money advice services, focusing on Bute initially, was planned. Due to the strong links that were made with Bute Advice Services the Health Visiting team in Bute and Dunoon were able to refer families for money advice more easily. Post covid19, this development will be taken further and work will take place via the national Financial Inclusion Programme. It is planned that in the coming year evidence will be gathered to test and develop a Financial Inclusion Pathway between Health Visitors and Advice Services.

4. Care Experienced Children and Young People:

A Life Changes Trust Co-ordinator has been appointed and a Care Experienced Youth Work apprentice employed to run forums for care experienced children and young people and set up a Champions Board in order to engage them in shaping services for them. Participation groups have been set up in Helensburgh and Dunoon and the HELP Project



that works with young people is instrumental in encouraging care experienced young people to attend. Grants of up to £500 can be offered to young people for things that would make a difference to their lives and prospects.

Strong links are maintained between the Throughcare/Aftercare team and young people; workers attend some Participation Groups. Also links with the Fire Service in Helensburgh and Dunoon have been developed via Participation Groups and there is the possibility of Fire Reach Training and Fire Cadets for young people in the future. This would increase their employability prospects but is currently on hold due to covid19 restrictions.

5. To ensure that, in Early Learning and Childcare, our ability to offer 1140 hours per year of high-quality pre-school education to every child remains on-track and was not affected by covid19. This is important, particularly in terms of helping single parent families out of poverty. In June 2020, there were 1,530 children accessing 2,039 ELC spaces across a broad range of Early Learning and Childcare establishments with approximately 160 children sharing their Early Learning and Childcare hours across more than one establishment. Further to the Scottish Government's announcement on 30th July 2020 regarding the reopening of Early Learning and Childcare settings, we will continue to deliver the 1140 hours model with all settings opening from 11th August 2020.

6. Birth in Argyll and Bute Facebook Page:

- To improve access to services
- To share and inform women and families of policies, service changes and useful third sector support
- Share important and consistent information during Covid Pandemic
- Share "good news" stories
- Reduce isolation

7. Maternity Survey:

- To understand the experiences and knowledge of maternity services in Argyll and Bute
- Monitor progress against previous 2 surveys (carried out every 2 years electronically). Action plan developed once analysed to inform future plans for services
- Adapted from the national survey with questions relating to rurality And survey developed with service user input
- Also facilitates women becoming involved in maternity voices group

8. Argyll and Bute Living Well Networks:

The Living Well networks were previously the Health & Wellbeing networks and are a network of organisations and individuals in each locality that are interested in improving



health and wellbeing. They provide an opportunity for people to come together to find out what issues matter to local communities; to plan activities and events together; and to distribute grant funding to local projects. Last year small grants were distributed to organisations under the priorities of improving physical activity and self-management. This year Living Well Network Youth Grants were available in the majority of the network areas. Youth organisations were eligible to apply for a small amount of funding to support youth activities, such as physical activity, drama, art and wellbeing. These networks encourage inclusion and mitigate against social isolation.

More information about the networks can be found within the Health & Wellbeing Annual report <http://healthyargyllandbute.co.uk/public-health-team-annual-report-2019-2020/>

or on the Healthy Argyll and Bute webpage <http://healthyargyllandbute.co.uk/>.

E. Partnership Working:

1. Argyll and Bute continues 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.

<https://www.argyll-bute.gov.uk/trauma-informed-practice-training>

- Trauma informed practice information
- Practice level 1 - trauma informed workforce training modules
- Practice level 2 – trauma skilled workforce training modules
- Staff well-being training modules
- Covid – 19 related training modules
- Trauma informed leaders videos

This training quickly went online because of the covid19 outbreak and has been used to train and support workers who work with children and their families who have experienced traumatic experiences during lockdown; domestic abuse, neglect, emotional, physical and sexual abuse, feelings of fear, anxiety, worry and a sense of lack of control and powerlessness. Take up has been encouraging with there being 5000 hits in the first month; Education has made the training mandatory. Training will continue to be developed and eventually become face to face again.

2. Advice Services:

In Argyll and Bute we very much appreciate how important the right advice, made readily available, is to people experiencing poverty and a host of related issues. We work in partnership in order to reach as many people as possible and meet their needs; we also link people to national sources of assistance through Council and Partner web sites, media posts and one to one / online advice meetings.



Council Advice Web Page



- Argyll and Bute Council provides free impartial, confidential advice on welfare rights, complex debt to particularly vulnerable clients, and homelessness;
- Independent advice agencies, including Argyll and Bute Citizens Advice Bureau and Bute Advice Centre;
- Argyll and Bute Advice Network (ABAN) is a directory of services, providing information and advice on a range of issues including benefits, housing, carers support, youth services and advice for older people;
- National helplines, including Citizens Advice Scotland; Money Advice Scotland and the National Debtline who provide on-line advice.
- Find a food bank in Argyll and Bute.
- Find out how we are working together to tackle poverty in Argyll and Bute.

This Council page has advice links to:

- advice and support with welfare benefits
- Struggling with debt or money problems?
- Find out about and apply for benefits
- Support for people affected by cancer
- If you are homeless or about to become homeless
- Advice about money, family, daily life or your rights
- Create your own personal budget plan here
- Free and confidential advice on debt problems
- Take control of your finances with our budgeting tool
- Directory of advice services in Argyll and Bute
- Looking for a low cost affordable loan?

<https://www.argyll-bute.gov.uk/advice-services>

3. Connecting Scotland

Phase 1 of Connecting Scotland is a Scottish Government project that aims to address digital exclusion by providing devices and internet connectivity.

There's a strict criteria and the individual has to meet all three measures –

- In the extremely high vulnerability group ('shielding') or the higher risk of severe illness group
- No device/connectivity
- Low income

A successful bid was submitted to Connecting Scotland by the partners involved in the Digital Connections partnership and based on data and information collated by the Shielding Group.

Initially 84 devices were allocated (52 chrome books and 32 Ipads).



Argyll and Bute Council has contributed 19 iPads and we've recently been informed that a further 50 iPads will be supplied via Connecting Scotland meaning a total of 153 devices and internet connections will be provided to vulnerable people across Argyll and Bute.

Community Learning team members have been participating on Digital Champion training and will be offering support to set up and use the equipment. Volunteers are also being recruited and supported to participate on the training.

The first of the devices have arrived in Argyll and distribution will begin in the next week.

Phase 2 of Connecting Scotland has been announced and will focus on the target groups of -

- Digitally excluded low income families with children (particularly any gaps not covered by the education programme)
- Young care leavers

Pupil Connectivity Survey

These are highlights from the results of the recent Pupil Connectivity survey, in which 74 schools participated in order to provide information about pupils' home learning abilities, barriers to this, and devices issued to support home learning as well as projections for further issuing of devices in August.

Page 2 of 2

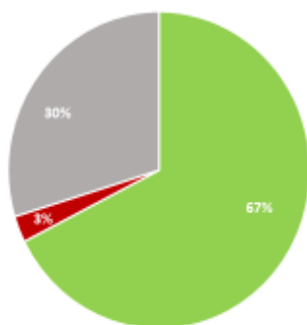
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Pupils estimated to be in digital poverty due to device access issues

625

Pupils estimated to be in digital poverty due to Internet access/speed issues

Should the Council have an Internet filtering solution for pupils' Internet access when using a school-owned device at home?



■ Yes ■ No ■ Don't Know

Common Themes from Comments in the Survey

- There are internet speed and connectivity issues relating to geography (rather than digital poverty), particularly in rural and island areas
- Primary schools report that school laptops don't work at home, but secondary schools can reconfigure them to work at home
- Schools' device-to-pupil ratio limits the ability to provide technology for learning; allowing pupils to bring personal devices to school would enhance blended learning
- Several schools consider their iPads too old to be sent home for learning, or that reloading them on return is too much of a hindrance
- Community education, Drax and other groups have donated devices to schools for pupils in need in several locations
- Several schools have stated that devices shared between siblings is an issue for accessing learning
- Staff connectivity is an issue - some devices have needed to be issued to staff, or staff have poor internet connections at home.

4. Digital Connections Project:

Background

Since the onset of Coronavirus it's been obvious that digital solutions were going to be at the forefront of responding to and beating the pandemic. Information, advice, entertainment, meetings and learning have all become increasingly dependent on digital platforms. It very quickly became apparent that many individuals and families did not have the devices to access these services effectively and in some cases at all. Home schooling



placed an increased demand on families and even where families had a device, if mum/dad and two or three children were working from home it was difficult to meet all their need. There has been reports of two or three children of the same family attempting to access blended learning opportunities on a parent’s mobile phone.

A partnership project in Campbeltown, involving InspirAlba, Kintyre Youth Café and South Kintyre Community Resilience Group recognised the need to respond quickly to the digital deficit and set out to access surplus devices in the community, reset them and distribute to families and individuals that were badly in need of them. Having discussed this model with several partners including the CPP Outcome 3 group, it was agreed that rolling this model out to other communities in Argyll and Bute would be beneficial and could help address some of the digital inequalities.

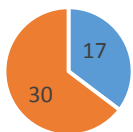
To move things forward at the pace required Argyll and Bute Council Community Learning staff worked with partners to roll this model out into the communities of Cowal, Helensburgh, Lochgilphead and Oban.

Essentially, the project involved the following stages –

- Recruitment of volunteers
- Appeals to local communities for surplus, unused digital devices
- Collection and processing of the equipment for use.
- Identifying referrals
- Distributing devices
- Offering support and instruction

Volunteers

Volunteers



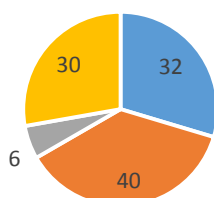
■ Tec ■ Distribution

47 volunteers came forward offering to assist with technical duties and distribution.

Short briefing sheets/user guides have been drawn up and are being issued with devices. We will continue to develop new written information, which we acknowledge is not ideal but in most cases the best we can offer until the CoVid19 restrictions are relaxed.

Work is underway with tech volunteers to consider a very basic telephone support system for project users only. Also planned for when we progress through the recovery phases is the development of digital mentors, which will encourage the involvement of young people and the potential for inter-generational work. There is also potential for the digital mentors to support the implementation of Connecting Scotland.

Devices Donated



■ Tablets ■ Laptops ■ Desktop ■ Mobile Phones

Devices

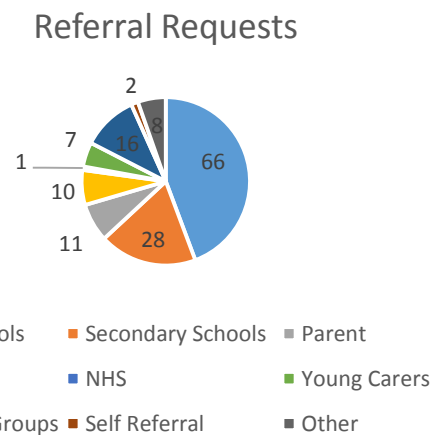


109 devices have been donated by members of the public following requests on social media. Unfortunately, some of the devices are unusable but most are processed and repurposed. Surprisingly, mobile phones have been in great demand from a variety of organisations.

A successful partnership bid to the Wellbeing Fund has enabled the project to purchase refurbished laptops with keyboards and a mouse. To date 133 have been issued to individuals and families requiring digital access.

Referrals

To ensure a speedy response, it was agreed early on not to devise and implement a complicated referral and assessment process – in practice the project depends on referrals from partners already working with people requiring support. If a partner agency makes a referral it's on the basis that they know the individual, have a good understanding of their situation and support their need for a device.



Security

Laptops/Desktops have proved particularly challenging due to concerns regarding residual data on machines that are donated. Following considerable discussion and research into this subject it was agreed to –

- Wipe all hard drives and reformat with a new operating system. Whilst it is acknowledged that this will not completely solve this problem it would require significant technical expertise and specialist forensic software to access any remaining data.
- All individuals donating devices complete a disclaimer recognising that steps will be taken to remove as much data as possible from the devices but its likely small amounts may remain.
- The source and destination of each device is recorded.

Thankfully, a number of volunteers that came forward have high levels of technical expertise and experience, which has made the processing of machines much easier.

Digital Connections Summary

Since the start of the project –



- 47 volunteers have been recruited
- 109 devices have been donated by the general public
- 107 donated devices have been processed and issued to individuals and families
- 133 reconditioned laptops/keyboards/mouse/camera have been issued to individuals and families.
- Majority of referrals came for families with children in primary school.

F. Future, Planned Work:

1. Investigate possibilities to work with local businesses and the wider community to set up School Clothing Banks in each of your main towns and islands. These banks would have both new and second hand clothing available for parents and would be offsite for schools and hosted within the communities. Consider how to support existing School Clothing Banks.
2. Continue the engagement with harder to reach groups in our communities and their support agencies affected by poverty. Set up a reference group for future engagement and ensure that the Council/NHS and community planning partners continue to focus policies etc. around the impacts that it has on poverty experienced people. Ensure that EQIA's and CRWIA's are carried out and the results published.
3. Consider Developing and delivering a training package on Poverty Awareness for delivery to staff in our organisations and across the whole of our area. This to be delivered to multi-agency staff groups within a, to be agreed, timescale and virtually if covid19 makes this necessary.
4. To consider the creation of a single brand and /or a single mechanism for communicating and promoting our skills, experience and this to include a multi-agency approach to those affected by poverty in Argyll and Bute and to look at improving our communication with the public and lived experience groups. Look at the possibility of creating a single banner support agencies/public sector organisations could all sign up to; something like Anti-Poverty Argyll, branding logo – facebook/Instagram/twitter feeds re what we all deliver how etc.
5. We will examine the feasibility of providing free meals (or equivalent) during the holiday periods, for children and young people entitled to free school meals. We note that entitlement to free school meals, in Argyll and Bute, has increased by 11% compared with September last year and is likely to rise still further.



6. In order to determine the needs and aspirations of children within the Gypsy/Traveller community, we will look to introduce biannual reporting of the number of children on Gypsy/Traveller Sites with a view to developing suitable services”.
7. In the coming year we will map what our key data set is and begin to use this to monitor changes in child poverty and related areas. We will also consider what further work on the local evaluation of child poverty and its causes, can be accomplished.

DRAFT



***Argyll & Bute Local Child Poverty Action
Report*** For Children & Young
People

Did you know that almost 1 in 5 children in Argyll & Bute live in poverty?



That means their family don't have enough money to pay for things that most of us don't have to worry about. This could be things like food, a home, fuel and transport, clothes and new shoes, school supplies and holidays.



The Scottish Government wants there to be less children living in poverty so they asked all local councils and health boards to report on what they are doing to help. This presentation will help you to know some of the things Argyll & Bute have been doing to make things better for children living in poverty in Argyll & Bute.



Talking to you



Some of you may remember that with our first report we gave you the opportunity to have your say. You may have talked about the Child Poverty Action Plan with your teacher or with the Pupil Council. We included what you said in the report we wrote. This time, because of Covid-19 and the changes that has brought, we were not able to do that ahead of publishing the review report. To make up for that, we are telling you about it here and will give you the chance to tell us what you think. We will make sure that your views and ideas are discussed by the group that works on the Child Poverty Plans; the Argyll and Bute Child Poverty Action Group. We will also put your views and ideas into another review that will come out later in 2021.

Argyll & Bute

How we're helping....



In Argyll and Bute we understand it is very important to tackle child poverty and our vision is:

We want an Argyll and Bute where no-one lives in poverty. Everyone should be able to achieve their potential and feel healthy, happy and valued. We want to be a place where everyone understands that tackling poverty is a shared responsibility. We believe that if we act locally, and in partnership, we can make a difference.



We found that Child Poverty in Argyll and Bute, as well as the rest of Scotland, was not getting better. We think this might have been made worse by Covid-19 and some parents not being able to work.



The cost of housing and heating/electricity is making it hard for families in Argyll and Bute to have enough money left after paying those bills to have a good standard of living. Allenergy works with people that are living with fuel poverty in Argyll and Bute. They have people that work with them called Affordable Warmth Advisors that help people to improve things.



It's important that you know that poverty isn't the fault of the families living in poverty. It is the responsibility of people, community, Councils and Governments to help make it better for everybody. Everyone has an equal right to be helped.

There are some things that make it more difficult to overcome poverty and when we are working to make things better we have to think about those people that are:

- lone parents
- families where someone has a disability
- families that have more than 3 children
- families where the youngest child is under one
- mums that are under 25.

You may already know about the United Nations Convention on the Rights of the Child (UNCRC). The UNCRC says that every child has basic fundamental rights. These include the right to:

- **Life, survival and development**
- **Protection from violence, abuse or neglect**
- An **education** that enables children to **fulfil their potential**
- Be **raised by**, or have a **relationship with**, their parents
- **Express their opinions** and be **listened to**.

The Scottish Government think that this convention is so important that they are making it law .



