

NOTICE OF MEETING

A meeting of the **ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB)** will be held **VIA SKYPE** on **WEDNESDAY, 16 JUNE 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 31 March 2021
- 4. MINUTES OF COMMITTEES**
 - (a) Audit and Risk Committee held on 20 April 2021 (Pages 15 - 20)
 - (b) Finance and Policy Committee held on 23 April 2021 (Pages 21 - 24)
 - (c) Finance and Policy Committee held on 21 May 2021 (Pages 25 - 30)
 - (d) Clinical and Care Governance Committee held on 10 June 2021 (to follow)
- 5. CHIEF OFFICER REPORT** (Pages 31 - 34)
Report by Chief Officer
- 6. CULTURE UPDATE**
 - (a) NHS Highland Board Culture Update (to follow)
Report by Director of HR and OD
 - (b) Staff Governance Report for Financial Quarter 4 (2020/21) (Pages 35 - 54)
Report by Head of Customer Support Services
- 7. UPDATE ON HEADS OF SERVICE APPOINTMENTS AND ARRANGEMENTS FOR SECTION 95 OFFICER** (Pages 55 - 58)
Report by Head of Customer Support Services
- 8. COVID-19 PUBLIC HEALTH UPDATE** (Pages 59 - 86)
Report by Associate Director of Public Health

9. FINANCE

Reports by Head of Finance and Transformation

- (a) Budget Monitoring as at 31 March 2021 (Pages 87 - 106)

Report by Head of Finance and Transformation

- (b) Budget Outlook 2021-23 to 2023-24 (Pages 107 - 118)

Report by Head of Finance and Transformation

- (c) Covid-19 Costs 2020-21 (Pages 119 - 128)

Report by Head of Finance and Transformation

- (d) Financial Risks 2021-22 (Pages 129 - 136)

Report by Head of Finance and Transformation

10. STRATEGIC RISK REGISTER REVIEW (Pages 137 - 154)

Report by Head of Finance and Transformation

11. INTEGRATION JOINT BOARD - PERFORMANCE REPORT (JUNE 2021) (Pages 155 - 164)

Report by Head of Strategic Planning and Performance

12. EQUALITIES OUTCOME FRAMEWORK (Pages 165 - 190)

Report by Health Improvement Principal

13. ANNUAL COMMUNICATIONS PLANNING (Pages 191 - 222)

Report by Communications Manager

14. CHILD POVERTY ACTION PLAN REVIEW 2020-21 (Pages 223 - 278)

Report by Interim Head of Service, Child Health and CAMHS

15. YEAR 1 (2020/21) ANNUAL REVIEW OF THE CHILDREN AND YOUNG PEOPLE'S SERVICE PLAN 2020 - 2023 (Pages 279 - 298)

Report by Interim Head of Service, Child Health and CAMHS

16. AUDIT & RISK COMMITTEE ANNUAL REPORT 2020-21 (Pages 299 - 318)

Report by Chair of Audit and Risk Committee

17. FINANCE AND POLICY COMMITTEE ANNUAL REPORT 2020-21 (Pages 319 - 334)

Report by Chair of Finance and Policy Committee

18. DATE OF NEXT MEETING

15 September 2021

Argyll and Bute HSCP Integration Joint Board (IJB)

Contact: Hazel MacInnes Tel: 01546 604269



**MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) held
VIA SKYPE
on WEDNESDAY, 31 MARCH 2021**

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
Dr Gaener Rodger, NHS Highland Non-Executive Board Member
Graham Bell, NHS Highland Non-Executive Board Member
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Linda Currie, Lead AHP, NHS Highland
David Forshaw, Principal Accountant, Argyll and Bute Council
Jane Fowler, Head of Customer Support Services, Argyll and Bute Council
Rebecca Helliwell, Associate Medical Director, Argyll and Bute HSCP
Douglas Hendry, IJB Standards Officer/Executive Director, Argyll and Bute Council
Elizabeth Higgins, Lead Nurse, NHS Highland
Fiona Hogg, Director of HR and Organisational Development, NHS Highland
Lynsey Innis, Senior Committee Assistant, Argyll and Bute Council
Julie Lusk, Chief Social Worker/Head of Adult Services, Argyll and Bute HSCP
Joanna Macdonald, Chief Officer, Argyll and Bute HSCP
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
Angus MacTaggart, GP Representative, Argyll and Bute HSCP
Margaret McGowan, Independent Sector Representative
Kevin McIntosh, Staffside Lead, Argyll and Bute HSCP (Council)
Pippa Milne, Chief Executive, Argyll and Bute Council
George Morrison, Head of Finance, NHS Highland
Takki Sulaiman, 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, HSCP
Louise Beattie, Service Improvement Officer, Argyll and Bute HSCP
Councillor Audrey Forrest, Argyll and Bute Council
Brian Reid, Senior Manager – Operations, Argyll and Bute HSCP
Laurence Slavin, Interim Head of Financial Services, Argyll and Bute Council

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Susan Ringwood.

2. DECLARATIONS OF INTEREST

Sarah Compton Bishop declared a non-financial interest in savings reference 2122-48 contained within Appendix 1 of item 11(g) of the agenda (Budget Proposals 2021-22) in relation to the Jura Care Centre Respite Flat by virtue of having a family member resident within the centre.

3. MINUTES

The Minutes of the meeting of the Integration Joint Board held on 27 January 2021 were approved as a correct record.

Betty Rhodick joined the meeting during consideration of the following item of business.

4. MINUTES OF COMMITTEES

(a) **Clinical and Care Governance Committee held on 14 January 2021**

The Minutes of the meeting of the Clinical and Care Governance Committee held on 14 January 2021 were noted.

(b) **Audit and Risk Committee held on 23 February 2021**

The Minutes of the meeting of the Audit and Risk Committee held on 23 February 2021 were noted.

The Chair of the Audit and Risk Committee, Councillor Sandy Taylor, provided an update on the commitment to produce an IT Strategy and confirmed the appointment of Argyll and Bute Council as auditors of the Integration Joint Board.

(c) **Finance and Policy Committee held on 26 February 2021**

The Minutes of the meeting of the Finance and Policy Committee held on 26 February 2021 were noted.

(d) **Clinical and Care Governance Committee held on 18 March 2021**

The Minutes of the meeting of the Clinical and Care Governance Committee held on 18 March 2021 were noted.

The Chair of the Clinical and Care Governance Committee, Sarah Compton Bishop, highlighted some points for awareness including updates on the CAMHS action plan and common themes around recruitment and outstanding vacancies, and violence and aggression incidents.

(e) **Finance and Policy Committee held on 19 March 2021**

The Minutes of the meeting of the Finance and Policy Committee held on 19 March 2021 were noted.

(f) **Strategic Planning Group Action Note of 4 March 2021**

The Action Note of the Strategic Planning Group held on 4 March 2021 was noted.

5. CHIEF OFFICERS REPORT

The Board gave consideration to a report from the Chief Officer covering a range of issues under the following headings Extension of Guardian Service; Mid Argyll Midwifery Team, A Big Thank You to all vaccinators; Mid Argyll Hospital Receives Donation; Drone Delivery Flights in Argyll and Bute; and Lorn & Islands Hospital receives Generous Donations.

The Chief Officer provided a verbal update advising of the Day of Reflection which had taken place on 23 March 2021 and took the opportunity to commend all staff and the Board for their ongoing commitment and support throughout the Covid-19 pandemic.

Decision

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

(Reference: Report by Chief Officer dated 31 March 2021, submitted)

Kevin McIntosh joined the meeting at this point.

6. INTEGRATION JOINT BOARD MEMBERSHIP UPDATE AND INTERIM ARRANGEMENTS FOR THE CHIEF OFFICER

The Board gave consideration to a report noting changes in membership and roles within the IJB and the interim arrangements during the period of recruitment for the Chief Officer.

The Head of Customer Support Services provided a verbal update advising that the Appointments Panel held on 25 March 2021 had taken the difficult decision not to appoint to the post of Chief Officer. She advised that George Morrison would fill the post on an interim basis from 1 April 2021 and that consultation would take place between the two Chief Executives, the Head of HR and OD, Head of Customer Support Services and trade unions to review options for a good interim arrangement.

Decision

1. Noted transition of the chair.
2. Noted the contribution of members who are moving on and offer thanks and welcome new members.
3. Approved the appointment of Graham Bell to the Finance and Policy Committee and Susan Ringwood to the Audit and Risk Committee.
4. Noted interim arrangements for the Chief Officer.
5. Noted status of recruitment to carer and public representation.

(Reference: Report by Business Improvement Manager dated 31 March 2021, submitted)

Dr Rebecca Helliwell joined the meeting at this point advising that her attendance at the meeting would be intermittent due to required attendance at other meetings that afternoon.

7. CULTURE UPDATE

(a) NHS Highland Board Culture Update

The Board gave consideration to the Culture Update report that had been presented to the NHS Highland Board on 30 March 2021.

Decision

The Integration Joint Board noted the content of the report.

(reference: Report by Head of HR and OD dated 30 March 2021, submitted)

(b) Staff Governance Report for Financial Quarter 3 2020/21

The Board gave consideration to a report focusing on how staff governance supported the HSCP priorities and met the staff governance standard. The report covered financial quarter 3 (October to December 2020) and the activities of the Human Resources and Organisational Development teams.

Decision

The Integration Joint Board –

1. Noted the content of this quarterly report on the staff governance performance in the HSCP
2. Took the opportunity to ask any questions on people issues that may be of interest or concern;
3. Endorsed the overall direction of travel, including future topics that they would like further information on.

(Reference: Report by Head of Customer Support Services dated 31 March 2021, submitted)

8. IMPLEMENTATION OF THE WHISTLEBLOWING STANDARDS

The Board gave consideration to a report providing an update on the progress made with the implementation of the Whistleblowing Standards across NHS Highland which were due to come into effect on 1 April 2021.

Decision

The Integration Joint Board noted the content of the report.

(Reference: Report by Head of HR and OD dated 30 March 2021, submitted)

Fiona Broderick left the meeting at this point to attend another engagement.

9. COVID-19 PUBLIC HEALTH UPDATE

The Board gave consideration to a report reviewing the work of public health in Argyll and Bute relating to Covid-19. The report built on accounts provided in earlier reports and

presented the timeliest update as possible on how the pandemic was unfolding 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 current status update in terms of –

1. Distribution of infection rates in Argyll and Bute community.
2. Covid-19 testing in Argyll and Bute community.
3. Covid-19 vaccination in Argyll and Bute community.
4. Support to Argyll and Bute community during the peak of Covid-19 pandemic and its adaptation to the new response phases.

(Reference: Report by Associate Director of Public Health dated 31 March 2021, submitted)

10. FINANCE

Kevin McIntosh left the meeting during consideration of the following item of business to attend another engagement.

Fiona Broderick re-joined the meeting during consideration of the following item of business.

(a) Budget Monitoring as at 28 February 2021

The Board gave consideration to a report providing a summary of the financial position of the Health and Social Care Partnership as at 28 February 2021. The report included the Covid-19 funding announced on 5 February 2021 for both Health and Social Work.

Decision

The Integration Joint Board –

1. Noted the forecast outturn position for 2020-21 is a forecast underspend of £2.016m as at 28 February 2021 and that there is a year to date underspend of £4.055m as at the same date.
2. Noted the above position includes provision for Scottish Government assistance with non-delivery of savings due to Covid-19.
3. Noted that £2.65m is included in Social Work annual budget and forecasted expenditure which relates to funding from Scottish Government and is intended to be carried forward into next year. Also there is £0.8m in Health reserves similarly expected to be carried forward in relation to Covid funding, as well as £1.6m new allocations received this month for Primary Care Improvement Fund (PCIF - £1.418m) and Action 15 of the Mental Health Strategy (£217k).

(Reference: Report by Head of Finance and Transformation dated 31 March 2021, submitted)

(b) Covid-19 Response and Financial Implications

The Board gave consideration to a report providing an overview of the Health and Social Care partnership's Covid-19 mobilisation costs and its future cost planning for living and operating with Covid-19. The report provided a snapshot of the financial estimates of the costs of dealing with the Covid-19 response. The cost estimates, which were updated on a regular basis were subject to considerable uncertainties.