Help during lockdown



Some of the things that happened in Argyll & Bute to help children and families were:

- Food deliveries for people that were shielding and children that had free school meals
- Telephone advice to help people with questions about benefits
- Trials of using drones to fly Covid tests and other medicines to Mull Hospital
- Hub schools for the children of keyworkers were set up
- The Digital Inclusion Project worked to repair and get digital devices to people who needed them
- Teams worked together to make sure the right information got to the people that needed it

Important work that has been happening since our first Child Poverty Action Plan...



- The Employability Team have worked with lots of parents to help them with advice, training and new skills to help them get jobs.
- The Employability Team used funds from the Kick Start Scheme to help employers create jobs for 16-24 year olds.
- The Community Learning Service and Employability Service work with school leavers to help them get the right support, training and learning to help them get into work.
- Allenergy worked with children and young people to develop STEM skills to help them in the future
- The Council offered apprenticeships to help people into work.
- Students living on Colonsay and Coll got free flights from Oban so they could easily travel home at weekends.

- Skills Development Scotland helped young people 16-18 who were unemployed develop the skills to get into work.
- The Scottish Welfare Fund (2019-20) spent £447,287 to help families on benefits who needed extra help for things like furniture and fuel.
- The Council spent £662,151 to help people that were struggling to pay their rent.
- Teams across Argyll and Bute worked to secure £6,614,745 of benefits for people that were entitled to them.
- School Clothing Grants and Free School Meal payments were made automatically for those people that should get them.
- Head Teachers had information on how to reduce the cost of the school day for families.
- Young people were able to order free period products online.
- The Argyll and Bute Community Food Forum was launched and helps groups develop food banks and community food initiatives.
- A Parent Support and Advice web page was set up to help parents find information, advice and help.

What's Next?



- We are going to look at developing school clothing banks in local communities.
- We are going to talk to people who have experienced poverty who can tell us about their experiences so we can try to make things better.
- We are looking to develop training for staff to better understand poverty.
- We are developing ways to get information to the people that need it most.

- We will continue to provide free school meals (or equivalent) and look to extend this during holiday time
- We will work to better understand the needs and wishes of children within the Gypsy/Traveller community.
- We will collect information so we can see if child poverty levels are reducing in Argyll and Bute.



Integration Joint Board

Date of Meeting: 27 January 2020

Title of Report: Children's Rights Report 2020

Presented by: Joanna Macdonald

The Board is asked to:

- Note the report detailing the Children's Rights Report 2020

1. EXECUTIVE SUMMARY

This is Argyll & Bute's first joint Children's Rights Report. The report notes the work to respect the rights of children, young people and their families and to hear and listen to their voices.

In 2018 the Care Inspectorate Joint Inspection of Children's Services in Argyll & Bute reviewed how services work together to protect children where concerns have been raised about their welfare or safety, including children who are currently, or have previously been, on the child protection register.

The inspection looked closely at the support that is provide to children and young people who are currently, or have previously been, 'looked after', including those living with parents, having short periods of respite care, in kinship care, in residential care (including schools and secure care) and, in foster care.

Part of the inspection process involved the Care Inspectorate young inspection volunteers, their role involves attending focus groups with local care experienced young people and to visit care services with inspectors to check that they are providing good quality care and discuss with them ways to improve.

Inspectors, in their final report, noted that it was a strength that: "Children and young people were respected and listened to at both operational and strategic levels, reflecting positive attitudes and significant investment on the part of community planning partners".

This report affirms the commitment of the partners in implementing universal children's rights supporting this activity, evidence of how this is undertaken in Argyll & Bute and plans for developing it further.

2. INTRODUCTION

In this report Argyll and Bute Council, Highland Health Board and partners confirm that we support the Scottish Government's vision that Scotland become

the best place in the world for a child to grow up, with opportunities for all in Scotland to flourish. Human rights and the needs of children and young people are central to that vision and to three of Scotland's national outcomes:

- We grow up loved, safe and respected so that we realise our full potential
- We are well educated, skilled and able to contribute to society
- We respect, protect and fulfil human rights and live free from discrimination.

3. DETAIL OF REPORT

The report outlines UN Convention on the Rights of the Child (UNCRC). A core treaty which has a universally agreed set of minimum human rights. This is placed in the context of our national policies and approach, getting it Right for Every Child (GIRFEC) enabling children to reach their full potential.

It reviews the articles of the UNCRC in turn and the application of this in Argyll & Bute giving evidence of current practice and planning in detail.

It also considers application in the following cluster areas:

1. General measures of Implementation
2. General Principles of UNCRC
3. Civil Rights and Freedoms
4. Violence against Children
5. Family environment and alternative care
6. Basic health and welfare
7. Education, Leisure and Culture
8. Special Protection Measures

It further notes the key actions going forwards and is supported in the addendum with links to key documents and plans and supporting historical legislation.

4. RELEVANT DATA AND INDICATORS

There is a breadth of data across multiple areas of work and disciplines noted in the report.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The Strategic plan, national and local policy is underpinned by core human rights legislation.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

None for this report

6.2 Staff Governance

None for this report

6.3 Clinical Governance

None for this report

7. PROFESSIONAL ADVISORY

None for this report

8. EQUALITY & DIVERSITY IMPLICATIONS

This report supports the delivery of services adhering equalities legislation and taking into account the wider diverse population and geographical requirement in Argyll & Bute.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Compliant with data protection principles.

10. RISK ASSESSMENT

Activity and Strategic Planning is monitored through the Strategic Group as a partnership.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

No user involvement in the writing of this report but communities are consulted through the delivery of actions.

12. CONCLUSIONS

The IJB is asked to note this report and that it responds to the 2018 Joint Inspection of Children's services report.

The report denotes the range of multi-agency, partnership working and planning to support Children's Rights in Argyll & Bute.

13. DIRECTIONS

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

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Argyll and Bute Children's Rights Report 2020-23

November 2020



Author Mandy Sheridan



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Foreword



This report documents how we aim to deliver the Scottish Government's vision of Children's Rights in Argyll & Bute in the context of Getting It Right for Every Child (GIRFEC) and the United Nations Convention for Human Rights (UNCRC).

We are committing to ensure we "*respect the rights of children, young people and their families and to hear and listen to their voices*". Throughout this document you will see what we plan to do in the next three years and the articles of the convention that it relates to.

We are further supporting this through our duties to a Fairer Scotland and the Islands Act which support our vision for equalities and considerations in our remote and rural communities.

We will seek to consider the rights of children throughout the scope of our services to ensure that the children and young people of Argyll & Bute grow up with access to the best opportunities available to support the future generation of adults who will make Argyll & Bute a vibrant place to live and work.

The adoption of Children's Rights in Scotland supports its implementation and provides accountability to ensure better outcomes for children in local decision making. This will be the precursor to supporting change in child poverty, access to health services, protection and rights through justice services and reducing the impact on educational attainment on children impacted in this area.

We look forward to delivering this commitment together ensuring that we promote a multi-sector partnership approach. The strength of this approach will help us ensure the rights of all children are upheld.



Joanna Macdonald
Chief Officer Argyll & Bute
Health and Social Care
Partnership
Chair Children's Strategic Group



Pippa Milne
Chief Executive
Argyll & Bute Council



Pam Dudek
Chief Executive
NHS Highland Health Board



Introduction

This is Argyll and Bute's first Children's Rights Report and it will look at how children's rights are currently fulfilled and some of the key actions taking place over the next three years. In this report Argyll and Bute Council, Highland Health Board and our partners confirm that we support the Scottish Government's vision that Scotland become the best place in the world for a child to grow up, with opportunities for all in Scotland to flourish. Human rights and the needs of children and young people are central to that vision and to three of Scotland's national outcomes:

- We grow up loved, safe and respected so that we realise our full potential
- We are well educated, skilled and able to contribute to society
- We respect, protect and fulfil human rights and live free from discrimination.

In Argyll and Bute we work to respect the rights of children, young people and their families and to hear and listen to their voices. We will seek to consult them on key policies and strategies, where possible, and to involve them in decision making in all parts of their lives, including education, health and social care, housing, environment and leisure. We will carry out Child Rights and Wellbeing Impact Assessments (CRWIA), engaging with children, young people and their families and making the results of these available by publishing these on the Council website for scrutiny by children, young people and the public. We will ensure that these assessments are written in a child friendly way, or include a child friendly version. In everything we do we will be guided by the principle of the best interests of the child, the wellbeing indicators and the 54 articles of the United Nations Convention on the Rights of the Child.

Link to Children's Rights page and a children and young people's version of the Argyll and Bute Children's Rights Report.

<https://sites.google.com/ab.glow.scot/ab-uncrcreporting-cyp/home>

In 2018 a Care Inspectorate, joint Inspection of Children's Services in Argyll and Bute reviewed how services work together to protect children where concerns have been raised about their welfare or safety, including children who are currently, or have previously been, on the child protection register. The inspection looked closely at the support that is provide to children and young people who are currently, or have previously been, 'looked after', including those living with parents, having short periods of respite care, in kinship care, in residential care (including schools and secure care) and, in foster care. Part of the inspection process involved the Care Inspectorate young inspection volunteers, their role involves attending focus groups with local care



experienced young people and to visit care services with inspectors to check that they are providing good quality care and discuss with them ways to improve. Inspectors, in their final report, noted that it was a strength that: “Children and young people were respected and listened to at both operational and strategic levels, reflecting positive attitudes and significant investment on the part of community planning partners.”

What Are Children’s Rights?

Human rights are the basic rights and freedoms to which we are all entitled in order to live with dignity, equality and fairness, and to develop and reach our potential. Human rights are:

- universal
- inalienable (not taken/given away)
- indivisible
- interdependent (loss of one impacts all)

Everyone, including children, have these rights, no matter what their circumstances. Under international law, States/Governments are obliged to respect, protect and fulfil human rights. In Scotland Government Ministers have a duty to promote public awareness and understanding of the rights of children under Part 1 of the Children and Young People (Scotland) Act 2014. Local Authorities and Health Boards have a duty to report back every three years on the steps each has taken to secure better or further effect of UNCRC requirements under s.2 and Schedule 1 of the 2014 Act.

Children’s rights cover all aspects of their lives from birth to 18-years-of-age. Children and young people are people in their own right and it is the responsibility of adults, acting through national and local bodies, to ensure that any barriers to children and young people achieving their rights are recognised and removed.

The UN Convention on the Rights of the Child (UNCRC) is one of the core international human rights treaties - a universally agreed set of minimum child rights standards which is the most widely ratified of all the international conventions, and with which States must comply.

Importantly the UNCRC introduces the concept of a child’s **‘evolving capacities’** (Article 5), which states that direction and guidance provided by parents or others with responsibility for the child must take into account the capacities of the child to exercise rights on their own behalf.

It includes four general principles that are not only rights in themselves but underpin every other right in the Convention:

- For rights to be applied without discrimination (Article 2)



- For the best interests of the child to be a primary consideration (Article 3)
- The right to life, survival and development (Article 6)
- The right to express a view and have that view given due weight (Article 12)

The UNCRC also provides children with a series of individual rights, such as the right to education, health, name, nationality, play and an adequate standard of living. Additional rights have been included for particular groups, including disabled children, children who have been exploited or mistreated, refugee and migrant children, children in custody and children in care. Children's rights are inextricably linked with the rights of parents and carers, whose important role in children's lives is recognised throughout.

There are 54 articles in the UNCRC, arranged into 8 clusters or themes.

Getting it Right for Every Child and UNCRC

The Children and Young People (Scotland) Act 2014, a children's rights based document, encapsulates central and local Government duties in terms of children's rights and is based on the key principles of putting the best interests of the child at the heart of decision making and taking a holistic approach to the wellbeing of a child. In the act, the Getting it Right for Every Child (GIRFEC) assessment approach reflects the United Nations Convention on the Rights of the Child (UNCRC). This approach supports children and young people so that they can grow up feeling loved, safe and respected and can realise their full potential.

GIRFEC recognises that all children are unique and that each child should be helped to reach their full potential. A range of experiences can have negative effects on young people; these are recognised in the work on Adverse Childhood Experiences (ACEs) or other adversities such as bereavement or bullying, or where a family is affected by illness, disability or poverty.

<https://www.gov.scot/publications/adverse-childhood-experiences/>

GIRFEC is central to all government policies which support children, young people and their families and is delivered through services and people who work with families. It is: child-focused; based on an understanding of the wellbeing of a child in their current situation and also on tackling needs early and through multiagency working.

The GIRFEC Collective Leadership Programme was established to provide confidence for practitioners and managers about shared understanding and approaches to the leadership and delivery of services for children and families. The programme will support the Argyll and Bute children's services partnership to increase the capability and capacity around collective leadership, to drive forward integration and further embed GIRFEC at a local level, this also supports implementation of the



UNCRC and the linkages between the Articles and key elements of GIRFEC. The National practice model incorporates the 8 well-being indicators into planning, decision-making and practice, and endorses the Articles of the UNCRC.

The UNCRC Articles that apply to the Wellbeing Indicators:



Child Rights and Wellbeing Impact Assessments (CRWIAs):

These assessments utilise both the Wellbeing Indicators and the UNCRC articles to assess the potential impact of a policy or other measure, on children and young people’s rights and wellbeing in Scotland. It is a key part of our plan that these will be

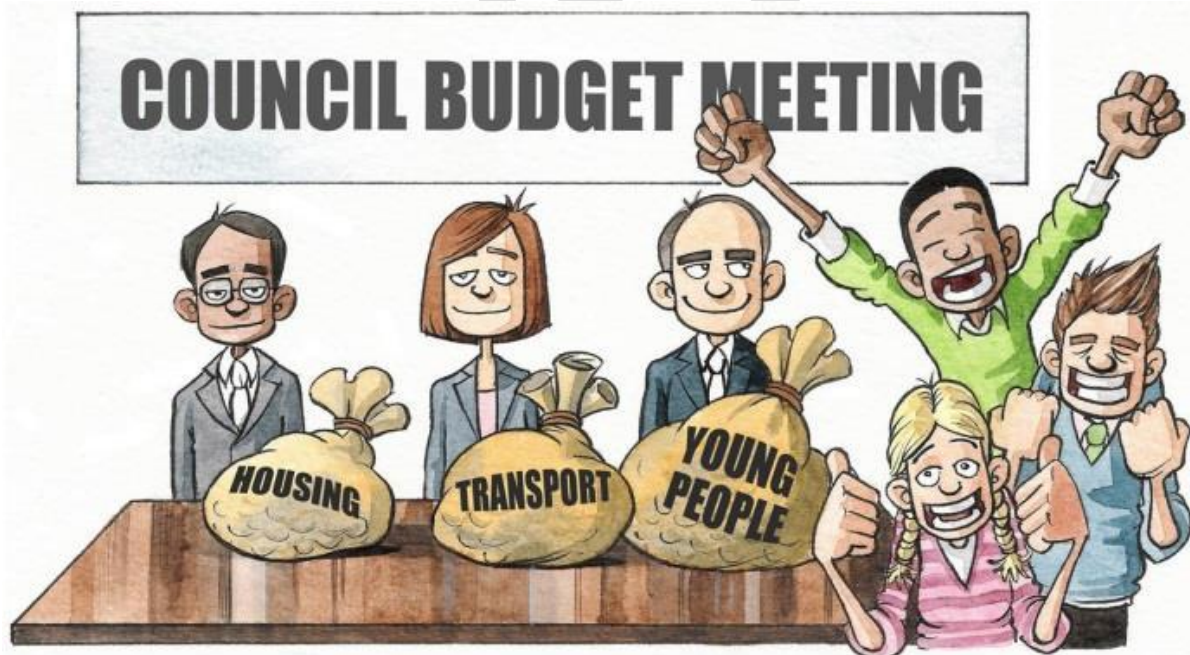


carried out in Argyll and Bute and the outcomes used to develop good policies and practice that safeguard the rights and needs of children and young people.

We will also ensure that the **Fairer Scotland Duty**, part one of the Equality Act 2010, informs our decision making in a clear and transparent way and that all our strategic decisions have due regard to:

- eliminating discrimination, harassment, victimisation and any other conduct prohibited by the 2010 Act;
- advancing equality of opportunity between persons who share a relevant protected characteristic (as defined by the 2010 Act) and persons who do not share it;
- fostering good relations between persons who share a relevant protected characteristic and persons who do not share it.

In addition we will consider our duties under **the Island Scotland Act 2018** and ensure that impact assessments are carried out to ensure that the rights of children and young people from island communities are respected when strategy, policy and service delivery decisions are being made.



Article 3: Anyone making decisions that affect young people should make young people's interests a priority.



Supporting Children and Young People During the Covid19 Pandemic:

In Argyll and Bute the challenge of the Covid19 pandemic was met by an effective multi-agency partnership, led by the Council that worked to ensure that children and young people were supported and their needs met as far as possible within the restriction imposed by lockdown. Throughout the crisis the need to respect children's rights, listen to their voices and ensure their wellbeing was the driving force. Crisis support services, help phone lines and information sharing were quickly put in place and this helped the community to come together to support all those who needed it most. Going forward we remain vigilant to the needs of children and young people and the need to ensure their rights are respected in the "new normal." We will use the experiences of the pandemic and determine what we can learn that will enable us to "Build Back Better".

<https://sway.office.com/Dw2xKno7aogbLmcL?ref=Link>

Some of the measures we took:

- Hub Schools were quickly established to ensure care for the children of key workers and vulnerable children and these worked well throughout lockdown allowing health, social care and other key frontline workers to continue in their posts. A food group was formed that ensured that all children who were entitled to free school meals continued to get food support as did their wider families if necessary. Children were assisted when shielding by multi-agency wraparound support to them and their families.



- Argyll and Bute continues 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.



Following lockdown our initial focus was on an on line offer – we have developed this and education made it mandatory for all staff as part of recovery plans

<https://www.argyll-bute.gov.uk/trauma-informed-practice-training>

- Children and Families Social Workers kept in touch with children and parents by phone and online. On Bute there was additional contact with single parent families and support and signposting to other services took place. Social Workers would engage children online for long periods in order to allow the single parent some respite.
- Welfare Rights Officers continued to offer online and telephone advice for families anxious about benefit and employment issues.
- Education and other staff attended online IRD, Child Planning and multi-agency meetings as required. Reviews for Looked After Children took place within timescales with very few exceptions.
- The Link Officers and Managers in the central education team and members of the Psychological Services Team provided ongoing support to schools around managing risk and assessing the changing and escalating needs of children and families as lockdown progressed.
- The Family Placement Manager maintained contact with children and young people in residential placements out with Argyll and Bute and ensured that their needs were met. There was ongoing communication between the Lead for Care Experienced Children and the Named Persons of external education / placement providers. She also contacted all schools where the Lead Professional is from another authority to ensure that there was been continuity of contact and support.
- The Education Team and partner agencies worked to ensure the safety and protection of our children, to offer and provide support to families and to continue effective multi-agency safeguarding work within the GIRFEC Practice Model, taking account of the increased risk factors associated with the COVID-19 lockdown. During the week prior to the school closures Education staff completed work to collate social stories to share with children about COVID 19 and the school closures, then shared with parents as appropriate to reinforce positive messages at home.
- In week one (27.3.20) and prior to the first weekend under lockdown, Education Staff worked closely with the Lead Officer Child Protection and the Interagency



Training Co-ordinator to ensure that all children and families were sent Child Protection information and sources of support. In this week (25.3.20), the document Assessing and Supporting Vulnerable Pupils was also released to education settings with clarification of our Staged Intervention, Single Workforce Planning approach. Looked After and Care Experienced Children and Young People were part of priority consideration in this process. This approach included measures for continuing to support pupils during the Easter Break. It also ensured that the risk of digital poverty was fully considered when assessing how to keep pupils and families “visible” and acknowledged the need to avoid over-reliance on online engagement.

- In week two (2.4.20) Schools were contacted, informed and updated on Child Protection Procedures and asked to re-share information with children and families ahead of the holidays.
- In week five (after the two week break), update and comprehensive guidance was issued to education settings on how we continue to fulfil our statutory safeguarding and Child Protection duties and ensure that all children, young people and families in our community remain visible and supported. (Appendices 5 and 6 and video summary here: <https://www.youtube.com/watch?v=3oSEDRre-HVM&feature=youtu.be>)
- The Education Lead for Looked After Children created a bespoke web page of resources and communicated with parents and carers via weekly videos: Creating a support website and weekly video updates for parents and carers: <https://sites.google.com/ab.glow.scot/careexperiencedlearners/home>
- Multiagency online support meetings for Foster Carers and Adopters were arranged by the Family Placement Team (24.6.20 and 5.8.20).
- The Education Lead for Looked After Children offered financial support for the purchase of devices through the Care Experienced fund (in line with Scottish Government approval to re-allocate funds to address risks associated with lockdown). The Digital Inclusion Project worked across Argyll and Bute to obtain, repair and distribute smart phones, laptops and other devices to those without these resources.
- A bank of resource materials were added to the resource hub - attached to Our Children Their Mental Health, related to COVID 19 for young people, parents or professionals. https://www.argyll-bute.gov.uk/sites/default/files/mental_health_resources_updated_april_2020.pdf



- Multi-agency work to support children and families with any well-being needs at home and in HUB schools including enhanced risk assessment processes continued as required throughout the school closure period.
- Guidance was issued to schools about ensuring that communication with the Named Person for each child (or contingency replacement) is possible as required by families, children and young people and staff from other agencies.
- On 24.4.20, specific guidance was issued by the Education Lead for Looked After Children around the way that schools approached estimates for their care experienced learners in light of the COVID-19 situation. This guidance was seen as good practice by education Scotland.
- Newly appointed Looked After Health and Wellbeing Liaison Officers worked through lockdown and the summer holidays to support families with Care Experienced Children, initially using technology and then face to face as lockdown easing and COVID risk assessment allowed.

Examples of current Practice in Argyll and Bute that reflect the UNCRC

Cluster 1: General Measures of Implementation:

1. List of some key policies where children's rights are taken into account in terms of resource allocation.

- Children and Young People's Services Plan 2020 - 2023.
- Argyll and Bute's Outcome Improvement Plan 2013 – 2023.
- Education Service Plan 2020 - 2023.
- Argyll and Bute Year of Young People Plan 2018.
- Community Learning & Development Strategic Partnership Plan 2018 – 2021
- Community Learning Service Plan 2019 – 2020

(Article 4)



2. Our principles and vision is enshrined in the work of our Community Planning Partnership and states: Argyll and Bute Community Planning Partnership is committed to promoting equality

Key Principles:

- No-one is disadvantaged because of their race or ethnic origin, disability, gender, age, sexual orientation, or religion and belief;
- The differences between people are valued and good relations between groups are promoted;
- People are treated fairly and with equal respect;
- Informed assessments are made on the impact of policies and services;
- People are involved in the decisions that affect them and encouraged to participate in public life.

(Article 4)

3. Our Local Outcome Improvement Plan (2013 - 2023) states that we believe children and young people have a right to the best possible education and health care.

- The economy is diverse and thriving.
- We have infrastructure that supports sustainable growth.
- Education, skills and training maximises opportunities for all.
- Children and young people have the best possible start.
- People live active, healthier and independent lives.
- People live in safer and stronger communities.

(Article 4)

4. The Council carries out Equality and Socio-impact assessments when conducting policy change / service reviews etc. This is to that issues such as discrimination, disadvantage and impact are considered. They also help to ensure that consultation with stakeholders, including children and young people, takes place.

Early Learning and Childcare establishments adhere to the Health and Social Care Standards and are inspected regularly on these by Care Inspectorate inspectors. <https://www.careinspectorate.com/index.php/inspection-reports>

Primary and Secondary establishments adhere to General Teaching Council for Scotland standards for registration and teachers exemplify the values of Social Justice, Integrity, Trust and Respect and Professional Commitment.



<http://www.gtcs.org.uk/web/FILES/the-standards/standards-for-registration-1212.pdf>

(Article 4)

5. All of our staff in the HSCP are properly registered and Police checked and must comply with national standards. They receive supervision and guidance from trained and experienced Managers.

(Article 4)

6. Our services are well managed and are subject to Care Inspection; children's services were inspected in 2018 – 2019.

(Article 4)

7. Education Service Plan (Our Children, Their Future) development included focus groups of young people across Argyll and Bute. The Community Learning Service supported these groups as well as pulling together Youth Representatives from local Youth Forums and Members of the Scottish Youth Parliament to help develop a youth friendly version of the plan.

(Article 4)

8. Equity based approach to allocation of support to children with additional support needs and protected characteristics. Dedicated care experienced lead within education to ensure the needs of this vulnerable group are accurately assessed and addressed.

(Article 4)

Cluster 2. General Principles of UNCRC

1. Argyll and Bute's LGBTQ+ network

Argyll and Bute's LGBTQ+ network was set up in 2019, holding its first meeting on 19th March, 2019. From the outset, the group comprised representatives from education services and Community Learning and Development, Skills Development Scotland, NHS Highland, Argyll College/UHI, representatives from Mid Argyll Youth Parliament, Waverley Care and Third Sector agencies such as Mid Argyll Youth Development Services (MAYDS) and The Youth Café, Campbeltown. It was considered vital that children and young people be central to the group.

LGBTQ+ youth groups were consulted on what they would look for in the network

Their views included:



- A safe space to interact with other young people;
- Resources to support them;
- Opportunities to take part in equalities activism; and
- Community links with other local authorities.

(Hermitage Academy Sage group)

Those children who were consulted had also talked about the challenges that they had experienced in rural communities and the risk of mental health issues and discrimination were highlighted. It was agreed that as well as considering training opportunities, the group should support schools through educational resources to help embed LGBTQ+-inclusive policy and curriculum and to this end a guideline highlighting key policies and resources on LGBTQ+ inclusive education was issued to schools. Resources are also updated on Argyll and Bute's SALi and information on updates are publicised to schools on a regular basis.

Events and Training:

- The Oban Pride that took place on Saturday, 18th May, 2019, was significant in that it was the first opportunity that an organised pride event for school-aged young people had taken place.
- In honour of Pride Month on Friday, 21st June, 2019, Tarbert Academy held a Pride Event which was organised by S3 pupils and was well supported by partner agencies and by the local community in Tarbert.
- On 12th September, 2019 the LGBTQ+ Network organised a Getting it Right For LGBTQ+ children and young people in Argyll and Bute Conference. The Conference was well attended by primary and secondary school staff, health and social care, Skills Development Scotland, Police Scotland and Third Sector.
- On Purple Friday, 28th February, 2020 the Network organised a learning event for pupils in S1 to S3. The event took place in Mid-Argyll Community Centre and in the MAYDS centre. The aim of the day was to provide a fantastic opportunity for schools and partners to celebrate diversity in our schools and communities; promote equality and positive relationships; and to help LGBTQ+ children, young people, their families and allies to feel that they are supported and included.
- Stonewall Scotland delivered a workshop on LGBTQ+ awareness to a multi-agency audience of Argyll and Bute professionals on Monday, 24th August 2020 via Skype. The training was very well attended and raised awareness of current research on the experiences of LGBTQ+ children and young people and key terminology.



Next Steps:

- In January, 2020 it was confirmed that Argyll and Bute were awarded funding for our Rainbow Project, which aims to create an outreach programme to support children and young people, school staff and parents to increase LGBTQ+ inclusion. This will build on some of the work being carried out by Claire Brown and Phill Dexter on Police Scotland Choices for Life programme and will form a key part of our work next session. Phill Dexter, our Outreach Worker, will be liaising with schools throughout the year.
- A key aspect of our 2020-21 strategy is to take our training and awareness to the heart of Argyll and Bute Council.
- Unfortunately, due to the Covid19 crisis, the Purple Pride Ball for young people aged 14-18 planned for June, 2020 could not take place. However we hope that we will be able to return to our plans for this sometime next year.
- We also intend to set up our Rainbow Project twitter and facebook page so that our visibility, and critically that of LGBTQ+ children and young people, is enhanced throughout Argyll and Bute.

Article 2

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.



2. Argyll and Bute Council's Vision 'Realising our Potential Together' is underpinned by 4 key values:

- We involve and listen to our customers and communities;
- We take pride in delivering best value services;
- We are open, honest, fair and inclusive, and
- We respect and value everyone.

(Article 2)

3. Argyll and Bute Autism Strategy:

In 2014 Argyll and Bute published its Strategy for Autism; this was followed up in 2016 with the Autism Implementation Plan 2016 – 2021; this was based on the four strategic Outcomes of: a healthy life, choice and control, independence and active citizenship. In January 2020 a progress report on the implementation of the strategy was produced. The progress report noted the multi-agency nature of the Autism Strategy Group, including Paediatricians, Educational Psychologists, Speech and Language Therapists, Area Principal Teachers, Education Support Officers, Social Workers, Occupational Therapists and third sector organisations.

<https://www.argyll-bute.gov.uk/autism-argyll-and-bute>

Over the last three years, services for children and young people across Education and the Health and Social Care Partnership have had a sustained focus on improving outcomes for children, young people and families affected by autism, in line with outcomes within the local Autism Strategy and taking in to account the outcomes and priorities for 2018 – 21 from the Scottish Strategy for Autism. In Argyll and Bute it is felt that it is important to ensure the rights of children and young people with symptoms of autism and to support them and their families in achieving:

1. A Healthy Life:



- Over the last three years, diagnostic teams have continued to operate effectively across Argyll and Bute, despite no additional resourcing, to ensure that the process of assessment and diagnosis takes place as close to the child's home and school as possible. Waiting times have gone up but in all cases, at least one professional will have had direct contact with the child or young person and their family prior to the assessment or diagnostic discussion. In most cases, members of the diagnostic team will have ongoing contact with the child and family following the diagnostic process, for example, as an educational psychologist or education support officer for the child's school or through providing ongoing guidance around speech and language therapy or health needs.
- We have worked collaboratively with Scottish Autism to develop training and support materials that are relevant and up to date and available to staff across services. This includes access to the Right Click materials for parents. Scottish Autism also funds Get Set for Autism, a third sector provider offering information and support for families post diagnosis. This service has been invaluable in supporting families and can provide up to six face to face sessions with an experienced professional directed at addressing individual needs and concerns. In all cases where a diagnosis is given, parents or carers are immediately offered this service. Feedback is very positive and the service is currently being formally evaluated.
- There is a growing awareness of apparent levels of increased anxiety being experienced by children and young people on the autism spectrum. As a result there is active engagement with Child and Adolescent Mental Health Services (CAMHS) and the Educational Psychology Service to explore the most effective, sustainable approaches to addressing these needs that will also fit within the range of approaches already in place to enhance the mental health and wellbeing of all children and young people.

2. Choice and Control:

- We have worked to expand the membership of the multiagency autism assessment teams providing high quality training delivered in house to build skill and confidence in recognising, assessing and supporting children and young people with autism based on a clear understanding of the ways in which autism impacts on a young person's life.
- Members of the autism assessment teams deliver bespoke training in educational establishments to develop an understanding of autism in general as well as to ensure the delivery of appropriate support to meet individual need.



- The Looked after Child Lead in Education works with local autism assessment teams to ensure the needs of children are met within local schools and communities.

3. Independence:

- The processes of assessment and support for autism are embedded within Argyll and Bute's well established, multiagency GIRFEC practice model which is strength based and builds on the strengths, skills and abilities of each child or young person.

4. Active Citizenship:

- We have worked closely with the Association for Real Change (ARC), who were responsible for producing the *Principles of Good Transition 3*, to review our transitions pathways and practice for young people with a disability including those on the autism spectrum. We have also collaborated with ARC to provide feedback on the newly developed Principles in to Practice document which is being rolled out nationally.

(Articles 2, 6, 12)

4. When planning the outcomes to be achieved through Pupil Equity Fund, Head Teachers consulted with children and young people, parents and staff.

(Articles 3, 12)

5. Argyll and Bute Early Learning and Child Care Group – consulted with 577 parents / carers in 2017 on the expansion of ELC. A 'Parenting and Family Support Strategy' was completed in partnership with Health.

Argyll and Bute has committed to a service level agreement with UNICEF's Rights Respecting Schools Programme for the 2019-20 session. All Head Teachers received an input session from RRS and the level of participating schools increased from 14 engaged schools in February 2019 to 33 in June 2020

(Articles 3, 12)

6. The Changing Lives Initiative (CLI) is a cross boarder project with Northern Ireland and Republic of Ireland and was launched in Argyll and Bute in June 2018. The CLI was developed to inform and support parents of young children displaying behaviour consistent with ADHD through the use of the Incredible Years (IY) parenting programme. 22 practitioners from Argyll and Bute HSCP and Early Years Education work alongside the parenting co-ordinator and project psychologist to deliver parent and staff awareness sessions on Attention Deficit Hyperactivity Disorder (ADHD) and the IY programme. This has resulted in a formal parenting programme now being accessible to parents across all areas of Argyll and Bute including the islands of Mull and Bute. An App compliments the initiative and is ideal for reaching the smaller



islands and the more remote and rural areas of the county. CLI works alongside existing parenting programmes including the Psychology of Positive Parenting (POPP) and Mellow Parenting.

(Article 3, 6, 12)

7. Within Argyll and Bute Education Service we will equip young people to secure and sustain positive destinations and achieve success in life through our priority actions:

- Equip children and young people with skills for learning, life and work;
- Promote enterprise and entrepreneurship, and
- Support lifelong learning.

(Article 6)

8. Small group pilots for disengaged young people were run in Campbeltown, Dunoon, Oban, Helensburgh and Lochgilphead engaging with 18 socially isolated and disenfranchised young people.