Decision

The Integration Joint Board –

1. Noted the details provided in relation to Covid-19 response and associated mobilisation plan costing for 2020-21 and subsequent years.
2. Acknowledged the uncertainties in the cost elements submitted and around Covid-19 recovery funding in the future.
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.
4. Noted that any excess funding received must be carried forward as an earmarked reserve at the year end to be used against Covid costs next year.

(Reference: Report by Head of Finance and Transformation dated 31 March 2021, submitted)

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

The Board gave consideration to a report summarising the budget outlook covering the period 2021-22 to 2023-24. The report was an update to the budget outlook report presented to the IJB on 27 January 2021.

Decision

The Integration Joint Board –

1. Noted the current estimated budget outlook report for the period 2021-22 to 2023-24.
2. Noted that there was a separate report on the agenda detailing savings options to deliver a balanced budget in 2021-22.

(Reference: Report by Head of Finance and Transformation dated 31 March 2021, submitted)

(d) Financial Risks 2021-22

The Board gave consideration to a report providing an updated assessment of the

financial risks identified for the Health and Social Care Partnership for the year 2021/22.

Decision

The Integration Joint Board –

1. Noted the updated financial risks identified for the Health and Social Care Partnership.
2. Noted there are 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 31 March 2021, submitted)

The Chair ruled and the Board agreed to take a 5 minute comfort break from 2.55pm. The meeting reconvened at 3.00pm.

(e) Budget Consultation Findings

The Board gave consideration to a report summarising the responses received to the online budget consultation that had been launched on 22 January 2021 for a 4 week period.

Decision

The Integration Joint Board noted the findings from the Budget Consultation and agreed to ensure these are fed into considerations when discussing the separate report on the agenda detailing savings options to deliver a balanced budget in 2021-22.

(Reference: Report by Head of Finance and Transformation dated 31 January 2021, submitted)

(f) Budget Savings 2021/22: Assessing Equality and Socio-Economic Impact

The Board gave consideration to a report outlining the work undertaken to ensure that due regard was given to equalities, islands and Fairer Scotland Duty in the decision making in relation to budget savings. The report presented a strategic Equality and Social-Economic Impact Assessment (EQIA) for the savings programme to advise on overall impact.

Decision

The Integration Joint Board –

1. Noted the findings from the summary Equality and Social-Economic Impact Assessment (EQIA) and agreed to take these into consideration when discussing the savings options to deliver a balanced budget in 2021-22.
2. Noted that the EQIA relating to transfer of clients from an in house run care home

which was no longer fit for purpose to private sector care home within same locality was reported on separately in the Care Homes and Housing policy paper.

(Reference: Report by Head of Finance and Transformation dated 31 March 2021, submitted)

(g) **Budget Proposals 2021-22**

The Board gave consideration to a report presenting savings proposals identified by the Strategic Leadership Team in order to deliver a balanced budget in 2021-22.

Motion

The Integration Joint Board is asked to:

- Approve the management/operational savings at Appendix 1 with the removal of saving 2122-48 amounting to £3.646m in 2021-22 and £2.676m in 2022-23; noting that savings 2122-16 and 2122-57 had already been implemented.
- Approve the policy savings at Appendix 2 removing savings 2122-13 and 2122-14 amounting to £561k in 2021-22 and £782k in 2022-23.
- Approve the removal of £85k previously agreed savings – reference 1920-32 £44.5k and 1920-33 £40.7k both relating to the management restructure as set out at 3.2.6.
- Approve the proposed investment in financial sustainability totalling £505k in 2021/22 and 2022/23 set at 3.3.6 and the proposed extension of the existing investment of £330k for a further year in 2022-23 as set out at 3.3.7.
- Note that in approving the above savings and financial investment this will deliver a balanced budget in 2021-22.
- Note the financial consequences of the actions set out at paragraph 3.13 in the Care Homes and Housing paper for 2022-23 and beyond.
- Instruct the Chief Officer to accept the funding from NHS Highland and Argyll and Bute Council and issue formal Directions (see drafts at Appendix 3) delegating resources back to the Partners.
- Note the high level timetable for the budget preparation 2022-23 set out at 3.5.1.
- Request that papers be brought back to the IJB detailing further work carried out on 2122-48 and 2122-14 for further consideration by the Board.

Moved by Councillor Kieron Green, seconded by Councillor Robin Currie.

Amendment

To approve the terms of the Motion but with the retention of saving 2122-48.

Moved by Councillor Gary Mulvaney, seconded by Gaener Rodger.

As the meeting was being held on a virtual basis, the vote required to be taken by calling the roll as it was the only practical method of voting. This required the

suspension of Standing Order 15.2 which was agreed by the Board.

Having previously declared an interest in this item of business, Sarah Compton Bishop abstained from voting.

The vote was taken by calling the roll and Members voted as follows –

Motion

Councillor Kieron Green
Councillor Robin Currie
Councillor Sandy Taylor

Amendment

Councillor Gary Mulvaney
Jean Boardman
Gaener Rodger

The Motion received 3 votes and the Amendment received 3 votes.

As there was an equality of votes and because the meeting was being held on a virtual basis, it was agreed by the Board to suspend Standing Order 15.3 to enable the Chair to have a casting vote.

In exercising his casting vote the Chair voted for the Motion and therefore the Motion was carried by 4 votes to 3 and became the decision of the Board.

Decision

The Integration Joint Board –

1. Approved the management/operational savings at Appendix 1 with the removal of saving 2122-48 amounting to £3.646m in 2021-22 and £2.676m in 2022-23; noting that savings 2122-16 and 2122-57 had already been implemented.
2. Approved the policy savings at Appendix 2 removing savings 2122-13 and 2122-14 amounting to £561k in 2021-22 and £782k in 2022-23.
3. Approved the removal of £85k previously agreed savings – reference 1920-32 £44.5k and 1920-33 £40.7k both relating to the management restructure as set out at 3.2.6.
4. Approved the proposed investment in financial sustainability totalling £505k in 2021/22 and 2022/23 set at 3.3.6 and the proposed extension of the existing investment of £330k for a further year in 2022-23 as set out at 3.3.7.
5. Noted that in approving the above savings and financial investment this will deliver a balanced budget in 2021-22.
6. Noted the financial consequences of the actions set out at paragraph 3.13 in the Care Homes and Housing paper for 2022-23 and beyond.
7. Instructed the Chief Officer to accept the funding from NHS Highland and Argyll and Bute Council and issue formal Directions (see drafts at Appendix 3) delegating resources back to the Partners.
8. Noted the high level timetable for the budget preparation 2022-23 set out at 3.5.1.
9. Requested that papers be brought back to the IJB detailing further work carried out on 2122-48 and 2122-14 for further consideration by the Board.

(Reference: Report by Head of Finance and Transformation dated 31 March

2021, submitted)

11. INTEGRATION JOINT BOARD PERFORMANCE REPORT - MARCH 2021

The Board gave consideration to a report providing an update on the impact on service performance with regards to the Covid-19 pandemic and the progress made with regard to remobilising Health and Social Care Services in Argyll and Bute.

Decision

The Integration Joint Board –

1. Noted the continued suspension of reporting against the HSCP Health & Wellbeing Outcome Indicators.
2. Noted the current Covid19 activity within Argyll & Bute, NHS Highland and Greater Glasgow and Clyde.
3. Noted 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.
4. Noted the extension to the reporting timescales for the Annual Performance Report and review guidance with regards to the Strategic Commissioning Plan and Integration Scheme.

(Reference: Report by Head of Planning and Performance dated 31 March 2021, submitted)

12. CARE HOME AND HOUSING UPDATE

The Board gave consideration to a report summarising the progress to date of the Care Home and Housing Programme Board. The report provided context in the work previously undertaken and gave details of the approach going forward.

Decision

The Integration Joint Board –

1. Approved the Programme Management Approach to progressing the Care Home and Housing Transformation work.
2. Approved the work stream approach and the short and longer term priorities set out at 3.3 of the submitted report.
3. Recognised the importance of engagement as outlined at 3.6 of the submitted report.
4. Approved the options appraisal scoring framework set out at 3.10 to 3.12 of the submitted report.
5. Agreed to delegate authority to the Finance & Policy Committee to approve the outcome of the options appraisal.
6. Agreed the approach to the financial implications set out at 3.13 of the submitted report.
7. Noted the progress of the Care Home and Housing Programme Board detailed within the report.

(Reference: Report by Head of Older Adults and Community Hospitals dated 31 March 2021, submitted)

13. SUICIDE PREVENTION STRATEGY

The Board gave consideration to a report presenting the Argyll and Bute Suicide Prevention Action Plan on behalf of the Suicide Prevention Group. The Plan sought to address suicide and the impact of suicide within communities in Argyll and Bute enabling a Suicide Safer Community reducing stigma and developing support. The Plan also sought to maximise resource and approach between agencies and disciplines all working towards a common goal of suicide prevention.

Decision

The Integration Joint Board –

1. Noted the issues raised in the action plan and impacts on Argyll & Bute communities.
2. Endorsed the Action Plan and provided the accountability for delivery.

(Reference: Report by Chief Officer dated 31 March 2021, submitted)

14. AMENDMENT TO CIVIL CONTINGENCIES ACT 2004 TO INCLUDE INTEGRATION JOINT BOARDS AS CATEGORY 1 RESPONDERS

The Board gave consideration to a report providing information on an amendment now in force as of 17 March 2021 laid before the Scottish parliament which includes Integration Joint Boards as Category 1 Responders under the Civil Contingencies Act 2004. The report also provided a summary of the consultation and outline of the duties.

Decision

The Integration Joint Board –

1. Noted the content of the report and the amendment to The Civil Contingencies Act 2004 (Amendment of List of Responders) (Scotland) Order 2004.
2. Agreed to accept responsibility for compliance with the duties as described.

(Reference: Report by IJB Standards Officer dated 31 March 2021, submitted)

15. REVIEW OF THE HEALTH AND SOCIAL CARE INTEGRATION SCHEME

The Board gave consideration to a report advising that the revised Health and Social Care Integration Scheme had been signed off by the Cabinet Secretary for Health and Sport and that arrangements could now be put in place by NHS Highland and Argyll and Bute Council to publish the document.

Decision

The Integration Joint Board noted that the Integration Scheme had been approved by the Scottish Government and that arrangements would now be put in place by the two parent bodies to publish the document.

(Reference: Report by IJB Standards Officer dated 31 March 2021, submitted)

16. DATE OF NEXT MEETING

The date of the next meeting was noted as 16 June 2021.

The Chair recognised that this was the last Board meeting for both Joanna MacDonald and Gaener Rodger, and he thanked them both for the valuable contribution they had made to both the Board and to the HSCP.

Sarah Compton Bishop advised that this was Councillor Kieron Green's last IJB meeting as Chair before she resumed the role. She thanked Kieron for his contribution as Chair recognising the challenges he had faced as Chair of the Board over the previous two years.

The Chair thanked everyone for their attendance at the meeting and expressed his best wishes to Sarah in her role as Chair.

**MINUTES of MEETING of ARGYLL AND BUTE HSCP AUDIT AND RISK COMMITTEE held
BY SKYPE
on TUESDAY, 20 APRIL 2021**

Present: Councillor Sandy Taylor (Chair)

Sarah Compton-Bishop Susan Ringwood
Councillor Kieron Green

Attending: George Morrison, Depute Chief Officer, Argyll and Bute HSCP
Judy Orr, Head of Finance and Transformation, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Laurence Slavin, Chief Internal Auditor, Argyll and Bute Council
Fiona Campbell, Clinical Governance Manager, Argyll and Bute HSCP
Jennifer Swanson, Organisational and Workforce Development Manager,
Argyll and Bute HSCP
Dafydd Jones, Audit Scotland
Jim Rundell, Audit Scotland
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:-

Julie Lusk, Head of Adult Care, Argyll and Bute HSCP
Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
Patricia Renfrew, Head of Children and Families, Argyll and Bute HSCP
Brian Reid, Acting Head of Adult Services, Argyll and Bute HSCP
Helen Urquhart, PA to Depute Chief Officer, Argyll and Bute HSCP
John Cornett, Audit Scotland

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. APPOINTMENT OF VICE-CHAIR

Having noted that the previous Vice Chair of the Committee, Gaener Rodger, had stood down from her role as Non-Executive Director within the Argyll and Bute IJB, at its last meeting on 31 March 2021, the Chair sought nominations for the post of Vice Chair of the Argyll and Bute HSCP Audit and Risk Committee.