(Articles 3, 6, 12)

9. Development of a multi-agency team which undertook training through Children In Scotland on the use of Model for Improvement to progress children and young people's strategic engagement. Formation of an advisory group of young people to develop a participation model to inform the Children and Young People's Services Plan 2023-26 has been initiated.

(Articles 3, 12)

10. Consultation with School Councils took place when Argyll and Bute was developing its Child Poverty Action Plan in 2019. This is intended to be an annual process as the plan moves forward and is reviewed.

(Articles 3, 12)

11. Engaging with UNICEF to promote the Rights Respecting Schools award scheme across schools in Argyll and Bute. The Education Service has continued with its Service Level Agreement with UNICEF as part of collaborative work through the Northern Alliance. This entitles schools all of our schools to support and accreditation visits at no cost; the only cost for schools is initial registration.

- The Authority Strategic Lead has continued undertake training and development activities with the UNICEF lead and been a joint assessor for 3 Silver visits as well as a lead assessor for Bronze accreditation.
- The Authority Strategic Lead has delivered Bronze to Silver workshops at both school and cluster level and, most recently, online as a response to COVID-19 lockdown.



- The Authority Strategic Lead has worked in collaboration with the Early Years Team to deliver training to EY practitioners around rights- based approaches.
- The Authority Lead sits on the steering group for statutory Children's Rights Reporting.
- Increased engagement of schools in the programme - total of 33 schools (up from 17 last year); 14 registered, 14 at Bronze and 5 at Silver.
- Increased evidence of the language of Children's Rights in school improvement plans and other planning documents.
- Education activity is reported within the draft statutory Argyll and Bute report on Children's Rights Activity.
- Training delivered on 2.10.19, 14.2.20, 10.3.20, 3.4.20 and 3.4.20 (the latter was online due to COVID-19).
- The RRSA journey involves stakeholder engagement questionnaires as part of the inbuilt impact assessment so progress in terms of awareness and engagement is measured as part of the process.

(Article 4)

12. In the Review of the CARO Service in 2018, children, young people, parents and Carers were consulted and their views respected in the review and also used for training purposes in order to improve services.

(Article 3, 12)

13. HSCP Annual Performance Report 2018 / 2019: demonstrates a clear focus on children and young people's rights and the need to listen to them and their parents and carers: "We are working hard to actively listen to patients, carers and service users, as their feedback is essential to drive improvement and are pleased to see our engagement processes strengthened to achieve this." (3)

(Article 3, 4, 12)

14. Aligned to national requirements, there is a single point of contact for all complaints made to the Argyll and Bute HSCP. Each complaint is reviewed in terms of content and complexity and handled in line with Argyll and Bute Health and Social Care Partnership and Integration Joint Board Complaints Handling Procedure.

The right to complain is explained in a child / young person friendly manner in all work with children and young people. For example in and before Looked After Child / Looked After and Accommodated Child reviews, Children's Hearings, in residential settings, in Child Protection Case conferences. Complaints are dealt with in an open and objective manner and children and young people have access to independent advocacy support if they want this, via Whocare?Scotland (For care experienced children and young people) and an independent advocate for child protection and other areas.

(Articles 2, 3, 12)



15. The Argyll and Bute Corporate Parenting Plan 2018 – 2021: This places stress on the rights of children and young people and the Corporate Parenting Board works closely with care experienced children and young people to hear their voice and include them in the planning of services. There are local inclusion groups and plans for a Champions Board.

<https://www.argyll-bute.gov.uk/corporate-parenting-board>

(Articles 2, 3, 4, 12)

16. Children's Plan meetings ensure that children and young people's views are listened to and their rights are respected. An auditing process ensures Child's Plan meetings are of a high standard.

(Articles 3, 12)

17. The Through Care and After Care Team work with young care leavers to produce a Pathways Plan that includes their views and helps them to achieve positive outcomes going forward.

(Articles 3, 6, 12)

18. Argyll and Bute's Children and Young People's Service Plan 2020 – 2023:

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.

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.

(Articles 2, 3, 4, 12)

19. A Social Work file auditing process exists that works to ensure that best practice is taking place and the rights of children have been respected.

(Articles 2, 3, 4, 12)

20. The Community Learning Service carried out a Community Mapping exercise when developing their Service Plan/Priorities for 2019 engaging with young people through various mediums including questionnaires (paper and online), Focus groups, Youth Forums, street interviews and partner agencies.



(Articles 3, 12)



21. Members of the Scottish Youth Parliament and Youth Forum representatives attend the Community Planning Group and the Community Planning Partnership and to represent local young people views ensuring their voice is heard and influences decision making at these meetings. Members of the Scottish Youth Parliament also participated in the interview process of the New/Current Chief Executive. As well, they took part in focus groups to provide a young person friendly version of the Education service plan 2017 – 2020. In addition they carried out a consultation in 2019 with local young people on Youth Participation/Voice structures (Youth Forums and MSYP roles/functions). They visited other Local Authorities looking at best practice including attendance at the Highland Youth Parliament. They produced a report with recommendations for embedding a rights based model of Youth participation within the Community Learning Service which was presented in January 2020. Work is ongoing to implement these recommendations.

(Articles 3, 4, 12)

22. Children and young people are encouraged and supported to participate in all stages of planning, provision and delivery of our services (Article 12). See development of Education Strategy and Vision “Our Children, Their Future” (OCTF). This includes:

- Children and young people being an empowered part of School Improvement Planning.
- Children and young people having a voice through school’s pupil councils.

(Articles 2, 3, 12)

Cluster 3. Civil Rights and Freedoms

1. Argyll and Bute Council, Education Service and the Highland Health Board have General Data Protection Regulation (GDPR) policies which ensure the rights of children and young people. No information is shared in any manner which is not consistent with the Data Protection Act. These policies are enshrined in all policies and guidelines and inform our interactions with third parties. The Council’s General Data Protection Regulation (GDPR) policy is public facing and can be viewed on the Council’s website; as can the Highland Health Board statement on their web site.

<https://www.nhshighland.scot.nhs.uk/Pages/YourRights.aspx>

<https://www.argyll-bute.gov.uk/data-protection#privacy>

(Article 16)

2. Information is available in a wide range of settings and formats; including a number of languages including British Sign Language. Interpreters are employed, where



necessary to ensure that children and young people can have their say and understand what is happening to them. Examples of this would include: Children's Hearings, Court proceedings, Looked after Child reviews, Child Protection Case Conferences and Child's Plan Meetings. This provision also applies to parents and carers.

(Article 17)

3. Children and young people with disabilities and communications difficulties are given practical support to assist them to communicate and express their views within the Child's Plan process.

(Article 2, 3, 12, 17)

4. Television, wifi access and newspapers are available in all three children and young people's residential houses and in the two school hostels.

(Article 17)

5. Argyll and Bute cares about its parks and open spaces and spends £19,569 annually, per 1000 people, on this provision. The Council has a Roads and Amenities Service Plan which is public facing and is reviewed annually.

(Article 15)

6. Leaflets and infomercials produced in relation to Children and Young People Service Plan.

(Article 17)

7. Cross agency engagement with the Children's Hearing system to support positive outcomes within the GIRFEC practice model.

(Article 2, 3, 12, 16, 17)

8. When children or young people are held in custody or secure accommodation they are supported by children and families and justice workers. Their rights are protected and national standards are adhered to.

(Articles 2, 3, 4, 12, 37)

Cluster 4. Violence against Children

1. Argyll and Bute has a dedicated Care Assessment and Reviewing Services (CARO) which conducts reviews and child protection case conferences. This service and the Children's Hearing system works to ensure that children and young people are listened to and their rights are respected. They ensure that all methods of managing children's behaviour and discipline are appropriate and support the needs of children. All



complaints by children and young people are taken seriously and dealt with in a timely fashion. Feedback is always given to the child and their family.

(Articles 2, 3, 4, 12, 28 (2))

2. All children and young people's residential homes and school hostels are subject to inspection and clear guidance is given to staff on the management and guidance of children and young people. Foster care is inspected and managed with each child having a Social Worker and each Carer a Key Worker. Kinship care is reviewed by the CARO team and support is given by the Family Placement Team / Fostering and Adoption Team and quality of care is reviewed.

(Articles 2, 3, 4, 12, 28 (2), 37 (9a))

3. Recovery from abuse and trauma is assisted by Guidance Staff in School as well as Primary Mental Health Workers. Argyll and Bute has a supportive Child and Adolescent Mental Health Service (CAMH's) service. Also training is currently taking place to ensure that all staff working with children and young people are trauma informed. Staff have also been trained in the impact of ACE's on children and young people.

(Articles 2, 4, 39)

4. Argyll and Bute Education Service produced its updated Anti-Bullying Policy, based on the principles of Respect for All (2017), in September, 2019. The policy reflected the views of children in primary and secondary schools who were consulted on their opinions and experiences of bullying. Approximately 50 staff across primary and secondary schools took part in the training sessions delivered by respectme in November, 2019 and schools were asked to produce their own policies by June, 2020. To help monitor the effectiveness of anti-bullying and equalities policies in Argyll and Bute, all schools have been asked to record incidents of bullying in SEEMis Bullying and Equalities Module.

(Articles 19, 28 (2), 37 (a), 39)

Cluster 5. Family Environment and Alternative Care

1. We ensure that younger children have access / are afforded advocacy during processes such as Looked after Child / Looked after and Accommodated Child reviews, Child Protection Case Conferences and Children's Hearings. We engage with Children 1st for this purpose.

(Articles 5, 9, 12, 18, 25)

3. Argyll and Bute has a Corporate Parenting Board and Managers and members receive training on their responsibilities as corporate parents. Managers in agencies such as Education and Health have also received training and understand their role



as corporate parents. Our Corporate Parenting Board engages with care experienced children and young people, respects their rights and listens to their views. There are Participation Groups in place. Argyll and Bute was one of the first areas to take part in the Young Care Inspector Scheme and a Young Care Inspector from Argyll and Bute worked on Care Inspections of children and young people's residential houses.

(Articles 4, 5, 9, 12, 18, 25)

4. Children and young people's residential houses look to provide a good environment for them, including helping them to achieve their educational and work goals, participate in sporting and cultural activities and retain good family and friendship relationships. The houses have Young People's Meetings where they can have their say in the house environment and wider issues.

(Articles 4, 5, 9, 12, 18, 25, 28 (2))

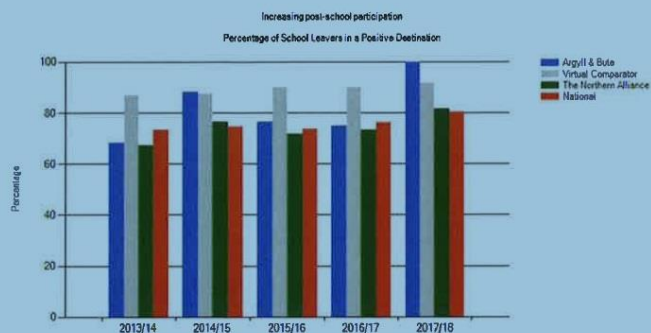
5. Support from the Education lead for care experienced children and young people, in schools, is having a significant impact on outcomes.

Positive Destinations for Care Experienced Pupils.



3.Looked After

3a. Destination by Initial Leaver Destination : National Benchmarking; Looked After



In 2018, 100% (17 young people) Looked After young people in positive destinations.

(Articles 4, 9, 12, 18)

6. We ensure learning from significant case reviews impacts positively on practice.

(Articles 2, 4, 12, 37 (9a), 39)

7. All placements of children and young people who are looked after are subject to regular review. Also a robust options appraisal exercise to ensure at the outset, placements are appropriate to need.

(Article 3, 4, 12, 18, 25, 28 (2), 37 (9a))

8. All Early Years Establishments have copies of the 7 Golden Rules of Participation.

(Articles 2, 3, 12)

Cluster 6. Basic Health and Welfare

1. Welfare Benefits in Argyll and Bute have developed a system of automated benefits that identifies those who should be receiving free school meals and school clothing grants and ensures that they get these.

(Articles 24, 27)

2. Period Poverty:

Prior to the covid19 pandemic period products were freely available in schools for pupils who needed them, there was a Lead Officer on this on behalf of Education, but implementation and budget was managed by each head teacher locally. Also prior to covid19, the Council's Commercial Manager was rolling out the community aspect of



this, including provision to young people (and all others) out with schools. The aim was to help improve the reach of reusable products and, as part of that, immediately prior to the pandemic, arrangements had been made for supplies to go to Kintyre Youth Café and Girl Guiding in Helensburgh who were both keen to trial reusable period products for their young people (along with regular supplies). Monies had been earmarked to improve supplies of reusable products.

Following the pandemic, the operation was moved online, with pupils and people in communities able to order their own supplies directly from Hey Girls using online form. The online order enables individuals to order standard supplies as well as reusable products to best suit their needs. In addition the website was updated to reflect these changes, and merged all of the information across both projects into one, for consistency: <https://www.argyll-bute.gov.uk/sanitaryprovision>

Statutory changes are coming into effect for provision and we will continue to keep abreast of these. This approach will continue for the foreseeable future, but products remain available in schools.

(Articles 6, 24, 27)

3. School Nursing Services:

"School Nursing services are committed to delivering a service to Argyll and Bute's children and young people focusing on prevention, early intervention and support for our most vulnerable. The overarching focus for School Nursing is outlined in the Scottish Government's document, the key priorities sit under the headings Vulnerable children and families, mental health and wellbeing and risk taking behaviours. School Nursing teams are working in partnership with multi-agency colleagues in order to prevent Adverse Childhood Experiences and where they have occurred mitigating their short term and long term effects."

<https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2018/09/school-nursing-role-integrated-community-nursing-teams-school-nursing-priority/documents/00540611-pdf/00540611-pdf/govscot%3Adocument/00540611.pdf>

(Articles 24, 25)

4. The Housing Consortium recognises the need to support children and their families affected by homelessness and particular barriers. Argyll and Bute was one of the first Council's to sign up to The Make a Stand Pledge which has been developed by the Chartered Institute of Housing in partnership with Women's Aid and the Domestic Abuse Housing Alliance. By signing up to the Pledge, Argyll and Bute Council has committed to providing specific support for people experiencing domestic abuse. Recent changes to the Housing Policy mean that women fleeing domestic violence do not have to register as homeless but can be put onto general housing waiting list and the housing associations are prioritising domestic abuse cases for housing.



(Articles 4, 18, 27, 39)

5. Argyll & Bute, Strategic Housing Investment Plan 2020/21 - 2024/25. Impact Assessments were carried out on Equalities; Fuel Poverty and Energy Efficiency; Health Inequalities; Child Poverty; Homelessness; Gypsy/Travelers; and Rural & Island impacts. There is a commitment to provide housing that will enable people to remain in their own homes for as long as possible where they are older or affected by disability. In addition the LHS specifies a minimum target of 10% of new build should be purpose designed as specialist provision to suit households with medium to high level particular needs

(Articles 4, 18, 27, 39)

6. The Council has developed a more cohesive partnership with the Integrated Health & Social Care body to ensure that the Strategic Housing Investment Plan (SHIP) process is fully aligned with the health and social care integration agenda and other relevant plans such as the “Keys to Life” strategy for persons with learning disabilities, the Integrated Children’s Services Plan, the refreshed national housing strategy for Older Persons published in August 2018, “Age, Home and Community: the next phase”; and the Fairer Scotland for Disabled People strategy published by the Scottish Government in 2016; among others.

(Articles 4, 18, 27, 39)



7. Argyll and Bute Council fully supports the Scottish Government’s commitment to improve the lives of our Gypsy/Traveller communities; and continues to work in partnership with Argyll Community Housing Association (ACHA), who own and manage the two official, operational, Travelling Person sites in Argyll and Bute, and other stakeholders to drive forward positive improvements for this client group.

(Articles 4, 24, 27)



8. Fuel Poverty is recognised as a major issue in Argyll and Bute, the Council works with ALLenergy (fuel poverty charity) and a range of Advice Services to make improvement in this area.

(Articles 4, 24, 27)

9. A Community Food Forum has been created which brings together food banks and other food organisations which provide food and other resources when families are in crisis.

(Articles 4, 24, 27)

10. Helping children and young people through transitions in their lives is recognised as key to health and wellbeing. This includes in education, through to training, employment and further education. Also with regards to moving on from care and where they may become involved in the Justice system. This will be a key element in the Youth Justice Strategy which is currently being developed.

(Articles 4, 5, 6, 18, 24, 27, 37, 39)

11. Educational Psychology has developed a resource called Our Children, Their Mental Health. <https://www.argyll-bute.gov.uk/our-children-their-mental-health> To support schools and other staff working with children and young people in addressing mental health wellbeing needs.

(Articles 2, 4, 12, 39)

12. The extension of Early Learning and Childcare LC hours to 1140 has continued on target during the covid19 crisis.

(Articles 2, 4, 12)

13. Argyll and Bute Council continues to develop strategies both in Education and in the Community to ensure that Scottish Government funding to end period poverty, through the Access to Free Period Product Initiative, has maximum impact.

(Articles 6, 24, 27 (1-3))

Cluster 7. Education, Leisure and Culture

1. Argyll and Bute provides education that achieves results for its children and young people that are above the national average in terms of qualifications achieved.



Nomis, official labour market figures show that between Jan.2109 – Dec.2019 Argyll and Bute's population scored more highly in terms of qualifications then both the Scottish and UK average in most respects.

	Argyll and Bute Level	Argyll and Bute %	Scotland %	Great Britain %
NVQ4 and Above	22,300	44.6	45.3	40.3
NVQ3 and Above	31,300	62.6	60.8	58.5
NVQ2 and Above	39,300	78.6	75.6	75.6
NVQ1 and Above	44,400	88.8	83.5	85.6
Other Qualifications	2,00	4.0	6.7	6.7
No Qualifications	3,600	7.2	9.8	7.7

(Articles 4, 28 29, 31)

2. Argyll and Bute is a mixture of town, villages and remote and island places. We provide a high number of small primary schools to meet this need. Also two School Hostels (Dunoon and Oban) in order to facilitate the education and welfare of children and young people from remote and island places.

(Articles 4, 28, 29, 31)

3. Live Argyll works to provide children and young people with sports and leisure activities that allow them to participate in a wide range of activities. This includes activities that are specifically aimed at facilitating the involvement of children and young people with disabilities. Another barrier can be poverty which can cause social exclusion. Live Argyll endeavours to counteract this by providing sports equipment, low cost activities, arrangements to assist with transport and activities conducted as locally as possible.

(Articles 2, 4, 6, 23, 28, 29, 31)

4. Argyll and Bute Education Services have established an LGBTQ+ Network comprising education staff, children and young people and partner agencies such as the NHS, Police Scotland, SDS (careers), CLD and third sector agencies such as MAYDS to provide support to schools, student groups and individual children and young people, to raise awareness of LGBTQ+ inclusion, and to provide training, resources and support in social and emotional wellbeing. Funding has been achieved



through Awards For All for outreach work and guidance is available to the group through Stonewall Scotland's Champions scheme, of which Argyll and Bute is a member.

(Articles 28, 29, 30, 31)

5. Argyll and Bute seeks to provide outdoor nursery provision, for example the Silver Birch Outdoor Nursery, planned to open in August 2020. Stramash also operates an outdoor in the Oban area.

(Articles 18, 27, 28, 29, 31)

6. A number of measures are in place in our schools to ensure that discrimination does not take place. For example policy states that a young person in care cannot be excluded without notification to the Head of Children and Families Social Work Services and discussion taking place. There is an anti-bullying programme in place in all schools.

(Articles 4, 3, 12, 18, 28, 29)

7. The 3 assets approach is in place in Early Years. <https://blogs.glowscotland.org.uk/ab/public/sali/uploads/sites/1389/2016/12/0416010/0/ELC-Three-Assets-May-2019.pdf>

(Articles 3, 12, 28, 29)

Cluster 8. Special Protection Measures

1. On the Isle of Bute the Syrian Resettlement Team works in a multiagency way to support Syrian children and families; the team includes Social Care, Health and third sector partners like The Bute Advice Centre. Clear success of the resettlement programme on Bute for many children and young people.

(Articles 4, 22, 24, 27, 28, 39)

2. Schools in Argyll and Bute provide Interpreters and other support services where required by Migrants and asylum seekers.

(Articles 4, 12, 17, 18, 22, 27)

3. ADP services run programmes and one to one support for children, young people and their families who are experiencing drug misuse issues. This is also recognised as a child protection issue and guidance is in place, see Practitioners guide to working with Children and young people affected by parental substance misuse (GOPR Protocol). **Practitioners guide to working with Children and young people affected by parental substance misuse (GOPR Protocol)**



(Articles 4, 12, 18, 33, 24, 39)

4. Argyll and Bute has a child sexual exploitation strategy and key workers in child protection, children's services, education and residential care have received training in this area. See Multi Agency Practice Guidance Child Sexual Exploitation **Multi Agency Practice Guidance Child Sexual Exploitation**

(Articles 4, 18, 33, 34, 37, 39)

5. An Early Effective Intervention (EEI) system is in place in order to divert children and Young people from involvement in the justice system.

(Articles 4, 18, 33, 34, 37, 40)

6. A Community Justice Implementation Group is in place to ensure best possible outcomes for children, young people and adults involved with the justice system or who have parents who are involved.

(Articles 4, 18, 33, 34, 37, 40)

7. Reviews in custody for young people take place and the Practice Guidance: Custody of Children and Young People Convicted on Indictment under Section 205(2) or Section 208 of the Criminal Procedure (Scotland) Act 1995, are adhered to.

(Articles 4, 18, 37, 40)

8. We have a strong GIRFEC practice model. The GIRFEC Collective Leadership Programme is in place in Argyll and Bute.

(Articles 4, 5, 12, 17, 18, 33, 34, 37, 39)



Key Actions Going Forward

Action	Plan / Strategy linked to	Who action is carried out by	How impact has / will be assessed	Timescale for action
Ensure that Child Rights and Wellbeing Impact Assessments are carried out, where relevant, in relation to new policies, plans and strategies.	Children's Rights Plan 2020 – 2023; Children and Young People's Service Plan 2020 – 2023; Fairer Scotland Duty: Equality Act 2010. Island Scotland Act 2018	Council and partners.	Review of numbers and impacts of CRWA's on an annual basis. Feedback from the children / young people and the public on published assessments.	Annually in December
Young Peoples Advisory Group is created. It will work to ensure that children and young people are actively engaged and involved in the development of future services.	Children and Young People's Service Plan 2020 - 2023	Argyll & Bute's Children Strategic Group	Group is formed; feedback from children and young people; Individual service planning reflects actions arising from feedback from children and young people	2023
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.	Children and Young People's Service Plan 2020 - 2023	Education; HSCP; Third Sector; SDS.	Feedback from children and young people. Improvements noted in the key areas noted.	By 01/12/2022



Ensure that young people are able to have their voices heard at Integration Joint Board and Community Planning Partnership through the involvement of representatives such as School Pupil Councils, MSYPs and Youth Forums	Children and Young People's Service Plan 2020 - 2023	HSCP; Education. Argyll and Bute Council.	Evidence of key issues being discussed at School Pupil Councils etc. Evidence of IJB engaging with children and young people and listening to their views. Findings from the SALSUS Survey will ensure partners respond to the voices of children and young people	By 01/12/2021
Multi-agency awareness training with regards to understanding and applying the UNCRC Children's Rights Plan	Children and Young People's Service Plan 2020 - 2023	HSCP; Education; Third Sector; SCRA; Argyll and Bute Council staff and elected members	Evidence of training having taken place for key staff groups / Councillors / Panel Members etc.	Commenced by 01/12/2021
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	Children and Young People's Service Plan 2020 - 2023	Multi-agency led by Children Strategic Group	The lives of care experienced children are improved. Evidenced by the Five foundations of the promise being kept. Also feedback from children and young people.	By 01/12/2022
Develop a multiagency Youth Justice Strategy that meets the needs of	Argyll and Bute Youth Justice Strategy	Multi-agency but led by Head	Youth Justice National Standards are met;	By 01/07/2021



children and young people and takes account of their views.	2020 – 2023. National standards for Scotland's Youth Justice Services 2002.	of Justice Services.	Feedback from children and young people.	
Children and Families Transformation Board to ensure that consultation with children and young people is considered in relation to every project.	Children and Young People's Service Plan 2020 - 2023	Head of Children's Services.	Project Initiation Documents / Business case / Engagement Specifications reflect that consultation has been considered / taken place.	01/012021
Ensure that children and young people are taught about their rights and the broader human rights agenda in Schools. Look at the number and level of RRS and how this grows year on year.	Education Service Plan 2017 - 2020	Head of Education Service	Evidence of teaching and information sharing. Feedback from children and young people.	From 1/09/2020
Look at supporting children with a parent in custody.	Children and Young People's Service Plan 2020 - 2023	Community Justice Implementation Group.	Agreed multi-agency guidelines. Feedback from parents and children.	By December 2020
Further develop the automated benefits approach, ensuring that more children receive free school meals and uniform grants.	Benefits Team	Benefits Manager	Percentage increase year on year of families receiving these benefits.	Ongoing
Ensure that the Local Child Poverty Action Report reflects the rights of children, as	Argyll and Bute Local Child Poverty	Lead for Child Poverty Action	Report is accepted by Scottish Government	November 2020



specified in the UNCRC.	Action Report 2019		and Argyll and Bute Council. Feedback from children and young people (reviewed annually).	
Look at what facilities and opportunities exist to encourage the health and wellbeing of children and young people, for example free sports passes / Live Argyll / Libraries etc. Ensure equal access to these.	Children and Young People's Service Plan 2020 - 2023	Head of Children's Services	Feedback from children and young people. Evidence of usage.	April 2021

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Addendum 1 Key Documents and Plans:

The United Nations Convention on the Rights of the Child.

https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf?_ga=2.174658018.1999023234.1593702630-61273816.1593702630

The United Nations Convention on the Rights of the Child; in child friendly language

<https://sites.unicef.org/rightsite/files/uncrcchilldfriendlylanguage.pdf>

Children and Young People (Scotland) Act 2014

<http://www.legislation.gov.uk/asp/2014/8/contents/enacted>

SHANARRI Practitioner Resources

<https://www.gov.scot/publications/shanarri/>

Argyll and Bute; Corporate Plan; 2018 - 2022

http://intranet.argyll-bute.gov.uk/sites/default/files/corporate_plan_2018_181119_v2.pdf

Argyll and Bute's Children and Young People's Services Plan 2017 – 2020

https://www.argyll-bute.gov.uk/sites/default/files/cyspsm_from_site.pdf

Argyll and Bute's Children and Young People's Service Plan 2020-2023

Argyll and Bute: Education Annual Plan 2019/20 and 2018/19 Progress Report

<https://www.argyll-bute.gov.uk/moderngov/documents/s140351/Education%20Annual%20Plan%20and%20Progress%20Report%20201920.pdf>

Argyll and Bute Corporate Parenting Plan; April 2018 – March 2021



https://www.argyll-bute.gov.uk/sites/default/files/cpp_v3_screen_version_1.pdf

Argyll and Bute Strategic Housing Investment Plan 2019/20 - 2023/24

<https://www.argyll-bute.gov.uk/moderngov/documents/s133067/ABC%20SHIP%202019.20-23.24%20approved%20draft%2023.10.18.pdf>

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Addendum 2 History of Human Rights Legislation

The Universal Declaration of Human Rights is the foundation for international human rights law. It was adopted by the UN General Assembly in 1948 to provide common human rights standards for all peoples and nations in a post-war world. From this arose nine core international human rights instruments or treaties, including the UN Convention on the Rights of the Child (UNCRC). The UNCRC duplicates some of the rights found in other international instruments. This is because the UNCRC affirms and articulates the significance of these rights for children and young people. The UN Committee on the Rights of the Child monitors the implementation of the UNCRC.

The European Convention on Human Rights (ECHR) -drafted by the Council of Europe in 1950 and in force from 1953 -was the first regional agreement for the protection of human rights. The primary focus of the ECHR is on political and civil rights. This is complemented by the European Social Charter which sets out economic, social and cultural rights -what the Council of Europe calls 'the rights of every day', many of which are of importance to children and young people, including the right to housing, health, education, and legal and social protection.

The ECHR has been incorporated into UK domestic law through the Human Rights Act (HRA) 1998. It has been applied in a series of legal cases affecting children and young people, a growing number of which refer to Articles of the UNCRC. There is a reporting cycle for Scottish commitments to the various UN and European human rights monitoring Committees (as part of the UK-wide reports). To inform our human rights approaches, we can seek advice from two public bodies based in Scotland:

1. The Scottish Human Rights Commission (SHRC) works on legal, policy and practice issues that affect people's human rights in Scotland.
2. The Equality and Human Rights Commission (EHRC) in Scotland works closely with the SHRC.

(Introducing CRWA; Scottish Government; Feb.2019)

All children have the same human rights as adults but only the UNCRC articulates these rights within the framework of children's lives and experiences.

All Scottish Ministers have a duty to:

- Keep under consideration whether there are any steps which they could take to give better or further effect to the requirements of the UNCRC; and, if they consider it appropriate, to take those steps under s.1(1) of the 2014 Act.
- Take such account as they consider appropriate of any relevant views of children of which they are aware under s.1 (2) of the 2014 Act.
- Promote public awareness and understanding of the rights of children under s.1 (3) of the 2014 Act.

Public bodies such as Local Authorities and Health Boards have a duty to:



- Report back every three years on the steps each has taken to secure better or further effect of UNCRC requirements under s.2 and Schedule 1 of the 2014 Act.
- Eight child wellbeing indicators set out in s.96 of the 2014 Act – Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included (sometimes known by the acronym SHANARRI) – support the implementation of children’s rights in practice.

(Getting it Right in Policy and Legislation; Children’s Rights Legislation in Scotland, a Quick Reference Guide. The Scottish Government; Feb.2019.)

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Integration Joint Board

Date of Meeting: 27 January 2021

Title of Report: Integration Joint Board- Performance Report (January 2021)

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

The Integration Joint Board is asked to:

- Note the temporary suspension of reporting against the HSCP Health & Wellbeing Outcome Indicators
- Note the change in focus of the performance reporting from current outcome indicators to performance regarding COVID-19 and Remobilisation of Health and Social Care in Argyll and Bute
- Note the current COVID-19 activity within Argyll & Bute, NHS Highland and Greater Glasgow and Clyde
- Note the HSCP performance progress regarding remobilisation of activity in line with NHS Highland performance target for 2020/21 agreed with Scottish Government to 70%-80% of 2019/20 activity

1. BACKGROUND

Reporting against the HSCP Health & Wellbeing Outcome Indicators continues to be affected by the recent re-escalation of COVID-19 pandemic requiring health and care services remain on an “emergency” footing. Thus there continues to be a performance reporting and data lag at both a governmental and local partnership level affecting many of the HSCP Health & Wellbeing Outcome Indicators.

Consequently the IJB are asked to note temporary suspension of normal outcome performance reporting and instead receive this performance report focusing on remobilisation of health and care services and COVID-19 related activity.

The remobilisation of services across both health and social care is a Scottish Government priority and frontline staff and managers are working hard to achieve this across the Health & Social Care Partnership. Our priority is on ensuring that key services and access as far as possible for people is managed and delivered locally and safely within the COVID-19 pandemic operating context.

The COVID-19 pandemic second wave has seen a tightening of “lock-down” measures due to a new and more infectious mutation of the virus. This has once again compromised the full resumption of service. The Cabinet Secretary for Health in December 2020 directed Chief Executives in both Local Authorities and Health Boards that emergency

and critical service provision should be prioritised using the national Clinical Prioritisation Matrix.

The matrix uses 4 prioritisation levels and these are;

- **Priority level 1a Emergency and 1b Urgent** – operation needed within 24 hours
- **Priority level 2 Surgery/Treatment** – scheduled within 4 weeks
- **Priority level 3 Surgery/Treatment** – scheduled within 12 weeks
- **Priority level 4 Surgery/Treatment** – may be safely scheduled after 12 weeks.

Consequently to respond to this second wave NHS Boards can decide to pause non urgent or elective services (P3 & P4) to ensure they retain capacity to cope with COVID-19 emergency need, vaccination programme roll out and normal winter pressures.

This report therefore provides the IJB with an update on the impact on service performance with regards to COVID-19 pandemic and the progress made with regard to remobilising health and social care services in Argyll & Bute.

2. INTRODUCTION

NHS Highland's (NHS) Remobilisation plan was established in July 2020 in response to the NHS Scotland COVID-19 Framework for Decision Making "Re-mobilise, Recover and Re-design".

The plan focuses on the areas agreed as priorities with the Scottish Government and includes information on 10 work streams and associated projects. Alongside this the Framework for Clinical Prioritisation has been established to support Health Boards with prioritising service provision and framing the remobilisation of services against 6 key principles within a COVID-19 operating environment:

1. **The establishment of a clinical priority matrix 1P-P4** (detailed above)
2. **Protection of essential services** (including critical care capacity, maternity, emergency services, mental health provision and vital cancer services)
3. **Active waiting list management** (Consistent application of Active Clinical Referral Triage (ACRT) and key indicators for active waiting list management, including addressing demand and capacity issues for each priority level)
4. **Realistic medicine remaining at the core** (application of realistic medicine, incorporating the six key principles)
5. **Review of long waiting patients** (long waits are actively reviewed (particularly priority level four patients))
6. **Patient Communication** (patients should be communicated with effectively ensuring they have updated information around their treatment and care)

3. COVID-19 OVERVIEW

The data in the table below identifies the most recent COVID-19 prevalence as at the 13th January and in particular aligns the data with testing, deaths and tier status. The data is shown by HSCP, Local Authority and Health Board areas to illustrate prevalence, the overall Scotland wide data provides the national backdrop.