Decision

The Audit and Risk Committee agreed to appoint Susan Ringwood as Vice Chair of the Argyll and Bute HSCP Audit and Risk Committee.

4. MINUTES

The minute of the previous meeting of the Argyll and Bute HSCP Audit and Risk Committee, held on 23 February 2021 was approved as a correct record.

5. AUDIT AND RISK COMMITTEE ANNUAL REPORT 2020/21

The Committee gave consideration to a report providing an assessment of their work throughout the last financial year. The report contained information on the activity of the Committee; the self-assessment completed by the Committee on 23 February 2021 and the Committee membership and remit.

Discussion took place in respect of the ICT Strategy and the full Category 1 Responder Status of the IJB and the requirement of the Audit and Risk Committee to ensure compliance of this, specifically in relation to business continuity and contingency planning. The Chair requested that these points be incorporated into the annual report prior to it being submitted to the IJB for consideration. The Head of Finance and Transformation agreed to update the report accordingly.

Decision

The Audit and Risk Committee considered and approved the draft annual report for issue to the Integration Joint Board, subject to the amendments outlined above.

(Reference: Report by Chair of the Audit and Risk Committee, dated 20 April 2021, submitted)

6. ARGYLL AND BUTE INTEGRATION JOINT BOARD - INTERNAL AUDIT ANNUAL REPORT 2020/21

Consideration was given to a report summarising the conclusions and key findings from the internal audit work undertaken during the year ended 2020/21. The report included the overall internal audit opinion which was that the Argyll and Bute IJB has an adequate and effective framework of governance, risk management and control, subject to the specific improvements identified in specific areas of governance.

Decision

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

(Reference: Report by Azets Audit Services Limited, dated April 2021, submitted)

7. ARGYLL AND BUTE INTEGRATION JOINT BOARD ANNUAL EXTERNAL AUDIT PLAN 2020/21

The Committee gave consideration to a report which outlined the annual audit plan for 2020/21. It highlighted the significant audit risks; the reporting arrangements; the audit fee and the responsibilities of the Audit and Scrutiny Committee; the Chief Officer and the appointed auditor. Information also included conclusions and

judgements on financial management, financial sustainability, governance and transparency and value for money.

Having noted that since the publication of the plan, the statutory deadline for certifying the annual accounts had been pushed back to 30 November 2021, discussion took place on the possibility that the meeting schedule of the Committee may require to be reviewed.

Decision

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

(Reference: Report by Audit Scotland, dated March 2021, submitted)

8. NHS IN SCOTLAND 2020

Consideration was given to a report which outlined the response to the Covid-19 pandemic by the NHS in Scotland and presented an overview of its financial and operational performance for 2019/20.

Decision

The Audit and Risk Committee noted the key messages in the report and considered the implications for Argyll and Bute Health and Social Care Partnership.

(Reference: Report by Head of Finance and Transformation, dated 20 April 2021, submitted)

9. TRACKING THE IMPLICATIONS OF COVID-19 ON SCOTLAND'S PUBLIC FINANCES

Following consideration of Audit Scotland's report "Covid-19: Implications for public finances in Scotland" at their meeting on 20 October 2020, the Committee gave consideration to a report providing an update on the tracking of the continuing fiscal response; financial and performance risks and the public audit response.

Decision

The Audit and Risk Committee –

1. Noted the key messages within the report and considered the implications for Argyll and Bute Health and Social Care Partnership.
2. Requested that the Head of Finance and Transformation provide a report for the next meeting of the Committee outlining a possible workstream to be included in the Committee's workplan, picking up some of the themes raised within the report and previous report, considered by the Committee at their meeting on 20 October 2020.

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

10. ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP FINAL INTERNAL AUDIT PLAN 2021/22

The Committee gave consideration to a report presenting the 2021/22 Argyll and Bute HSCP Internal Audit Plan and an indicative audit plan for 2022/23 and 2023/24.

Decision

The Audit and Risk Committee agreed to note and endorse the 2021/22 Argyll and Bute HSCP Internal Audit Plan.

(Reference: Report by Chief Internal Auditor, dated 20 April 2021, submitted)

11. ARGYLL AND BUTE COUNCIL INTERNAL AUDIT REPORT - CHARGING FOR NON-RESIDENTIAL CARE SERVICES - MARCH 2021

Consideration was given to a report focusing on Charging for Non-Residential Care Services.

Decision

The Audit and Risk Committee endorsed the Internal Audit report on Charging for Non-Residential Care Services.

(Reference: Report by Chief Internal Auditor, dated 20 April 2021, submitted)

12. DRAFT FINANCIAL STATEMENTS 2020-21 FOR REVIEW OF MANAGEMENT COMMENTARY AND ANNUAL GOVERNANCE STATEMENT

The Committee gave consideration to a report presenting an early draft of the Management Commentary and Annual Governance Statement in respect of the unaudited annual accounts for the year ended 31 March 2021.

Decision

The Audit and Risk Committee considered and noted the contents of the report.

(Reference: Report by Head of Finance and Transformation, dated 20 April 2021, submitted)

13. UPDATED RISK MANAGEMENT STRATEGY

The Committee gave consideration to the updated Risk Management Strategy, which embraced feedback from both audit and the Senior Leadership Team of required changes. Members were asked to consider strategic guidance alongside the current Risk Management Process guidance for Managers, before the Strategic Review day on 26 May 2021.

Decision

The Audit and Risk Committee considered and noted the contents of the updated Risk Management Strategy.

(Reference: Report by Clinical Governance Manager, dated 2 April 2021, submitted)

14. WORKFORCE PLANNING AND RESOURCING

The Committee gave consideration to a report outlining the progress made in workforce planning since August 2020 and changes to the way that this work is managed and supported.

Decision

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

(Reference: Report by Head of Customer Support Services, dated 20 April 2021, submitted)

15. DATE OF NEXT MEETING

The Audit and Risk Committee noted that the next meeting would be held on Tuesday, 29 June 2021.

This page is intentionally left blank



**MINUTES of MEETING of ARGYLL AND BUTE HSCP FINANCE AND POLICY COMMITTEE
held BY SKYPE
on FRIDAY, 23 APRIL 2021**

Present:

Councillor Kieron Green (Chair)

Sarah Compton-Bishop
Elizabeth Higgins
Graham Bell

Councillor Sandy Taylor
Councillor Gary Mulvaney

Attending:

George Morrison, Depute Chief Officer, Argyll and Bute HSCP
Judy Orr, Head of Finance and Transformation, Argyll and Bute HSCP
Caroline Cherry, Head of Older Adult Services and Community Hospitals,
Argyll and Bute HSCP
Stephen Whiston, Head of Strategic Planning and Performance, Argyll and
Bute HSCP
Dr Nicola Shinaia, Associate Director of Public Health, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
David Forshaw, Principal Accountant, Argyll and Bute Council
Louise Beattie, Service Improvement Officer, Argyll and Bute Council
Gillian McCready, Service Improvement Officer, Argyll and Bute Council
Gillian Maidment, Service Improvement Officer, Argyll and Bute Council
Ewan MacGregor, Contract and Demand Management Officer, Argyll and Bute
HSCP
Lynsey Innis, Senior Committee Assistant, Argyll and Bute Council

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of:-

Fiona Broderick, Staffside, Argyll and Bute HSCP
Julie Lusk, Head of Adult Services, Argyll and Bute HSCP
Jane Fowler, Head of Customer Support Services, Argyll and Bute Council
Helen Urquhart, PA to Depute Chief Officer, Argyll and Bute HSCP

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES

The Minute of the previous meeting of the Finance and Policy Committee, held on 19 March 2021, was approved as a correct record.

4. TRANSFORMATION UPDATE

The Committee gave consideration to a report outlining the key areas of focus for transformation work planned for 2021/22. The report also set out the updated terms of reference and governance arrangements for the Transformation Board and summarised the progress on transformation, which had been presented to the Transformation Board, at their meeting on 13 April 2021.

Decision

The Finance and Policy Committee –

1. Noted the 5 key areas of transformation focus for 2021/22 set out at paragraph 3.1 of the report.
2. Noted the governance arrangements and updated terms of reference for the Transformation Board set out in the appendices to the report.
3. Considered the progress which was presented to the Transformation Board on 13 April 2021 as summarised in the report and indicated areas where further details may be required.

(Reference: Report by Head of Finance and Transformation, dated 23 April 2021, submitted)

5. SERVICE IMPROVEMENT OFFICERS - END OF YEAR REVIEW AND NEXT QUARTER PLANNING

Consideration was given to a report outlining the progress made on each transformation priority as indicated at the last update, presented to the Committee at their meeting on 30 October 2020; the governance framework established around the delivery of its savings and plans for the next quarter.

Decision

The Finance and Policy Committee –

1. Noted the progress made since the update presented on 30 October 2020.
2. Considered the progress achieved to end of March 2021.
3. Noted the plans for the next quarter, contained in Appendix 3 of the report.

(Reference: Report by Head of Finance and Transformation, dated 23 April 2021, submitted)

6. PROGRESS UPDATE - OLDER ADULT AND COMMUNITY HOSPITALS BUDGET AND SAVINGS PROGRAMME

The Committee gave consideration to a report providing a summary of the Older Adult and Community Hospital services budgets and savings position as at 31 March 2021, the current challenges to delivery of savings and an overview of the planned actions to progress the outstanding savings.

Decision

The Finance and Policy Committee –

1. Noted the overview of budgets in this area.
2. Discussed the progress in respect of Older Adult and Community Hospital savings programme as at 31 March 2021.
3. Discussed the ongoing challenges to achieving the savings proposals from previous years.
4. Discussed the actions planned to recover the outstanding savings proposals.

(Reference: Report by Head of Adult Services, Older Adults and Community Hospitals, dated 23 April 2021, submitted)

7. ANNUAL BOARD SELF-ASSESSMENT QUESTIONNAIRE AND SKILLS MATRIX

The Committee gave consideration to a verbal update from the Business Improvement Manager and completed the Annual Board Self-Assessment Questionnaire and Skills Matrix.

Decision

The Finance and Policy Committee completed the Annual Board Self-Assessment Questionnaire and Skills Matrix.

(Reference: Annual Board Self-Assessment Questionnaire and Matrix, submitted)

8. DATE OF NEXT MEETING

The Finance and Policy Committee noted that the date of the next meeting was scheduled to take place on Friday, 21 May 2021.

This page is intentionally left blank



**MINUTES of MEETING of ARGYLL AND BUTE HSCP FINANCE AND POLICY COMMITTEE
held BY SKYPE
on FRIDAY, 21 MAY 2021**

Present: Councillor Kieron Green (Chair)

Graham Bell Councillor Gary Mulvaney
Sarah Compton-Bishop

Attending: Fiona Davies, Interim Chief Officer, Argyll and Bute HSCP
Judy Orr, Head of Finance and Transformation, Argyll and Bute HSCP
Caroline Cherry, Head of Older Adult Services and Community Hospitals,
Argyll and Bute HSCP
Dr Nicola Shinaia, Associate Director of Public Health, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
David Forshaw, Principal Accountant, Argyll and Bute Council
Louise Beattie, Service Improvement Officer, Argyll and Bute Council
Donald Watt, Service Manager Registered Services, Argyll and Bute HSCP
Lynsey Innis, Senior Committee Assistant, Argyll and Bute Council

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of:-

Councillor Sandy Taylor
Elizabeth Higgins, Lead Nurse, Argyll and Bute HSCP
George Morrison, Depute Chief Officer, Argyll and Bute HSCP
Julie Lusk, Head of Adult Services, Argyll and Bute HSCP
Jane Fowler, Head of Customer Support Services, Argyll and Bute Council
Brian Reid, Acting Head of Service, Children and Families and Justice Social Work,
Argyll and Bute HSCP
Helen Urquhart, PA to Depute Chief Officer, Argyll and Bute HSCP

2. DECLARATIONS OF INTEREST

Sarah Compton-Bishop declared a non-financial interest in relation to agenda item 10 (Jura Respite Flat) due to family connections within the Jura Care Centre Group.