National / Board / LA	Cases Daily	Cases (Last 7 Days)	Total Positive Cases	Tests Daily	Tests (Last 7 days)	Total Tests	Tests Positive % (L7d)	Deaths (Last 7 days)	Total Deaths	Tier Status
Scotland	1,949	14,842	155,372	23,432	161,916	3,662,457	10.4%	238	5,102	
NHS Highland	58	533	3,210	1,207	8,643	182,945	6.6%	2	88	
NHS GG&C	592	4,307	49,143	6,243	39,901	921,315	12.2%	67	1,539	
A&B HSCP	9	75	1,036	338	2,123	56,229	3.4%	1	54	3/4
Highland Council	49	471	2,116	855	6,408	124,588	7.7%	1	34	4
Glasgow City	362	2,478	29,286	3,225	20,657	480,887	13.3%	24	808	4

(Data Source – Public Health Scotland Daily COVID-19 @ Data 13/01/2021)

The Argyll & Bute trend analysis with regards to positive COVID-19 cases for March 2020 to Jan 2021 identifies a slight increase in the 7 day moving average in infections, however overall currently numbers remain low.

Trend data by NHS Board | Local Authority

What information would you like to see?

Positive cases

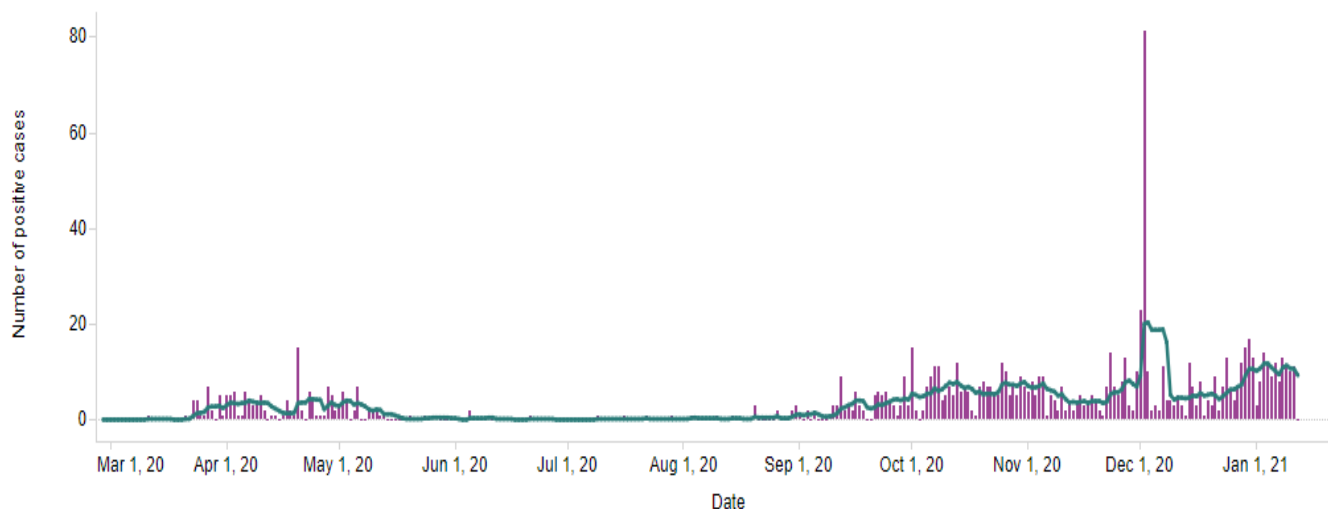
Select location:

Argyll & Bute

Daily figure

7 day moving average

Positive cases by specimen date in Argyll & Bute



Figures for the most recent dates are likely to be incomplete due to the time required to process tests and submit records.

(Data Source- PHS COVID-19 data as at 11th Jan 2021)

4. REMOBILISATION PERFORMANCE

The tables below summarises and illustrates the HSCP service remobilisation performance against agreed SGHD target (70-80%) across Health and Social care showing significant progress being made.

This report excludes primary care (GP, Pharmacy, Dental and other primary care services) performance who have a range of different targets and remobilisation milestones to meet and does not include activity targets.

Argyll and Bute HSCP remobilisation Cumulative Performance to 03 Jan 2021

	December Cumulative (to W/E 3rd Jan)			Weekly Activity Trend (1 Sep to 03 Jan)
	Target	Actual	%Var	
TTG				
TTG Inpatient & Day Case Activity (All Elective Admissions)	50	43	-14%	
REFERRALS				
Total AHP Referrals Monitoring	965	794	-18%	
Total Outpatient Referrals	955	738	-23%	
Total Urgent Suspicion of Cancer Referrals Received	25	30	20%	
OUT PATIENTS				
Total New OP Activity Monitoring	700	676	-3%	
Total Return OP Activity Monitoring	1130	1429	26%	
Total AHP New OP Activity Plan	695	707	2%	
Total AHP Return OP Activity Plan	1640	2340	43%	
DIAGNOSTICS				
Total Endoscopy Activity Monitoring	70	54	-23%	
Total Radiology Activity Monitoring	390	428	10%	
CANCER				
Total 31 Days Cancer - First Treatment Monitoring	0	4	0%	
UNSCHEDULED CARE				
Total A&E Attendances Monitoring (LIH)	510	520	2%	
Total A&E Attendance (AB Community Hospitals)	1555	1797	16%	
Total % A&E 4 Hr (LIH)				
Total Emergency Admissions IP Activity Monitoring (LIH)	185	190	3%	
Emergency Admissions IP Activity Monitoring (AB Community Hospitals)	185	194	5%	

ADULT SOCIAL CARE	December Cumulative (to W/E 3rd January)			Weekly Activity Trend (1 Sep to 03 Jan)
	Target	Actual	%Var	
Total Number of Adult Referrals	895	881	-2%	
Total Number of UAA Assessments	280	194	-31%	
Total Adult Protection Referrals	30	35	17%	
Total New People in Receipt of Homecare	45	35	-22%	
Total New Care Home Placements	20	9	-55%	
Total No of Delayed Discharges	10	21	110%	
COMMUNITY HEALTH				
Total Mental Health – New Episodes	100	52	-48%	
Total Mental Health – Patient Contact Notes	730	698	-4%	
Total DN – New Episodes	115	131	14%	
Total DN – Patient Contact Notes	5040	5270	5%	
Total AHP - New Episodes	345	316	-8%	
Total AHP - Patient Contact Notes	3870	2801	-28%	
CHILDREN & FAMILIES SOCIAL CARE				
Total Number of Child Request for Assistance Referrals	245	258	5%	
Total Number of New Universal Child Assessments	110	81	-26%	
Total Number of Children on CP Register	38	28	-26%	

(Please note that not all MH community and AHP activity is captured due to data lag and some services are not yet on automated systems)

5. Service Referral activity

The resumption of services has not seen a corresponding increase in Primary Care GP referral activity to previous levels. The cumulative reduction for Lorn & Islands is 26.6% against 28% for Argyll & Bute.

Nationally it is being highlighted that there has been a significant reduction in outpatient referrals from Primary Care. Further analysis is ongoing to try and establish the reason why and the potential impact this will have going forward. Preliminary feedback on the reason for this includes patients feeling apprehensive about going to see their GP, or potential for traveling to access services due to the COVID-19 infection risk.

Consultant outpatient referral activity	W/E 03-Jan				Cumulative		
	Plan	Actual	Var	Revised Actual	Plan	Actual	Var
Lorn & Islands GP referral activity							
Total	112	42	-70	32	2576	1891	-685
Argyll & Bute GP referral							
Total	81	17	-64	23	1863	1337	-526

(Data Source – Performance Review Board 12/01/2021)

5. WAITING TIMES PERFORMANCE

The table below identifies the length of wait associated with each of the specialities alongside the totals and booking status as at 16th December 2020.

Main Specialty	Total on Waiting List	Length of Wait (weeks)				Appt Status		
		Over 26	12 to 26	Under 12	% > 12 Weeks	Booked	Unbooked	% Un Booked
Consultant Outpatients Total	1215	279	188	748	38.4	480	735	60.5
Mental Health Total	703	425	104	174	75.2	52	651	92.6
AHP OTHER Total	415	74	35	306	26.3	123	292	70.4
Nurse Led Clinics Total	121	18	8	95	21.5	54	67	55.4
All OP WL Total	2454	796	335	1323	46.1	709	1745	71.1

New Outpatient Waiting List Summary position as at 16th December 2020

At the end of March 2020, 20% (265 patients) awaiting a new outpatient appointment for a consultant led specialty were in breach of the 12 week TTG waiting time's target. This was the best month end position reported by the HSCP since summer 2018 and exceeded the year-end target set out in the Annual Operational Plan agreed with the Scottish Government for 2019/20.

However, due to the COVID-19 pandemic outpatient appointment capacity fell by 68% from average circa 500 per week pre-covid to 160 between mid-March to mid-June, before beginning to show a slow but sustained increase as the country came out of lockdown.

Argyll and Bute HSCP working with NHS Highland had initially worked to agree an outpatient service remobilisation target of 80% by the end of July 20 subject to NHS Greater Glasgow and Clyde (GG&C) remobilisation performance. In the end this was significantly higher than NHS GG&C whose remobilisation targets were 60% by October and 80% by December.

This is primarily due to the continuing COVID-19 emergency inpatient activity which remained significant in NHS GG&C hospitals through to early autumn.

Across NHS GG&C there are understandable differences as to how Specialties are remobilising. This seems to be due to a complex mix of factors including the extent hospital sites are physically reconfigured due to COVID-19 working practices e.g. staffing, availability of theatres & ITU, the limited number of wards with single rooms.

The HSCP has managed to commission additional waiting list initiatives in Ophthalmology, Dermatology, ENT, Gynecology and General Medicine along with others initiatives which has greatly improved the performance and reduce the waiting times from 70% breach of 12 weeks in June to 46.1% as at the 16th December 2020 for all waits.

The HSCP has been increasing the use of virtual consultations, either using NHS Near me technology or by telephone. All consultants are triaging their waiting lists to decide who needs face to face consultations and who can be virtual.

However, take up has been lower than planned particularly by Argyll and Bute based clinicians, this may be as a result of the lower prevalence of infection in Argyll and Bute

to date. This is something the HSCP is trying to promote and the TEC team are working with Clinicians to support this blended approach to help ensure access to outreach areas and prevent patient travel

NHS GG&C set a target back in June 2020 that 70% of all clinical consultations should be virtual this includes all disciplines, including AHPs.

The Tables below illustrate the scale of virtual new and return consultant outpatient performance for Lorn & Islands Hospital and Community Hospitals in Argyll and Bute undertaken to December 2020:

Cumulative activity to end of December 2020 Virtual Consultant Outpatient				
Speciality	LIH New	LIH Return	Community Hospitals New	Community Hospitals Return
Cardiology	2	113		139
Clinical Oncology	1	10		
Dermatology	3	37		4
ENT	77	11	10	15
Endocrinology & Diabetes	1	51	4	70
General Medicine	17	488	13	172
General Surgery	9	52		5
Gynaecology	32	42	22	13
Haematology	4	176		
OMFS & Oral Surgery	134	7		
Orthopaedics	1	25	5	5
Ophthalmology			1	8
Paediatrics	10	90	43	163
Paediatrics community			30	77
Respiratory Medicine	6	83		
Urology Virtual	0	115		
Total	297	1300	131	671

(Data Source- NHS Highland Remobilisation Plan We 3rd January 2021)

All Cancer referrals, cancer treatments and follow ups to NHS GG&C are prioritised as P1 or P2 and performance waiting targets are being met.

Although all specialties have resumed, some outreach services have new tighter infection control restrictions, e.g. ENT which means that they cannot currently be performed in Community hospitals. The HSCP is reviewing how Primary Care can support Secondary care services, through a shared care approach, reducing the need to travel to GGC for tests or some interventions.

Appendix 1 shows NHS Board Level KPI's against Treatment Time Guarantee as at 21st December 2020

6. OUTLOOK FOR 2021/22

Across Scotland we are now unfortunately seeing a resurgence of COVID-19 infections, exacerbating normal winter pressures and the Scottish Government has had to reinstitute stringent national lockdown measures.

A number of Boards are now prioritizing P1 and P2 only together with COVID-19, vaccinations, as well as suspend all non-urgent face to face patient activity.

NHS GG&C have confirmed as at 18th January they are now only undertaking P1 and P2 treatment activity as they are dealing with a significant increase in emergency COVID-19 inpatient and ICU activity.

Consequently it is expected that there will be a suspension or a significant slowdown in the resumption of all non-urgent activity. As far as possible this will be tempered by delivering as much as possible “virtually” and limiting the amount of face to face clinics/contacts.

The scale of this impact across Health and Care services in Argyll and Bute will be clear over the coming weeks.

The Scottish Government has initially set a target of by the end of quarter 2 of a return to pre-COVID-19 levels of activity and NHS Boards and HSCPs are being asked to prepare plans to achieve this for submission by the end of March 2021.

7. ANNUAL PERFORMANCE REPORTING FOR 2020/21

As previously reported the return of the HSCP Annual Performance Report (APR) for 2019/20 was affected by the ongoing COVID-19 response across national data services. This meant that a reduced and focussed report was produced for last year in order to capture key health and wellbeing outcomes performance using previous calendar data.

The 2020/21 APR is also expected to be different and discussions are taking place with the SGHD with regards to changing the context/focus of the year report to the COVID-19 pandemic response and subsequent remobilisation of health and social care services during the ongoing COVID-19 restrictions.

An update on the outcome of this will be presented to the Strategic Planning Group and the IJB in due course.

8. GOVERNANCE IMPLICATIONS

8.1 Financial Impact

The COVID-19 pandemic and its impact has seen a national allocation of funding monies in-line with need and submitted remobilisation plans.

8.2 Staff Governance

There has been a variety of staff governance requirements throughout this pandemic which have been identified and continue to be progressed and developed include health and safety, wellbeing and new working practices within national COVID-19 restrictions

7.3 Clinical Governance

Clinical Governance and patient safety remains at the core of prioritised service delivery in response to the pandemic and subsequent remobilisation.

8. EQUALITY & DIVERSITY IMPLICATIONS

Service delivery has been impacted by the COVID-19 pandemic and ongoing and new EQIA will be required to be undertaken.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Data use and sharing is daily via national Scottish Government and Public Health Scotland websites meeting GDPR requirements.

10. RISK ASSESSMENT

Risk assessments are in place across the HSCP to ensure staff and service user safety within COVID-19 guidance and tier restrictions

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Public and user updates are available nationally at the Scottish Government COVID-19 website alongside advice and updates on both the Council and NHS Highland Internet sites.

12. CONCLUSION

The HSCP together with its partners have had to respond to the COVID-19 pandemic by initially ceasing all non-urgent and routine health and care services. Putting its self on an emergency only footing for the period March to June 2020.

Since then it has commenced remobilisation of services and has made good progress operating within a COVID-19 compromised operating context. With the recent increase in virus prevalence and instigation of national lock down in January 2021, full remobilisation remains unlikely to be achieved until post summer 2021.