3. MINUTES

The Minute of the previous meeting of the Finance and Policy Committee, held on 23 April 2021, was approved as a correct record.

4. BUDGET MONITORING AS AT 31 MARCH 2021

The Committee gave consideration to a report providing a summary of the financial position of the Health and Social Care Partnership as at 31 March 2021, the end of financial year 2020-21.

Decision

The Finance and Policy Committee –

1. Noted that the outturn position for 2020-21 is an underspend of £1.089m as at 31 March 2021 which includes a repayment of £1.0m from over delivered vacancy savings to Argyll and Bute Council as agreed in negotiating the settlement for 2021-22.
2. Noted the repayment arrangements for previous years overspends, as described at paragraph 3.6 of the report.
3. Approved the new earmarked reserves, set out at paragraphs 3.5.2 and 3.5.3 of the report, to be put forward to the Integration Joint Board.

(Reference: Report by Head of Finance and Transformation, dated 21 May 2021, submitted)

5. COVID-19 COSTS 2020-21

Consideration was given to a report which provided information on the Health and Social Care Partnership's response to the Covid-19 pandemic and associated estimated costs.

Decision

The Finance and Policy Committee –

1. Noted the details provided in relation to costs of the Covid-19 response in 2020-21.
2. Noted that the Scottish Government had in principle approved all mobilisation plans, but that approval for individual cost lines had not yet been received.
3. Noted the details of the excess funding received which must be carried forward as an earmarked reserve at the year-end to be used against Covid costs in 2021-22.

(Reference: Report by Head of Finance and Transformation, dated 21 May 2021, submitted)

6. FINANCIAL RISKS 2021-22

Having noted the process of identifying and reporting financial risks to the IJB, the Committee gave consideration to a report providing an updated assessment of the risks for 2021/22. The report noted the considerable uncertainty around levels of Covid funding from the Scottish Government for the next year.

Decision

The Finance and Policy Committee –

1. Considered the updated financial risks identified for the Health and Social Care Partnership.
2. Noted that there are continuing uncertainties around Covid costs and funding which are 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 21 May 2021, submitted)

7. BUDGET OUTLOOK 2022-23 TO 2024-25

Consideration was given to a report summarising the budget outlook covering the period 2022-23 to 2024-25. The report noted that the outlook was based on three different scenarios, best case, worst case and mid-range, and included new funding estimates and a review of inflation and cost and demand pressures.

Decision

The Finance and Policy Committee considered and noted the current estimated budget outlook report for the period 2022-23 to 2024-25.

(Reference: Report by Head of Finance and Transformation, dated 21 May 2021, submitted)

8. TRANSFORMATION UPDATE

The Committee gave consideration to a report summarising the progress on transformation which was presented to the Transformation Board on 11 May 2021 and outlined the key areas of focus for transformation work planned for 2021/22.

Discussion took place around the engagement process for exploring future opportunities for care home and service accommodation and the possibility of linking into a pilot process on engagement through the Scottish Health Council.

Decision

The Finance and Policy Committee considered the progress which was presented to the Transformation Board on 11 May 2021 and indicated areas where further details may be required.

(Reference: Report by Head of Finance and Transformation, dated 21 May 2021, submitted)

9. DRAFT ANNUAL REPORT

The Committee gave consideration to a report providing an assessment of their work throughout the last financial year. The report contained information on the activity of

the Committee; the self-assessment completed by the Committee on 19 March 2021 and the Committee membership and remit.

Decision

The Finance and Policy Committee noted the annual report from the Chair of the Finance and Policy Committee.

(Reference: Report by Chair of the Finance and Policy Committee, dated 21 May 2021, submitted)

10. JURA RESPITE FLAT

Having noted the delay to action the decision to include Jura Care Centre respite flat as an operational saving in 2019 and the subsequent decision of the IJB not to approve the saving in 2021, consideration was given to a report outlining the ongoing negotiations between the HSCP and Jura Care Centre Group on the role and function of the respite flat and the implications this has on future budgets. The report also provided information in respect of the alignment of funding of office space on Jura which could be used for visiting clinicians and community nursing to access IT.

Decision

The Finance and Policy Committee –

1. Noted the content of the report.
2. Discussed progress of negotiations between the HSCP and Jura Care Centre Group to clarify function and budget of the flat and recommendations to review usage and function.
3. Noted the cost of £6k moving from Council to NHS costs for Islay and Jura to reflect the use of the office costs.

(Reference: Report by Head of Older Adults & Community Hospitals, dated 21 May 2021, submitted)

Councillor Gary Mulvaney left the meeting at 2:50pm, during discussion of agenda item 10 (Jura Respite Flat).

11. CHILDREN AND FAMILIES - PROGRESS UPDATE ON SAVINGS PROGRAMME

Consideration was given to a report summarising the progress to date of the Children and Families transformation work in terms of its delivery of their savings programme for 2020/21. The report also included the current position for 2021/22.

Decision

The Finance and Policy Committee –

1. Discussed the end of year progress and the successful delivery of savings programme for 2020/21.

2. Discussed and noted some of the low level risks identified which could affect deliverability for a few savings for 2021/22.
3. Agreed to the alignment of any future savings programme with the Scottish Government's new strategic plan of delivering "The Children's Promise 2021-24".

(Reference: Report by Interim Head of Service, Child Health and CAMHS, dated 21 May 2021, submitted)

12. RELOCATION OF GP PREMISES AND SERVICES INTO COWAL COMMUNITY HOSPITAL

The Committee gave consideration to a report providing an update on the proposed relocation of GP premises and services into Cowal Community Hospital. The report noted that the proposal is in two phases, the second of which involves an open tender process which will enable strategic development of support for the remote and rural model of care reflected across Argyll and Bute.

Decision

The Finance and Policy Committee –

1. Supported the progression of the GP Practice relocation in Dunoon and move towards the GP led model of service provision reflected in other localities within Argyll and Bute and in line with the new GP contract.
2. Noted the approval process through NHS Highland.
3. Requested to highlight the activity in the IJB Committee update.

(Reference: Report by Depute Chief Officer, dated 21 May 2021, submitted)

13. FINANCE AND POLICY COMMITTEE WORKPLAN

The Committee gave consideration to the Finance and Policy workplan.

Decision

The Finance and Policy Committee agreed to note the contents of the workplan.

(Reference: Finance and Policy Committee Workplan, submitted)

14. DATE OF NEXT MEETING

The Finance and Policy Committee noted that the date of the next meeting was scheduled to take place on Friday, 25 June 2021.

Having noted that this was the Head of Finance and Transformation's last meeting of the Finance and Policy Committee, the Chair took the opportunity to thank her for the hard work and dedication she has provided together with the high level of reporting

not only to this Committee but to the Integration Joint Board and wished her a long and happy retirement.

**Integration Joint Board****Agenda item: 3****Date of Meeting: 16 June 2021****Title of Report: Chief Officer Report****Presented by: Fiona Davies, interim Chief Officer****The Integration Joint Board is asked to:**

- Note the following report from the Chief Officer

Introduction from Fiona Davies

I would like to thank everyone I have met over the last few weeks, both staff and from our partner organisations, for the warm welcome they have given me in my new role. It has been really appreciated.

I thought it would be helpful to include a short resume of my background in this Report. I am a Registered Mental Health Nurse, originally training in the early 1990s in Leeds and I then worked in London, North Wales and the south west of England in both clinical and senior management roles. This included the management of integrated health and social care services in a large mental health organisation.

More recently I worked in NHS Highland across remote and rural areas in clinical and professional leadership roles until taking responsibility for the Highland HSCP-wide Mental Health Services.

I am keen to learn and listen from staff about the HSCP as an organisation, the services we provide and the experience they have of delivering these services to the people of Argyll and Bute.

Now that lockdown has started to ease I have had an opportunity to get out and about a bit more and I have met with staff on Mull and Islay as well as meeting many of staff based at Lorn & Islands hospital and Lorn Medical Centre. I look forward to meeting many more of you over the coming months.

Connections Sessions

The HSCP is currently running a series of virtual staff events titled 'Connections' to provide an opportunity for staff to meet with senior leaders across the organisation. Each of the sessions is based on a particular theme, such as 'Ask

me Anything' and Courageous Conversations, and staff can come along to listen, participate and also ask any questions.

The IJB Chair and Deputy Chief Officer led our first event on 28 April and the Interim Chief Officer will be leading the session on the 23 June from 1.30pm-2.30pm and the theme will be 'Getting to Know You'.

These new Connections sessions have replaced the previous Chief Officer 'Tea and Chat' events and the overall programme will be tested up to the end of June.

Staff Mindfulness Drop in Sessions

Colleagues in the Organisational Development Team have arranged a series of virtual mindfulness drop in sessions for staff every Monday and Thursday over the coming weeks.

These have been widely publicised to staff and there is also an opportunity to view a recent recorded session online so that staff can experience a taster of mindfulness before they attend one of the live events.

Child Healthy Weight Programme

The HSCP has recently received additional funds from the Scottish Government as part of the Child Healthy Weight Programme. This is an initiative to tackle obesity levels in children through a series of interventions relating to nutrition, physical activity and health behaviour change.

The funds will be used to revamp the primary school based prevention programme in line with the new healthy eating in schools guidance and the dietitian team will be delivering training virtually to teachers as well.

The team are also redesigning their accompanying resources and intend to commission an interactive application (app) for use in both group and 1:1 programmes.

Living well Networks

The HSCP funds a series of Living Well Networks (formerly called Health and Wellbeing Networks) across Argyll and Bute to help build health and wellbeing capacity within local communities. There are eight in total including Bute, Cowal, Helensburgh & Lomond, Kintyre, Islay, Mid Argyll, Oban and the Islands (Coll, Mull, Tiree, Colonsay and Iona).

Each of the Networks has their own dedicated co-ordinator who supports healthy living through linking in with the Third Sector, local communities and network members.

During the pandemic the co-ordinators, and their teams, worked very closely with the local Resilience Groups and the Caring for People team to help support

vulnerable members of the community through providing assistance with food, shopping, prescriptions, friendships, emotional support, social media and transport.

We would like to thank everyone involved in this work for their energy and dedication and for making a real positive difference for the people of Argyll and Bute.

COVID Vaccinations

We would like to thank all staff involved in the COVID vaccination programme, including our GP colleagues and their teams, for their ongoing commitment to delivering this programme as quickly and effectively as possible for the people of Argyll and Bute. They have been supported at all times by a wide range of different HSCP support staff and our thanks goes out to them as well.

Our vaccination teams are continuing to work down the priority list in line with the Scottish Government guidance and they have also been targeting hard to reach groups across Argyll and Bute as well.

This page is intentionally left blank

**Integration Joint Board****Agenda item:****Date of Meeting: 16 June 2021****Title of Report: Staff Governance Report for Financial Quarter 4 (2020/21)****Presented by: Jane Fowler, Head of Customer Support Services (ABC)****The Integrated Joint Board is asked to:**

- Note the content of this quarterly report on the staff governance performance in the HSCP
- Take the opportunity to ask any questions on people issues that may be of interest or concern;
- Endorse the overall direction of travel, including future topics that they would like further information on.

1. EXECUTIVE SUMMARY

- 1.1 This report on staff governance performance covers financial quarter 4 (January – March 2021) and the activities of the Human Resources and Organisational Development (HROD) teams. In the last quarter, there has been a focus on improving culture, supporting employee health and wellbeing, workforce planning, improving recruitment processes and managing employee relations cases.

2. INTRODUCTION

- 2.1 This report focuses on how staff governance supports the HSCP priorities and meets the staff governance standard. Staff Governance is defined as “A system of corporate accountability for the fair and effective management of all staff.” The Standard requires all NHS Boards to demonstrate that staff are:

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

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

- Adopting best practice from both employers
- Development of joint initiatives that support integration
- Compliance with terms and conditions and employing policies

3. PROGRESS AND CHALLENGES

3.1 Culture

3.1.1 Argyll and Bute HSCP Culture Group has continued to meet monthly and agreed priorities for improving the culture. To recap some of the actions taken by the HSCP over the past year to improve culture include:

- Developed and rolled out courageous conversations training online with 193 trained from June – August 2020 in A&B and a total of 684 now trained across NHS. The programme is ongoing
- Introduced an all staff communications weekly update
- Established an all staff email distribution list, which had previously not been available
- Established the A&B culture group, which is open to any staff, to generate and take forward local actions, jointly chaired by the Depute Chief Officer and the Staffside Lead
- Introduced Chief Officer virtual ‘tea breaks’ twice weekly
- Developed the Chief Officer tea breaks into ‘Connections’ colleague engagement events (see below)
- Focus on wellbeing - offered Spaces for Listening and mindfulness sessions
- Extended the Guardian Service to Council employees of the HSCP in January 2021 as a pilot

3.1.2 Culture Group members are participating in 6 priority workstreams with colleagues in north Highland to drive forward culture change across Highland and Argyll and Bute. The priority workstreams have made the following progress:

- Values and Behaviours – embedding these by incorporating in a culture package that is being developed for teams
- Civility Saves Lives – equipping people with the skills to have effective team-based discussion by incorporating Civility Saves Lives in a culture package that is being developed for teams
- Leadership and Management Development Programme – the above two priorities link to this; development of skills and tools for all managers in a programme that will start in 2021 FQ1
- People Process Review – providing clarity of roles and responsibilities, improving overall performance and reporting and improving incidence of early resolution
- Root Cause Diagnostic – identifying system failures and their impact, taking forward lessons learned; two focus groups for health

and social care staff were held in Argyll and Bute to gather information

- Culture Metrics and Tools – develop, implement and review a suite of metrics; a culture dashboard is being developed for managers to assess where support is needed.

- 3.1.3** Whistleblowing Champion, Bert Donald, met with the Culture Group and Joint Partnership Forum to raise awareness of his role and he plans to visit Argyll and Bute again in July 2021. IJB members will recall the Whistleblowing and staff governance papers presented by NHS Highland and HR Shared service referencing the partners' activity in response to whistleblowing responsibilities and the assurance provided to the IJB around the Whistleblowing arrangements at the last meeting.
- 3.1.4** The Group has also redeveloped the drop-in forums and designed a Connections programme with a culture focus and different themes. The programme will launch in FQ1.
- 3.1.5** Courageous Conversations sessions continue to be delivered and can be booked by teams as well as individuals, whether Council or NHS employees. There has been a reduction in attendance in FQ4 due to staff availability to attend. The vaccination programme has taken priority.
- 3.1.6** As advised by the Chief Officer last year, a follow up survey will be carried out that includes all employees of NHS Highland and all council employees of the HSCP. This will run throughout June and will set the standard for future engagement exercises. It will duplicate some of the questions that were asked in the Argyll and Bute survey in 2020. This will give us information on how culture change is progressing in the HSCP and to set targets for effective actions. Detail is provided in a separate report on this agenda, from Fiona Hogg, HR Director, NHH.

3.2 Wellbeing

3.2.1 HSCP Guardian Service

The Guardian Service was extended from 1 January 2021 to cover Argyll and Bute Council employees working for Argyll and Bute Health and Social Care Partnership on a trial basis until July 2021. 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. The 'Speak Up' Guardian Service can be accessed 24/7. A report on use of the Guardian Service will be presented to the IJB in the autumn.

3.2.2 Argyll and Bute HSCP Wellbeing Group

The Group has continued to promote and signpost staff to wellbeing resources, encouraging conversations and raising awareness about wellbeing and self care. The Group established and supports wellbeing champions throughout the HSCP who help to signpost resources via posters in workplaces and emails to colleagues.

3.2.3 The Resilience Engine pilot testing the Self-Coaching Guide continues with five teams involved. The OD team continues to support team leaders to support their teams' participation in the pilot. A focus group evaluation is planned for FQ1.

3.2.4 The OD team offered Spaces for Listening sessions to all HSCP employees. This is a structured process which creates a space to share thoughts and feelings and experience an equality of listening. Two sessions were delivered in FQ4 and very well received. Further session will be offered in the next quarter.

3.2.5 A focus for quarter 1 is to:

- Continue to promote wellbeing resources
- Evaluate the Resilience Engine Self Coaching Guide approach
- Continue to offer a Spaces for Listening approach
- Consider staff wellbeing alignment with the culture programme and the priorities for 2021/22.

3.3 Learning and Development

3.3.1 Personal Development Plans (PDP) and Performance Review and Development (PRD) must be completed annually and one-to-one meetings carried out regularly to review performance and achievements as well as identifying any training needs. The Organisational and Workforce Development (OD) team continue to support colleagues on how to access and complete these with training available remotely instead of face-to-face.

3.3.2 The HSCP has a six step approach to improving compliance with Statutory and Mandatory training. This is essential to the safety and quality of services that the HSCP delivers. Managers have been asked to ensure that all employees' statutory and mandatory training is up-to-date by August 2021. Some face-to-face training has been paused during the pandemic and there are plans to offer this again during 2021. HROD are discussing with managers how best to support completion.

3.3.3 The Social Work Training Board currently identifies and approves training necessary to meet statutory and service requirements, and monitors progress of SVQ employee candidates in social work and social care services. Representation is from managers across all Social Work professional areas. It meets every two months and has recently appointed the new Professional Lead Social Work post holder as Chair of the board.

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

3.4 Leadership and Management Development

3.4.1 SLT agreed a programme for HSCP manager induction for the newly appointed managers following new management structures being put in place in Children & Families and Justice, Adult Services: Older Adults and Community Hospitals and Adult Services: Mental Health, Learning Disability, Addictions and Lifelong Conditions. SLT recognised that we have capable and talented managers and the programme was designed to give them the best start in their roles.

3.4.2 The programme started in February and runs at monthly intervals throughout the year. Each four-hour session is delivered remotely via MS Teams making the programme more accessible for everyone, particularly managers based on islands. The programme focuses on HSCP manager responsibilities and accountabilities and ensuring that managers are supported. The themes covered include:

- Values, behaviours, roles and responsibilities; partnership working
- Managing your team
- Spotlight on Services
- Clinical Care and Governance
- Your development – further leadership and management development programmes

3.4.3 In FQ4 topics included Finance and Human Resources, both of which were very well-received with managers scoring very good or excellent for all courses. Each session was designed to support partnership working and managers commented on the benefits of working together. Managers recommended the HR course should be provided for all team leaders and this will be taken forward.

3.4.4 NHS Highland Leadership and Management Development programme and the Council's Argyll and Bute Manager programme will be open to all HSCP managers to undertake during 2021. These programmes will focus on developing people management skills as well as policies and procedures.

- 3.4.5** Once for Scotland workforce policies courses are being delivered remotely for all managers to ensure up-to-date knowledge of the new NHS Scotland policies. Attendance during FQ4:

OFS Attendance Policy	16
OFS Bullying and Harassment	16
OFS Capability Policy	1
OFS Conduct Policy	6
OFS Grievance Policy	12
OFS Investigations Guidance	3

3.5 Resourcing: Recruitment and Redeployment

- 3.5.1** Following agreement with SLT, Children and Families and Justice began to pilot the online authorisation process for vacancies on JobTrain and TalentLink in November 2020. This continues to be working well and we have begun the roll out to other services by now including Mental Health services. Other services will be added on a phased basis over the next two quarters.

- 3.5.2** The NHS team are facing a significant demand for recruitment and this is currently a focus of attention in terms of resources. There has been some turnover in the team and support has been provided by the north Highland team until these vacancies are filled. Discussions are ongoing around how best to support the NHS recruitment team including considering main recommendations from the recruitment review carried out across NHS Highland.

Further details are shown in Appendix 3.

3.6 Workforce Planning

- 3.6.1** As agreed by SLT, a Strategic Workforce Planning Group was established in January 2021, chaired by the Associate Nurse Director, to focus on producing 3 year workforce plans for publication by 31 March 2022. The Group meets monthly and is supported by the NHS Highland workforce planning team as well as HROD in Argyll and Bute. In FQ4 the focus was on providing high level workforce data to the Scottish Government for the interim workforce plan for 2021/22. The deadline for providing three year workforce plans to Scottish Government is 31 March 2022.

3.7 Management Restructures

The Children, Families and Justice Management restructure and the Adult Services restructure were completed in FQ2. There remains one management post to be filled and this has been advertised and closed on 4th June. Due to the changes to Adult Services (no longer a geographical split, but by functional area) the statistics for this reporting period are not comparable to previous reporting periods. This is reflected in the data in the appendices.

3.8 Living Wage Consolidation

3.8.1 Until 1st April 2021, the Council paid a supplement to the pay of all employees who fell below the threshold of the Scottish Local Government Living Wage to ensure that they were not disadvantaged. FQ4 saw the completion of a complex and intensive two year project to review the entire LGE pay and grading structure and consolidate the Living Wage into it. This has resulted in a salary uplift for some lower graded staff as a result of grade boundary changes.

3.8.2 The completion of this project ensures that the Council has met its commitment as agreed nationally by COSLA and the Scottish Joint Council Trades Unions to consolidate by 1st April 2021.

4. RELEVANT DATA AND INDICATORS

4.1 Attendance

4.1.1 HSCP NHS absence levels have continued to reduce from last quarter with February and March falling significantly below the national target of 4%. The percentage absence for NHS employees for Quarter 4 are:

- January: 4.09%
- February: 3.45%
- March: 3.64%

4.1.2 The Council data shows some improvement in attendance levels in Children, Families and Justice but with a spike in Adult Services, and Strategic Planning and Performance. The figures overall remain high in comparison with other Council services and higher than the average Local Government Benchmarking Framework attendance levels. Work continues by both HR and Wellbeing Teams to support managers to get employees on long term absence back to work and to tackle short term absence.

Further details are shown in Appendix 1a and 1b.

4.1.3 Return to Work Interviews

These are recorded and reported for Council staff, with a target rate of 100% completion within 5 days of returning to work. This is a key component of attendance management. The rates remain low, which is disappointing, but the HROD Team are putting a new process in place to send an automatic email reminder to managers if a RTWI has not been complete, with an escalation process. We anticipate that this will have a positive impact on completion numbers.

4.1.4 Training for Once for Scotland Attendance Management Policy has started to be rolled out in Quarter 4. HR with Occupational Health advice continue to closely monitor Covid related absences in particular “long Covid” and its prevalence. We can report on this particular issue in a future report once we obtain further information across the HSCP.

4.2 Redeployment

4.2.1 All NHS vacancies are considered for both Primary and Secondary redeployment lists as they arise. The HR team continue to work in

partnership with the Area Manager and Staffside/TU Rep in securing permanent, temporary and shadowing opportunities within Lochgilphead area following the previous closure of Knapdale Ward in Mid Argyll Hospital as part of the Dementia Services Review. As a result, although the numbers of staff on the Primary list did rise to 34 in February, it reduced again to 32 by end of the quarter. The priority and target continue to reduce this number further in the coming quarters. All Council vacancies are screened to mitigate any redundancies. There are no posts currently at risk of redundancy in the HSCP.

4.2.2 Appendix 4 continues to highlight the numbers of temporary and casual workers that we have in the HSCP.

4.3 Employee Relations (ER)

4.3.1 In Q4, within the NHS caseload, there were 2 ER bullying & harassment cases completed with 3 grievances also being closed. Another 10 new bullying and harassment cases have been added to the caseload which demonstrates that staff continue to feel able to raise their concerns and that they will be formally investigated where early resolution has been exhausted and/or not appropriate. One of our investigations have 5 respondents but are required to be recorded as separate cases as previously reported.