The IJB are asked to note and consider this update on the impact of the COVID-19 pandemic on the HSCP performance and its subsequent remobilisation of services.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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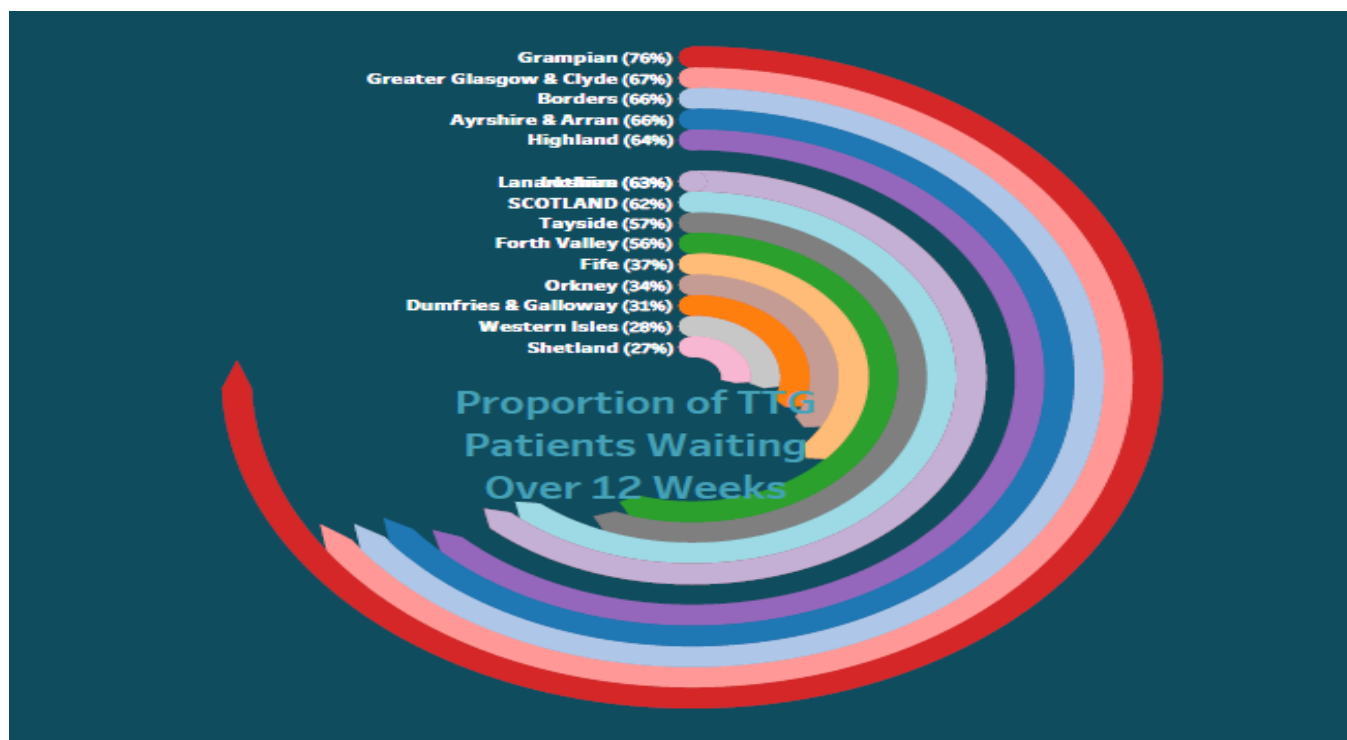
Email: stephen.whiston@nhs.scot

Appendix 1

Board Level KPI's & Percentage of Treatment Time Guarantee Waiting >12 Weeks as at 21st December 2020

Current Week Performance Table

	21 December 2020								
	TTG - patients waiting over 12 weeks	TTG - patients waiting over 26 weeks	Core 4 hour ED Performance (week)	Patients Spending over 8 hours in core ED (week)	Patients Spending over 12 hours in core ED (week)	Core ED Attendances (week)	Delayed Discharges (total)	OPWL - waiting over 12 weeks	OPWL - waiting over 26 weeks
SCOTLAND	53,973	40,388	82.4%	730	254	19,410	0	171,568	96,056
Ayrshire & Arran	3,030	2,270	73.9%	205	124	1,460	0	19,039	11,018
Borders	1,037	604	71.3%	45	16	484	0	3,039	1,309
Dumfries & Galloway	441	278	88.5%	5	1	652	0	2,874	899
Fife	1,043	709	84.9%	39	7	964	0	6,834	2,725
Forth Valley	1,586	1,037	84.4%	3	1	825	0	7,883	3,611
Grampian	8,077	6,470	84.3%	29	3	1,376	0	14,303	8,321
Greater Glasgow & Clyde	16,251	12,767	82.8%	163	36	4,868	0	51,727	31,378
Highland	3,154	2,444	87.4%	12	1	872	0	5,591	2,496
Lanarkshire	5,393	4,304	75.9%	141	43	3,100	0	12,879	5,047
Lothian	8,646	6,006	83.7%	84	22	3,461	0	35,225	22,338
Orkney	56	47	94.5%	0	0	91	0	479	253
Shetland	83	61	96.2%	1	0	105	0	501	306
Tayside	4,328	2,916	94.8%	2	0	1,092	0	10,770	6,191
Western Isles	88	0	98.3%	0	0	60	0	405	151



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Integration Joint Board

Date of Meeting: 27 January 2021

Title of Report: Update to Committee Terms of Reference

Presented by: Charlotte Craig

The IJB is asked to:

- Consider the amendments proposed
- Approve the Strategic Planning Group Terms of Reference
- Approve the amendment to the General provisions on reporting to the IJB
- Appoint the chair/vice chair of the Finance & Policy Committee

1. EXECUTIVE SUMMARY

- 1.1 This paper requests the approval of the updated Strategic Planning Group Terms of Reference as recommended by the group, update to the general provisions on reporting to the IJB and a request to nominate new chair/vice chair of the Finance and Policy Committee Chair be nominated to anticipate the rotation of the IJB chair.

2. INTRODUCTION

- 2.2 The Strategic Planning Group have reviewed and updates their group terms of reference and seek the approval of the IJB.
- 2.3 The Finance and Policy Committee has the IJB Chair as nominated chair at present. The request is to appoint a chair/vice chair due to the rotation of the IJB chair. The IJB chair is typically the chair of the Finance and Policy Committee. The incoming chair is also chair of the Clinical and care Governance Committee.
- 2.4 The update to the general provisions update the terms of reference to make the provision for annual reporting from each of the committees and the Strategic Planning Group.

3. DETAIL OF REPORT

- 3.1 The Strategic Planning Group have reviewed their Terms of Reference ensuring alignment with the Scheme of Integration and strengthening the

planning role and direct relationship with both the IJB and the Locality Planning Groups.

3.2 Audit and Risk Committee considered the proposal for self-assessment and evaluation of committees which would contribute to the proposed annual reporting of the work undertaken at committees and strategic planning group. A further session will be convened by the Audit and Risk committee to refine the content of the self-assessment and allow this to progress operationally.

3.3 The update requested is to the general provisions in section 2 which is highlighted which will require the committee chair to report to the IJB annually on the work of the committee.

3.4 The Chair of the IJB is rotated on a two yearly basis. Going into the next rotation the incoming chair potentially will chair both the Clinical and Care Governance Committee and Finance and Policy Committee.

3.5 There is a request to appoint a chair and vice-chair to the Finance and Policy Committee for April 2021 to reflect the changes.

3 RELEVANT DATA AND INDICATORS

N/A

4 CONTRIBUTION TO STRATEGIC PRIORITIES

Committees support the consideration of the business of the IJB and make recommendation to the IJB.

5 GOVERNANCE IMPLICATIONS

6.1 Financial Impact

None

5.1 Staff Governance

None

5.2 Clinical Governance

None

6 PROFESSIONAL ADVISORY

Strategic Planning Group terms of reference recommended to the IJB by the group.

7 EQUALITY & DIVERSITY IMPLICATIONS

None for this paper

8 GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Compliant with data protection principles

9 RISK ASSESSMENT

No risk associated with amendments

10 PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None required for this paper

11 CONCLUSIONS

The IJB is requested to consider the amendments proposed and asked to approve the updated Strategic Planning Group Terms of Reference, the amendment to the General Provisions and appoint the chair/vice chair of the Finance & Policy Committee for April 2021.

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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Document control

Title	IJB and Committee Terms of Reference
Author	Charlotte Craig
Creation date	May 2020
Date of version	August 2020

Version history

Version	Comments
V2.0	Approved at May IJB
V2.1	Updated CSWO role and reflect staff changes
V2.2	Update to the general provisions reflect the committee/group requirement to report annually to the IJB Updated Terms of Reference for the Strategic Planning Group

Current Committee Membership

Audit & Risk Committee		
Role	Current	Membership
Chair IJB Member	Cllr Sandy Taylor	Member
Vice Chair IJB Member	Dr Gaener Rodger	Member
IJB Member	Cllr Kieron Green	Member
IJB Member	Sarah Compton Bishop	Member
IJB Member	Vacant	Member
IJB Member	Vacant	Member
Chief Officer	Joanna Macdonald	Attendee (required)
Chief Finance Officer	Judy Orr	Attendee (required)
External Auditor	Audit Scotland	Attendee (required)
Internal Auditor	Scott- Moncrieff	Attendee (required)
Officers attend as required		Attendee

Clinical & Care Governance Committee		
Role	Current	Membership
Chair IJB Member (Council or NHS)	Sarah Compton-Bishop	Member
Vice Chair IJB Member (Council or NHS)	Kieron Green	Member
IJB Member	Jean Boardman	Member
IJB Member	Cllr Sandy Taylor	Member
Chief Officer	Joanna Macdonald	Member
Associate Medical Director	Dr Rebecca Helliwell	Member
Associate Director Public Health	Dr Nicola Schinaia	Member
Associate Clinical Dental Director	Donald MacFarlane	Attendee (required)
Lead Nurse	Elizabeth Higgins	Member
Head of Children & Families and Justice	Patricia Renfrew	Attendee (required)
Lead AHP	Linda Currie	Attendee (required)
Lead Pharmacist	Fiona Thomson	Attendee (required)
Head(s) of Adult Services	Caroline Cherry/]	Attendee (required)
Head(s) of Adult Services/Chief Social Work Officer	Julie Lusk	Member
Clinical Governance Manager	Fiona Campbell	Attendee (required)
Staffside Representative	Fiona Broderick/Kevin McIntosh	Member
Staff attend as required		Attendee
Public Representative		

Finance & Policy Committee		
Role	Current	Membership
Chair	Cllr Kieron Green	Member
Vice Chair	Sarah Compton-Bishop	Member
IJB Member	Cllr Sandy Taylor	Member
IJB Member	Cllr Gary Mulvaney	Member
IJB Member	Prof Boyd Robertson	Member
IJB Member	Vacant	Member
Professional Advisory Group Representative	Elizabeth Higgins	Member
Chief Officer	Joanna Macdonald	Attendee (required)
Chief Finance Officer	Judy Orr	Attendee (required)
Staffside	Fiona Broderick/Kevin McIntosh	Attendee (required)
Officers attend as directed		Attendee

SPG Role	Current Member	Role
Co chair	Stephen Whiston	Head of Strategic Planning and Performance
Co chair (IJB member)	Jean Boardman	Non Executive Director NHS Highland
Chief Officer	Joanna MacDonald	Chief Officer Health and Social Care
IJB Member NHS	Sarah Compton-Bishop	Vice - Chair, Integrated Joint Board
IJB Member Council	Cllr. Kieron Green	Vice - Chair, Integrated Joint Board
Health & Social Care Member	Dr Rebecca Helliwell	Associate Medical Director
Health & Social Care Member	Patricia Renfrew	Head of Service, Children & Families and Justice
Health & Social Care Member	Caroline Cherry	Head of Adult Services
Health & Social Care Member	Julie Lusk	Head of Adult Services/CSWO
Health & Social Care Member	Elizabeth Higgins	Lead Nurse/Professional Lead Rep
Public Health	Alison McGrory	Public Health Principal
Housing	Alastair MacGregor	Director, ACHA
Housing	Allan Murphy	Director, Dunbritton Housing
Housing(LA)	Douglas Whyte	Strategic Housing Manager A&B Council
Third Sector	Kirsteen Murray	CEO, Argyll TSI
Third Sector	Niall Kieron	Divisional General Manager, Marie Curie, Scotland
Independent sector	Margaret McGowan/TBC	Independent Sector Representatives, Scottish Care
Service User	Duncan Martin	
Service User	Michael Roberts	

Carers	David Halliday	Carers' Act Implementation Officer
Carers Representatives (x2)	Vacant	Carers Representatives
Finance	Judy Orr	Head of Finance and Transformation
Planning	Kristin Gillies	Senior Service Planning Manager HSCP
Planning	Vacant	Service Planning Manager HSCP

Locality Planning Groups (x4)		
Role	Current	Membership
Chair	Area Manager	Member
Co-Chair	Other than HSCP staff	Member
Community Members (2)	Various based on Locality	Member
Carers (2)	To be recruited	Member
Third Sector	Various based on Locality	Member
Independent Sector	Various based on Locality	Member
Primary Care	Various based on Locality	Member
Housing	Various based on Locality	Member
Education	Various based on Locality	Member
Community Council (2)	To be recruited	Additional Members Argyll & Bute (not statutory)
Elected members	Various based on Locality	Additional Members Argyll & Bute (not statutory)

IJB Membership

The role and constitution of IJB is established through legislation. The voting membership is:

- a. NHS Highland : 4 members of the NHS Highland Health Board
- b. Council: 4 Elected members of the Council nominated by the Council

The term of office of the Chair and the Vice Chair will be a period of two years. NHS Highland and the Council will appoint one of their four representatives to act as Chair/Vice Chair on a two year rotating basis.

The Chief Officer and Chief Financial Officer shall attend Committee meetings in their capacity of advisers and not as members of the Committees.

The decision making structure whereby the committees of the IJB have Terms of Reference agreed by the IJB include the Clinical and Care Governance Committee, Audit and Risk Committee and Finance and Policy Committee.

The act makes provision for a Strategic Planning Group for the development and delivery of the Strategic Plan. Argyll & Bute IJB have approved a Locality Planning Group model to engage on local planning.

1.1. Clinical and Care Governance Committee Membership

The Committee will consist of not less than 6 members, being IJB representatives, officers, stakeholders and professional advisers. The IJB shall appoint IJB representatives to the Committee, appropriate officer representation will be co-ordinated by the Chief Officer.

Role	Membership
Chair IJB Member (Council or NHS)	Member
Vice Chair IJB Member (Council or NHS)	Member
IJB Member	Member
IJB Member	Member
Chief Officer	Member
Associate Medical Director	Member
Associate Director Public Health	Member
Associate Clinical Dental Director	Member
Lead Nurse	Member
Head of Children & Families & Justice	Attendee(required)
Lead AHP	Member
Lead Pharmacist	Member
Head(s) of Adult Services	Attendee (required)
Head(s) of Adult Services/CSWO	Member

Clinical Governance Manager	Attendee (required)
Staffside Representative	Member
Locality Staff attend as required	Attendee
Carer/public representatives	Member

1.2. Audit and Risk Committee Membership

Audit and Risk Committee consists of six members of the IJB (minimum two voting members - one from NHS Highland and one from the Council)

The Chair and Vice-Chair of the IJB Audit and Risk Committee will be appointed by the IJB for a two-year term. Neither may be Chair or Vice-Chair of the IJB.

Other persons may participate in meetings by invitation of the Chair.

Role	Membership
Chair IJB Member	Member
Vice Chair IJB Member	Member
IJB Member	Member
IJB Member	Member
IJB Member	Member
IJB Member	Member
Chief Officer	Attendee (required)
Chief Finance Officer	Attendee (required)
External Auditor	Attendee (required)
Internal Auditor	Attendee (required)
Officers attend as required	Attendee

1.3. Finance and Policy Committee Membership

The Committee will consist of not less than 8 members, being IJB representatives, officers, stakeholders and professional advisers. The IJB shall appoint IJB representatives to the Committee, appropriate officer representation will be co-ordinated by the Chief Officer.

Role	Membership
Chair, Integrated Joint Board	Member
Vice - Chair, Integrated Joint Board	Member
IJB Member	Member
IJB Member	Member
IJB Member	Member
IJB Member	Member
Professional Advisory Group Representative	Member
Chief Officer	Attendee (required)

Chief Finance Officer	Attendee (required)
Staffside	Attendee (required)
Officers attend as directed	Attendee

1.4. Strategic Planning Group Membership

The Strategic Planning Group is established according to Section 32 of the Public Bodies (Joint Working) (Scotland) Act 2014 and will report to the full IJB Board as required.

Role	Membership
Chair	Member
Co-Chair (IJB Member)	Member
IJB Member (carers)	Member
IJB Member	Member
IJB Member	Member
Chief Officer	Member
Chief Financial Officer	Member
Associate Medical Director	Member
Associate Director Public Health	Member
Associate Clinical Dental Director	Member
Lead Nurse	Member
Head of Children & Families & Justice	Member
Lead AHP	Member
Lead Pharmacist	Member
Head(s) of Adult Services/CSWO	Member
Staffside Representative	Member
Senior Service Planning Manager	Member
Housing (Council and other)	Member
Third Sector (TSI CEO + 1)	Member
Carers Act Implementation Officer	Member
Independent Sector	Member
Officers attend as required	Attendee

Locality Planning Groups Membership

Locality Planning Groups (x4)		
Role	Current	Membership
Chair	<ul style="list-style-type: none"> • Area Manager 	<ul style="list-style-type: none"> • Member
Co-Chair	<ul style="list-style-type: none"> • Other than HSCP staff 	<ul style="list-style-type: none"> • Member
Community Members (2)	<ul style="list-style-type: none"> • Various based on Locality 	<ul style="list-style-type: none"> • Member
Carers (2)	<ul style="list-style-type: none"> • To be recruited 	<ul style="list-style-type: none"> • Member
Third Sector	<ul style="list-style-type: none"> • Various based on Locality 	<ul style="list-style-type: none"> • Member
Independent Sector	<ul style="list-style-type: none"> • Various based on Locality 	<ul style="list-style-type: none"> • Member
Primary Care	<ul style="list-style-type: none"> • Various based on Locality 	<ul style="list-style-type: none"> • Member
Housing	<ul style="list-style-type: none"> • Various based on Locality 	<ul style="list-style-type: none"> • Member
Education	<ul style="list-style-type: none"> • Various based on Locality 	<ul style="list-style-type: none"> • Member
Community Council (2)	<ul style="list-style-type: none"> • To be recruited 	<ul style="list-style-type: none"> • Additional Members Argyll & Bute (not statutory)
Elected members	<ul style="list-style-type: none"> • Various based on Locality 	<ul style="list-style-type: none"> • Additional Members Argyll & Bute (not statutory)

2. GENERAL PROVISIONS REGULATING MEMBERSHIP

Members of the IJB subscribe to and comply with the Standing Orders and Code of Conduct and the appointed Standards Officer is responsible for advising and guiding members of the Board on issues of conduct and propriety. A register of interests is in place for all Board members and senior officers.