Further details are shown in Appendix 5.

4.3.2 The numbers of ER cases involving Council employees remains much lower.

5. WORK PLANNED FOR THE NEXT 3 MONTHS

5.1 Update on work for FQ3 and plan priorities for FQ4:

AB HSCP Culture Group – implement Culture Plan 2021	Ongoing
Continue delivery of Courageous Conversations, management development; improvement to people processes	Ongoing
Use results of iMatter and Everyone Matters and support managers and teams to improve on areas identified	FQ4
Continue to support Staff Health and Wellbeing activities to align with Council and tackle HSCP sickness absence	Wellbeing Group established; work ongoing
Progress to 100% of all vacancies on JobTrain – plan roll out with service managers – roll-out delayed due to staff changes/availability and considerable resourcing workload	FQ1
Progress workforce planning; eESS training required for HROD and all managers (NHS to deliver)	Ongoing
Deliver Once for Scotland to all managers and then staff – delivered remotely via MS Teams	Ongoing

6. CONTRIBUTION TO STRATEGIC PRIORITIES

6.1 This report has outlined how the staff governance work contributes to strategic priorities.

7. GOVERNANCE IMPLICATIONS

7.1 Financial Impact

A reduction in sickness absence will reduce costs.

7.2 Staff Governance

This staff governance report provides an overview of work that contributes to this theme.

7.3 Clinical Governance

None.

8. EQUALITY & DIVERSITY IMPLICATIONS

Equality and Diversity implications are considered within the NHS People and Change and Council HROD teams as appropriate when policies and strategies are developed.

9. RISK ASSESSMENT

Risks are considered medium. Individual HROD risks identified on the Risk Register. Risk assessments have been completed in relation to remobilisation.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The Everyone Matters pulse survey was reported in this quarter.

11. CONCLUSIONS

It is recommended that the Integration Joint Board:

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

12. DIRECTIONS

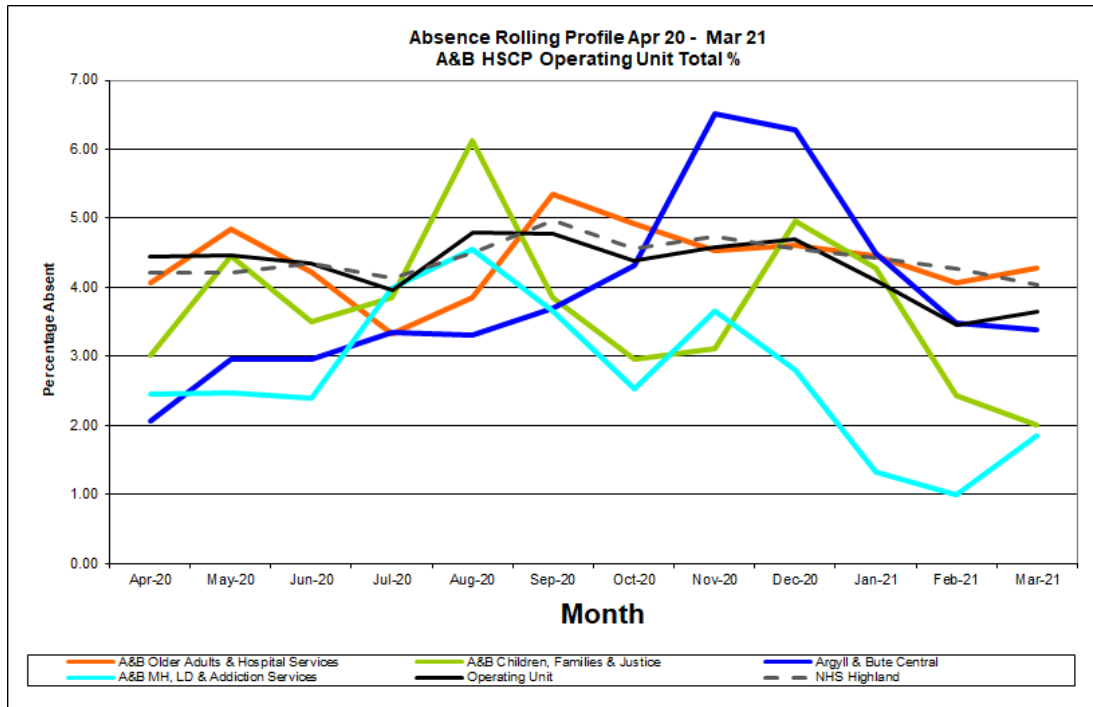
Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

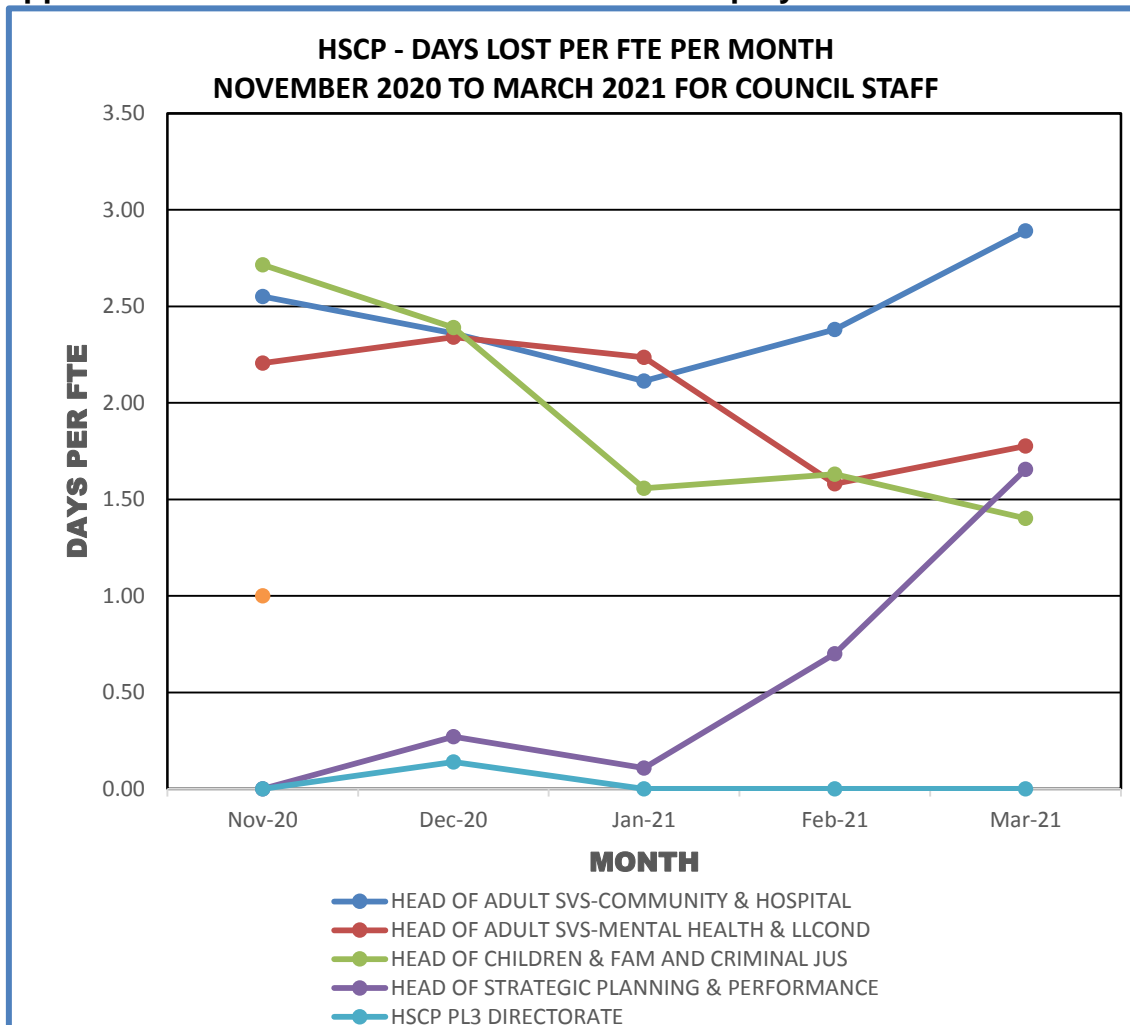
Charlie Gibson, HR Lead, NHS Highland charlie.gibson@nhs.scot
Jennifer Swanson, Organisation and Workforce Development Manager, NHS
Highland jennifer.swanson@nhs.scot
Jo McDill, HR&OD Officer, Argyll and Bute Council
Dorothy Ralston, HR&OD Officer, Argyll and Bute Council

Appendix 1a – HSCP Absence rates – NHS employees

NHS

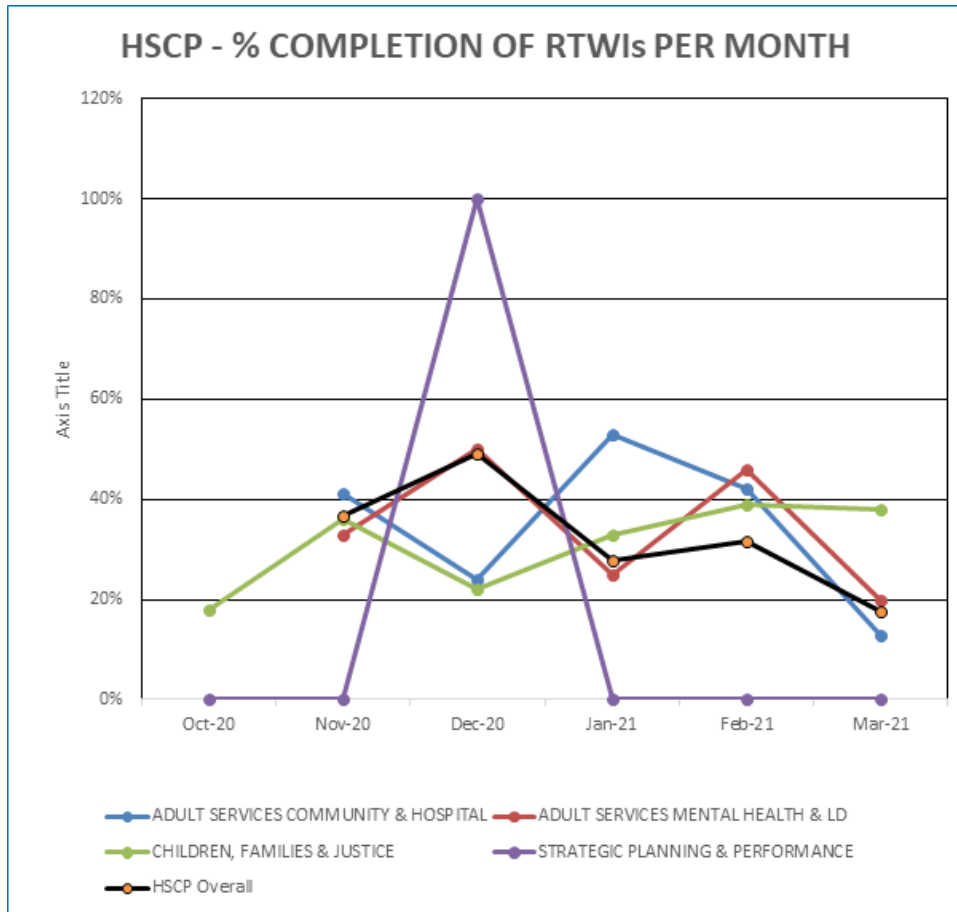


Appendix 1b – HSCP Absence rates Council Employees



Appendix 2 – Return to Work Interview Data (Council Staff) FQ4

The graph below shows the completion rates for Return to Work Interviews (RTWI) across the partnership for Council staff. The target is 100% completion within 3 days of the employee returning to work. The graph depicts the trends in completion rates since October 2020. There continues to be a gradual overall decline on the completion rates which managers must improve upon. The Wellbeing Advisors continue to encourage managers to improve this approach.



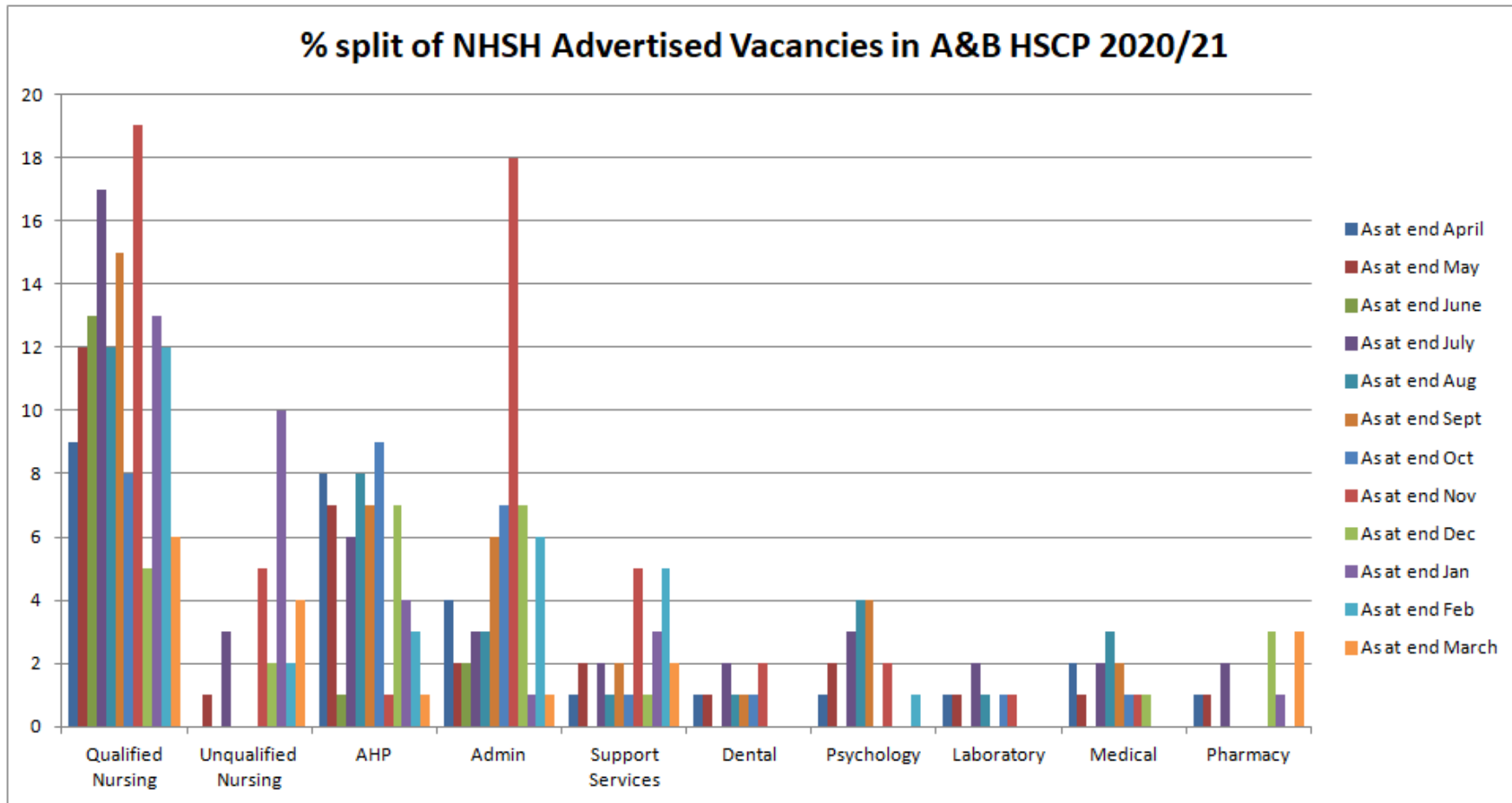
Appendix 3 – Recruitment and Redeployment Activity (Q4)

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

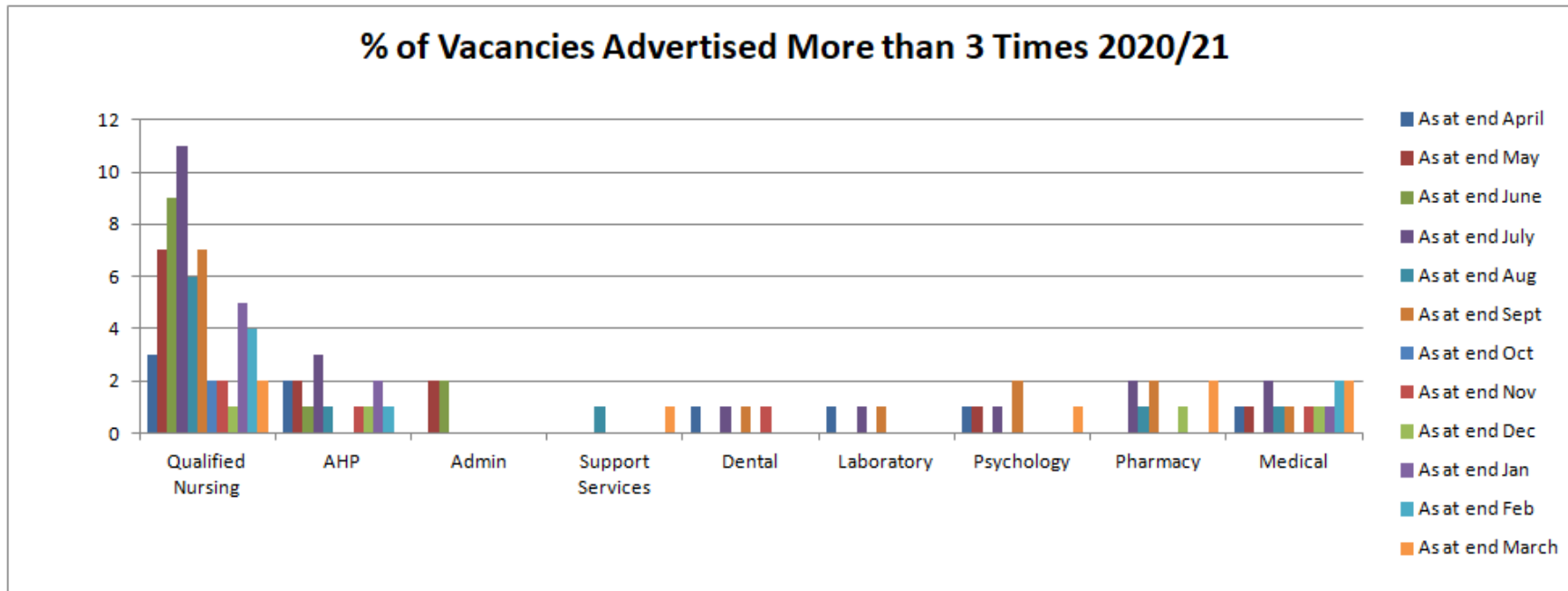
3a NHS Vacancies

	January		February		March	
	New	Re-Ad	New	Re-Ad	New	Re-Ad
Adult Services EAST	4	4	6	3	10	1
Adult Services WEST	16	11	6	7	30	4
Children & Families	2	0	2	0	1	1
Corporate Services	7	0	1	0	9	0
Totals	29	15	15	10	50	6
	44		25		56	

Appendix 3b NHS Advertised Vacancies



Appendix 3c NHS Re-advertised Vacancies



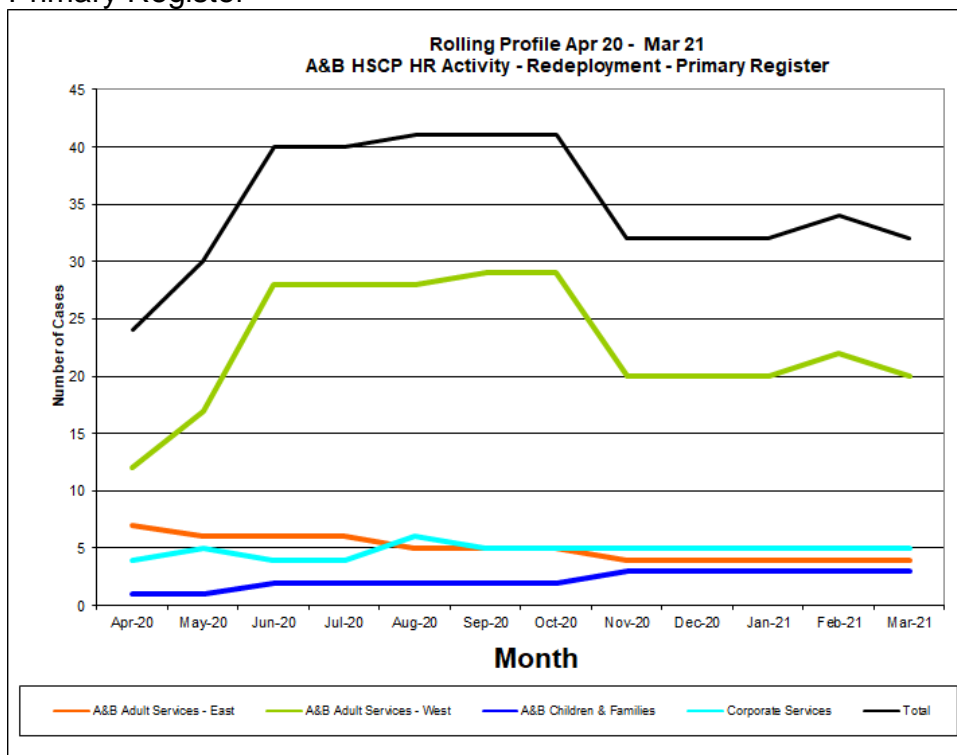
Appendix 3d Council Social Work/Care vacancies

The breakdown of Council vacancies (detailed by Internal/Ring-fenced and External job adverts) for Q4 is detailed in the table below. The Council’s Communications Team continues to promote vacancies on social media, as well as the main external adverts via the My Job Scotland website. Overall there continues to be a high number of posts filled on a temporary or casual basis. This can be for budget related or project management reasons.

	Jan 21		Feb 21		Mar 21	
	Internal/RF	External	Internal/RF	External	Internal/RF	External
Adult Services Community & Hospital	3	5	8	3	9	10
Adult Services Mental Health & LD	2	4	0	0	1	1
Children, Families and Justice	6	5	5	6	3	9
Strategy P&P	0	0	1	0	0	0
(HSCP PL3 DIRECTORATE)	0	0	0	1	0	0
Totals	11	14	14	10	13	20
	25 (Temp 10) (Perm 15)		24 (Temp 10) (Perm 14)		33 (Temp 13) (Perm 20)	

Appendix 3e NHS Redeployment

Primary Register



Appendix 4 – Permanent, Fixed Term and Casual Contracts (Q4)

4a NHS and Council Social Work/Care Temporary (including Secondments) /Fixed Term Contracts

Employees on T/FT contracts	Jan 21	Feb 21	Mar 21
Adult Services Community & Hospital (ABC)	33	32	33
Adult Services Community & Hospital (NHS)	13	12	11
Adult Services Mental Health & LD (ABC)	13	14	16
Adult Services Mental Health & LD (NHS)	9	7	6
Children, Families and Justice (ABC)	15	17	21
Children, Families and Justice (NHS)	0	0	0
Strategic Planning and Performance (ABC)	1	1	1
Corporate Services (NHS)	3	3	3
(HSCP PL3 DIRECTORATE)	4	4	4
OVERALL TOTAL	91	90	95