The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within the Integration Scheme, Standing Orders and Financial Regulations; these are subject to regular review.

The Committees will report directly to IJB **regularly and annually on a formal basis** and will provide clear, robust, accurate and timely information on the quality of service performance.

2.1. Appointments

The IJB will make all appointments to the Committees including the appointment of the Chair and Vice-Chair of the Committees.

2.2. Chair and Vice-Chair

2.2.1. The Chair and Vice-Chair of the Committees will be members of the IJB appointed from those members appointed to the Committees;

2.2.2. The appointment of Chair and Vice-Chair will be for a two year term.

2.3. Quorum

2.3.1. Three members of the Audit & Risk Committee and the Finance & Policy Committee, one from each partner body and one other, shall constitute a quorum, with at least one of the members being Chair or Vice-Chair.

2.3.2. The Clinical & Governance Committee and Strategic Planning Group will require one third of their membership with at least one member from each partner body.

2.3.3. Ordinary Committee members (i.e. other than the Chair/Vice-Chair) may nominate deputies to attend meetings to ensure meetings are quorate, this will only be permitted with prior agreement by the Chair.

2.3.4. No business shall be transacted unless this minimum number of members is present. For the purposes of determining whether a meeting is quorate, members attending by video or audio link will be determined to be in attendance.

2.4. Frequency of Meetings

2.4.1. The Committees will meet on a frequency to be determined by IJB, on dates to be specified in an annual programme of meetings, with meetings normally held at least quarterly in each financial year at a place and time as determined by each Committee.

2.4.2. The Chair of each Committee may at any time convene additional meetings or increase frequency of meetings to consider business, which may require urgent consideration.

2.5. In Attendance

2.5.1 Agendas will follow standard template which will cover all elements of the Committee's framework.

2.6. Sub-groups

2.6.1. The Committees may at their discretion set up working groups for

specific tasks. Membership of working groups will be open to anyone whom the Committees consider will be able to assist in the task assigned. The working groups will report their findings and any recommendations to each Committee.

CLINICAL AND CARE GOVERNANCE COMMITTEE TERMS OF REFERENCE

1. REMIT

The Committee's framework will encompass the following responsibilities as detailed in paragraph 5.8 of the Integration Scheme.

Each of the four elements, listed below, will be

- 1.1. 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.
- 1.2. Measure the quality of integrated service delivery by measuring delivery of personal outcomes and seeking feedback from service users and/or carers;
- 1.3. Professional regulation and workforce development;
- 1.4. Information governance
- 1.5. Safety of integrated service delivery and personal outcomes and quality of registered services

The Committee 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:-

- 1.6 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.

- 1.7 Effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.
- 1.8 Systems to support the structured, systematic monitoring, assessment and management of risk's-ordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.
- 1.9 Improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- 1.10 Mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services.
- 1.11 Planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.
- 1.12 To provide assurance to the Integrated Joint Board that systems, processes and procedures are in place and are delivering effective clinical and care governance throughout Argyll and Bute.

This will include the following:

- 1.13 To develop and monitor clinical and care assurance systems to regulate the quality and safety of health and care services
- 1.14 To monitor implementation of Care Inspectorate and NHS Healthcare Improvement Scotland clinical standards and other external review body standards and guidelines – such as Mental Welfare Commission, SPSO etc.
- 1.15 To oversee self-evaluation and preparation for joint inspections and to oversee local implementation of recommendations following review
- 1.16 To oversee the review all incidents to identify trends, to take appropriate action and disseminate lessons learnt across Argyll and Bute (and NHS Highland where appropriate)

- 1.17 To oversee the review of all feedback, including complaints and compliments, to ensure proper management, identify trends and disseminate lessons learnt across Argyll and Bute (and NHS Highland where appropriate).
- 1.18 To review Significant Adverse Event Review findings and ensure completion of resulting action plans Overseeing the development, agreement and review of clinical and care procedures, guidelines and protocols for delegated functions of the HSCP.
- 1.19 The NHH Board governance structures should be utilised to ratify clinical policies, guidelines and protocols (e.g. the Area Drugs and Therapeutics Committee for policies relating to medicines, similarly the Council structures should be utilised for care procedures, guidelines and protocols where necessary to meet legal requirements).
- 1.20 To oversee the Clinical and Care Governance Risk Register and to ensure that risk management procedures are followed across Argyll and Bute to oversee the development of local risk registers and action plans.
- 1.21 To identify risks requiring attention and report to the IJB as required to ensure that professional standards are adhered to and that systems for governing regulatory requirements for professionals are in place as laid out in the professional Assurance Framework.
- 1.22 To oversee implementation of framework for professional supervision of clinical and care professionals working in Argyll and Bute to oversee the Clinical and Care Governance Risk Register and to ensure that risk management procedures are followed across Argyll and Bute.
- 1.23 To oversee the development of local risk registers and action plans.
- 1.24 To identify risks requiring attention and report to the IJB as required to ensure that professional standards are adhered to and that systems for governing regulatory requirements for professionals are in place as laid out in the professional Assurance Framework.
- 1.25 To oversee implementation of framework for professional supervision of clinical and care professionals working in Argyll and Bute.

AUDIT AND RISK COMMITTEE TERMS OF REFERENCE

REMIT

- 1.1. To agree the internal audit strategic plan, oversee and review action taken on internal audit recommendations.
- 1.2. To consider the External Auditor's Annual Audit Plan, Annual Letter, relevant reports, and the report to those charged with governance and other specific External Audit reports.
- 1.3. To comment on the scope and depth of External Audit work and to ensure it gives value for money.
- 1.4. To commission work from Internal, External Audit and third parties where appropriate.
- 1.5. To consider the performance of Internal and External Audit.
- 1.6. To facilitate training to support the role of Audit and Risk Committee Members.
- 1.7. To promote a culture of compliance within the IJB to ensure the highest standards of probity and public accountability.
- 1.8. To support best practice in the financial administration of the IJB.
- 1.9. To review the IJB's financial performance as contained in the Annual Performance Report, and to report annually to the IJB on the internal control environment.
- 1.10. There should be a least one meeting a year, or part thereof, where the Audit Committee meets the Internal and External Auditors separately from management.
- 1.11. The Committee will prepare an annual work plan setting out meeting dates for the financial year and anticipated internal audit, external audit, management reports and scrutiny topics expected to be covered at each meeting.
- 1.12. The Committee shall prepare an annual report to the IJB covering its activities and key findings each year. This report will be considered at the IJB meeting that agrees the External Auditor's annual audit letter.
- 1.13. To consider performance and inspection reports from internal audit, external audit and other relevant scrutiny bodies.

2 Regulatory Framework and Risk Management

- 2.1 To monitor and seek assurance with regard to risk management systems through the review of the effectiveness of risk control measures and corporate governance in the IJB.
- 2.2. To consider the IJB's compliance with its own and other published standards and controls.
- 2.3. To monitor the IJB's compliance with the Public Interest Disclosure Act and the Bribery Act in the discharge of its functions.

3 Financial Accounts and Governance

- 3.1 To examine the activities and accounts of the IJB and exercise a governance role over management efforts to ensure that:
 - (a) The expenditure approved by the IJB has been incurred for the purposes intended;
 - (b) Services are being provided efficiently and effectively;

- (c) Value for money is being obtained, all in accordance with Best Value requirements; and
 - (d) The IJB has appropriate information and advice available to them to make decisions.
- 3.2. To review the annual statement of accounts. Specifically to consider whether appropriate accounting policies have been followed and whether there are concerns arising from the financial statements or from the audit that need to be brought to the attention of the IJB;
 - 3.3. To oversee the production of the IJB's Governance and Internal Control Statement; and support the approach to Best Value.
 - 3.4. To consider the External Auditor's report to those charged with governance on issues arising from the audit of the accounts.

4 Performance Monitoring

- 4.1. To assess the effectiveness of the IJB's Performance Management Regime;
- 4.2. To commission specific reviews to be carried out where necessary;
- 4.3. To review Best Value arrangements and outcomes, with consideration of both external and internal Best Value reports, strategy/plans and outcomes from Best Value reviews; and
- 4.4. To review the impact of national performance reports from external bodies and consider their impact.

5 Scrutiny

In respect of its scrutiny function:

- 5.1. The committee defines scrutiny as the process of 'close and critical inquiry' and 'methodical examination' holding others to account through monitoring examination and questioning of decisions actions and performance for the purposes of improvement.
- 5.2. The committee shall undertake scrutiny reviews at the request of IJB;
- 5.3. The committee shall receive and undertake requests for scrutiny reviews submitted by any member of the IJB;
- 5.4. The committee shall itself determine how and when to exercise this function;
- 5.5. In exercising this function, the committee may call for any inquiry that it considers necessary and may call any individual or for any document or documents it considers relevant to any such investigation;

FINANCE AND POLICY COMMITTEE TERMS OF REFERENCE

REMIT

1. Financial Resources

- 1.1. To develop policy strategic objectives and priorities for recommendation to the IJB unless such matters are otherwise delegated.
- 1.2. To oversee the management of financial resources on a bi-monthly or as otherwise arranged by the IJB within general provisions before reporting to the Integration Joint Board.
- 1.3. To advise the Integration Joint Board on the Revenue Budget and requirements in Capital Planning from the partner bodies.
- 1.4. To review adjustments to Management budgets in so far as not delegated to officers within the terms of the financial regulations of the partner bodies and make recommendation to the Integration Joint Board for approval.
- 1.5. To consider and advise the Integration Joint Board on the monthly financial monitoring reports
- 1.6. To consider and advise the IJB on the medium term financial strategy
- 1.7. To advise the IJB on any financial recovery plan required as a result of an overspend.

2. Corporate Asset Management

To liaise with the Council and NHS Highland to ensure that the IJB's future corporate asset management requirements as determined by the Strategic Plan form part of the asset management plans for those parties.

3. Continuous Improvement

- a) To determine and implement the IJB's policies in relation to the achievement of Best Value.
- b) To consider Best Value Reviews from Services as appropriate.

Without prejudice to the duties and responsibilities and delegated authority of other Committees, to review the performance and effectiveness of all the Integration Joint Board's work and the standards and level of service provided, to review the need to retain existing services, and to co-ordinate where necessary all the matters referred to in this sub-paragraph in respect of the Committees and Services of the Integration Joint Board.

4. Transformation

- a) To review financial and policy impacts of Transformational proposals
- b) Oversight of the Service Transformation Board and formal reporting from workstreams

Strategic Planning Group Terms of Reference

1 STATUTORY REQUIREMENT

Section 32 of The Public Bodies (Joint Working) (Scotland) Act 2014 make provision for Integration Authorities to establish a Strategic Planning Group (SPG) for the development and delivery of the Strategic Plan.

The Strategic Planning Group also acts as the point of contact with Locality Planning Groups(LPG's) and subsequently reports LPG activity to the Integration Joint Board(IJB).

2 ROLE

2.1 The role of the Strategic Planning Group is to:

- Receive direction and feedback from the IJB in respect of development of the strategic plan and delivery of the objectives therein over the period of the plan.
- Prepare proposals for the Strategic Plan in regard to the integration delivery principles as described in section 31 of the Act:

The integration delivery principles are:

(a) that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users;

(b) that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible

(i) is integrated from the point of view of service-users;

(ii) takes account of the particular needs of different service-users;

(iii) takes account of the particular needs of service-users in different parts of the area in which the service is being provided:

(iv) takes account of the particular characteristics and circumstances of different service-users:

(v) respects the rights of service-users:

(vi) takes account of the dignity of service-users:

(vii) takes account of the participation by service-users in the community in which service-users live:

(viii) protects and improves the safety of service-users:

(ix) improves the quality of the service:

(x) is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look

after service-users and those who are involved in the provision of health or social care):

(xi) best anticipates needs and prevents them arising, and

(xii) makes the best use of the available facilities, people and other resources.

- set out the arrangements for the carrying out of the integration functions for the area of the IJB over the period of the plan;
- setting out how those arrangements are intended to achieve, or contribute to achieving, the national health and wellbeing outcomes, and including such other material as the integration authority thinks fit.

3. REMIT

3.1 The remit of the Strategic Planning Group is directed by the Integrated Joint Board to development and review of the Health & Social Care Partnership Strategic Plan ensuring the alignment of service strategies. The SPG requires to:

- review detailed business cases and change plans on behalf of the IJB
- communicate to the IJB that there's been appropriate discussion and engagement (in line with statutory responsibilities)
- provide a forum for discussion of emerging themes and initiatives that arise following the completion of your strategic plan
- collaborate on the production of future strategic plans
- oversee the delivery of the strategic plan on behalf of the IJB
- Seek the views of the Strategic Planning Group on the proposals;
- Provide the draft plans for consultation;
- Take note of and act upon national policy, guidance, objectives and feedback from the Scottish Government;
- Be responsible for monitoring progress against the strategic priorities and National Health and Wellbeing Outcomes (NHWBO);
- Review the strategic plan annually and monitor progress via production of the Annual Performance Report;
- Ensure there is a process in place to produce a new strategic plan on a 3 yearly cycle, taking cognisance of any updated Scottish Government guidance;
- Provide a view on significant service developments which could impact on the delivery of the strategic plan;
- Is responsible for ensuring Locality Planning Groups produce locality plans which meet local needs and align to the Strategic Plan.

3.2 Strategic Commissioning Planning Role

- A strategic commissioning plan must set out the arrangements for carrying out the integration functions in the Local Authority area over the

period of the Strategic Plan. The area must be divided into a minimum of two localities for this purpose, and the arrangements for each locality must be set out separately.

- A strategic commissioning plan must also set out the way in which the arrangements for carrying out the functions are intended to achieve or contribute towards achieving the national health and wellbeing outcomes.
- The strategic commissioning plan should ensure correlation with other local policy directions as outlines in, for instance, Single Outcome Agreements, NHS Local Delivery Plans, Housing Strategies, NHS Clinical Strategies, community plans and other local corporate plans.

3.3 Locality Planning Groups

- The Strategic Planning Group has a governance role with respect to the Locality Planning Groups and their alignment with the Strategic Plan objectives and the planning “architecture”.
- The Strategic Planning Group will assess Locality Action Plans against the progress of the Strategic Plan.

4 Accountability

- Act as a Reference Group to the Integration Joint Board (IJB) and is accountable to the IJB.

5 Membership

The Act further stipulates the membership of the SPG as extracted below, the role and current membership of the Strategic Planning Group is contained in appendix 1.

- Users of health care
- Carers of users of health care
- Commercial providers of health care
- Non-commercial providers of health care
- Health Professionals
- Social Care Professionals
- 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
- Third sector bodies carrying out activities related to health or social care

Appendix 1 FOR INFORMATION

Locality Planning Group Terms of Reference

ROLE OF MEMBERS

- Contribute to relevant local, regional and national consultation responses or events, sharing local experience
- Link local engagement mechanisms with wider stakeholders within their locality to be assured that the community voice can influence locality and strategic planning,
- Share experiences and learning with other locality planning groups in order to shape locality plans and improve joined up working across the wider HSCP.
- Participate in required learning opportunities to maximise individual member contributions
- Develop mechanisms to better understand local need including inequalities, making use of all relevant and available quantitative and qualitative data in relation to their local priorities.

Each member will preside for a 2 year period. If neither chair or vice chair are present the full group will appoint a temporary replacement

FREQUENCY

A minimum of 4 times per year.

QUORUM

Fifty percent of all members should be in attendance.

AGENDA & PAPERS

The agenda and papers for meetings will be issued one week prior to each meeting.

ADMINISTRATION

Recording of meeting activity will be in action note format, disseminated to attendees for agreement and ratification within 2 weeks following the meeting date.

LOCATION

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

TRANSPORT COSTS

Volunteer members will have transport costs reimbursed. Please see the NHS Highland volunteer policy for more information.