4b Council Social Work/Care Casual Workers

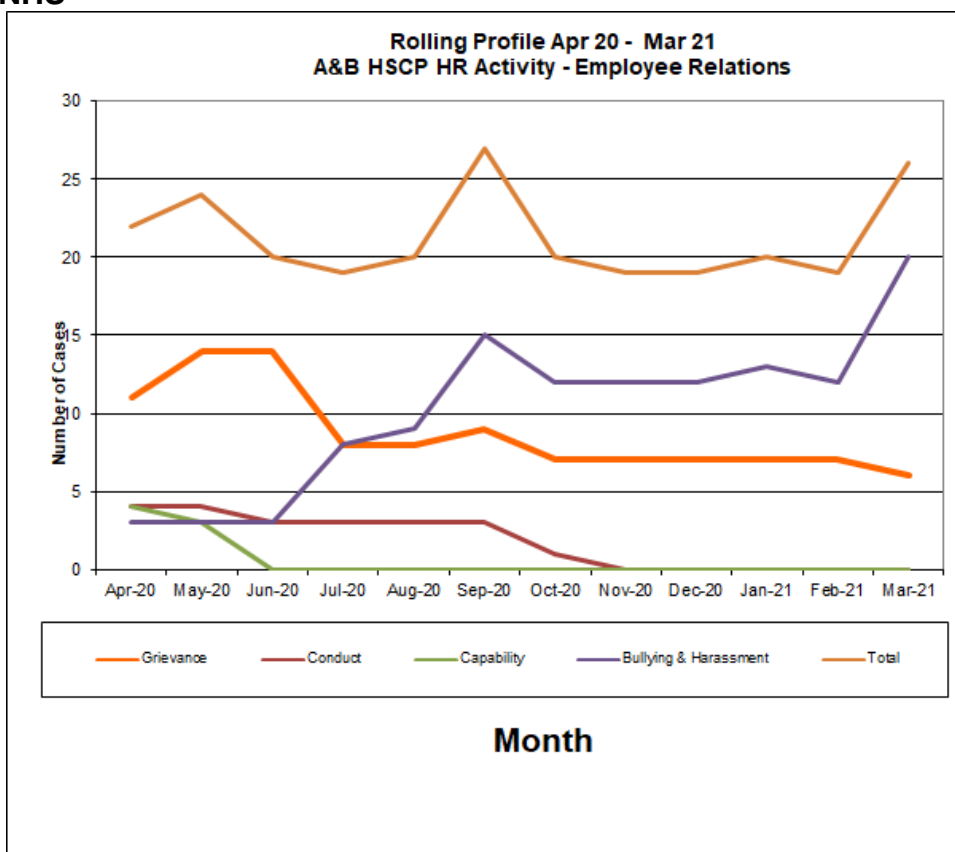
Total Number of Casual Workers (some also on Perm/Temp contracts)	Jan 21	Feb 21	Mar 21
Adult Services Community & Hospital	610	621	610
Adult Services Mental Health & LD	146	144	143
Children, Families and Justice	189	189	181
OVERALL TOTAL	945	954	934

Appendix 5 – Employee Relations Cases

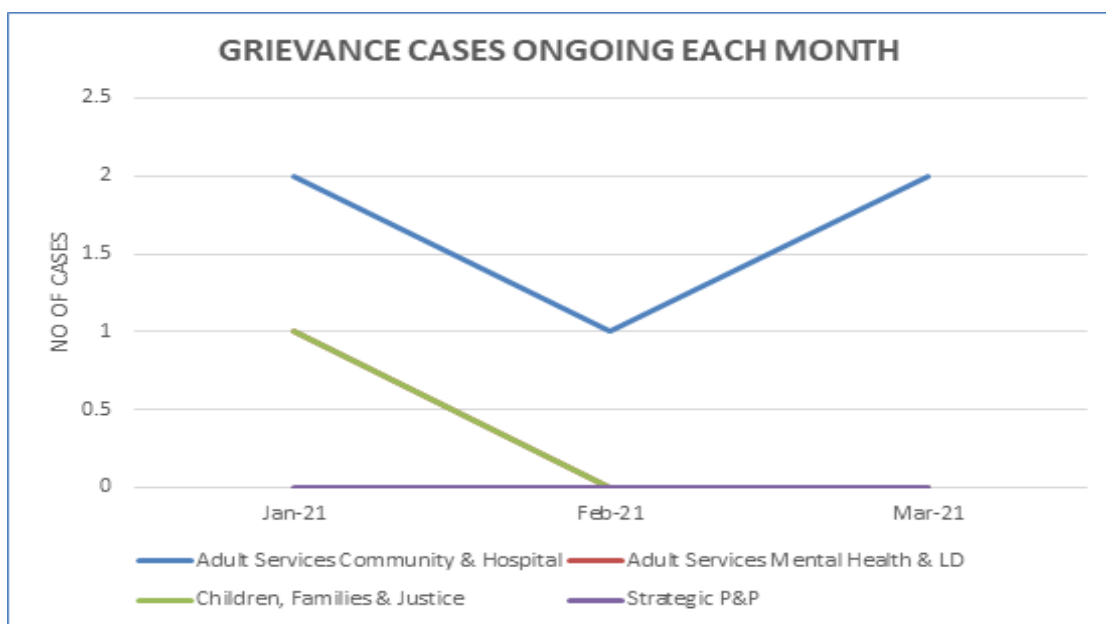
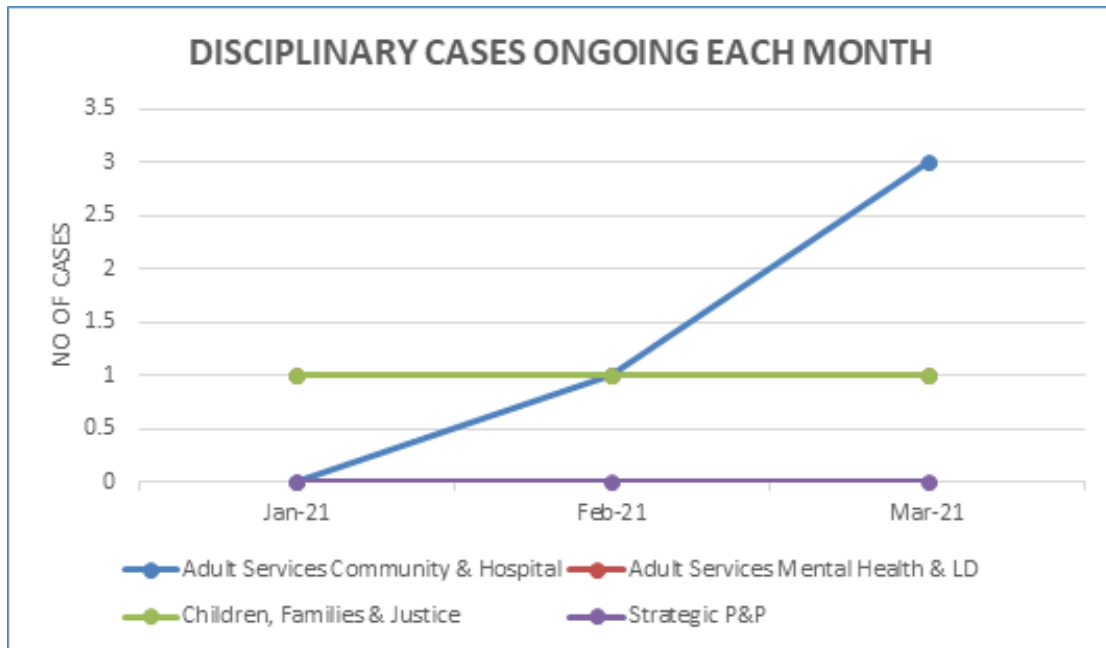
5a NHS ER cases

NHS	Jan 21	Feb 21	March 21	Q4 New	Q4 Completed/ Closed
ER ALL					
Grievance	7	7	6	2	3
Conduct	0	0	0	0	0
Capability	0	0	0	0	0
Bullying & Harassment	13	12	20	10	2
Totals	20	19	26	12	5

NHS



Appendix 5 b - Council Social Work/Care ER cases



This page is intentionally left blank



Integration Joint Board

Agenda item:

Date of Meeting: 16 June 2021

Title of Report: Update on Head of Service Appointments and Arrangements for Section 95 Officer

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

The Integrated Joint Board is asked to:

- Note the updated position on Head of Service Appointments;
- Agree the proposed interim arrangements for the IJB Chief Financial Officer (Section 95) from 30th June to 9th August 2021;

1. EXECUTIVE SUMMARY

- 1.1 This report updates the IJB on Head of Service recruitment and asks for approval of the interim arrangements for the Section 95 Officer.

2. INTRODUCTION

- 2.1 Due to the retirement of a number of some senior staff, there have been a greater than usual number of Head of Service appointments to the IJB. We have recently appointed successfully to:

- Head of Finance and Transformation (S.95)
- Head of Children and Families
- Head of Primary Care

- 2.2 In addition to this, the council has appointed to the Head of Education, Early Years and Lifelong Learning, a post that is jointly responsible with the Head of Children and Families for delivering Getting it Right for Every Child in Argyll and Bute.

- 2.3 Interim arrangements for the Head of Children and Families will continue until the new appointee takes up post at the beginning of September.

3 CHIEF FINANCIAL OFFICER (SECTION 95) ARRANGEMENTS

- 3.1 The newly appointed Head of Finance and Transformation (S.95 officer) will join the HSCP on 9th August and the current incumbent retires on 30th June. This leaves a period of five weeks that a temporary arrangement for the Chief Financial Officer is required. As this is a statutory post for the IJB, formal arrangements must be put in place that are compliant with the

Scottish Government IRAG (Integrated Resource Advisory Group)
guidance relating to financial aspects of integration under the 2014 Act.

- 3.2 The IRAG guidance states that in appointing the IJB Chief Financial Officer, the IJB should have regard to guidance issued by the Chartered Institute of Public Finance & Accountancy (CIPFA). The key relevant CIPFA guide is its document entitled 'The Role of the Chief Financial Officer in Local Government'.
- 3.3 Having reviewed this guidance and received confirmation from Audit Scotland that this course of action is acceptable, the proposal is that George Morrison, Deputy Chief Officer to the IJB, will cover the position of Chief Financial Officer (section 95) from 1 July to 9 August 2021.
- 3.4 In this interim period, there will also be additional support as required from the NHS Highland's Director of Finance, Argyll and Bute Council's Section 95 officer.

4 CONTRIBUTION TO STRATEGIC PRIORITIES

- 4.1 Successful appointments to Head of Service posts ensures good progress and leadership on the IJB's strategic priorities.

5 GOVERNANCE IMPLICATIONS

5.1 Financial Impact

None

5.2 Staff Governance

Staffside were involved in the recruitment process at appropriate stages. All recruitment has been undertaken in accordance with the agreed process for Head of Service appointments to the IJB

5.3 Clinical Governance

None

6 EQUALITY & DIVERSITY IMPLICATIONS

The appointments process is compliant with the Council and NHS public sector equalities duties under the Equalities Act.

7 RISK ASSESSMENT

Risks are considered low. The appointment of new Heads of Service mitigates the risk of lack of leadership capacity.

8 PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None

9 CONCLUSIONS

It is recommended that the Integration Joint Board:

- 4.1 Note that good progress has been made in recruiting to important senior management posts of the IJB.

4.2 Approve interim arrangements for the Chief Financial Officer (Section 95).

3. 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

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

This page is intentionally left blank



Integration Joint Board

Date of Meeting: 16th June 2021

Title of Report COVID19 Public Health update

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

The Integrated Joint Board is asked to:

Consider the COVID19 current status, in terms of:

- ◇ distribution of infection rates in A&B community;
- ◇ COVID-19 testing programmes in A&B community;
- ◇ COVID-19 vaccination in A&B community;
- ◇ Brief update in the on-going support to A&B community.

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:

- An update on the epidemiology of COVID-19 in Argyll and Bute – rates of new confirmed cases have increased since the end of April 2021.
- Testing for SARS-CoV-2 in Argyll and Bute – alongside established processes, new programmes for LFD testing are being implemented, including community testing sites.
- As number of reported cases decrease, there is an opportunity to investigate and respond promptly to cases that arise, including the ability of detecting viral Variants of Concern (VOC).
- Vaccination programme for COVID-19 – has made great progress in A&B since its inception in December 2020.
- Caring for people work stream supporting our communities is adapting to changing situation.

2. INTRODUCTION

This paper builds on accounts provided in the earlier reports, and will present the timeliest 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.

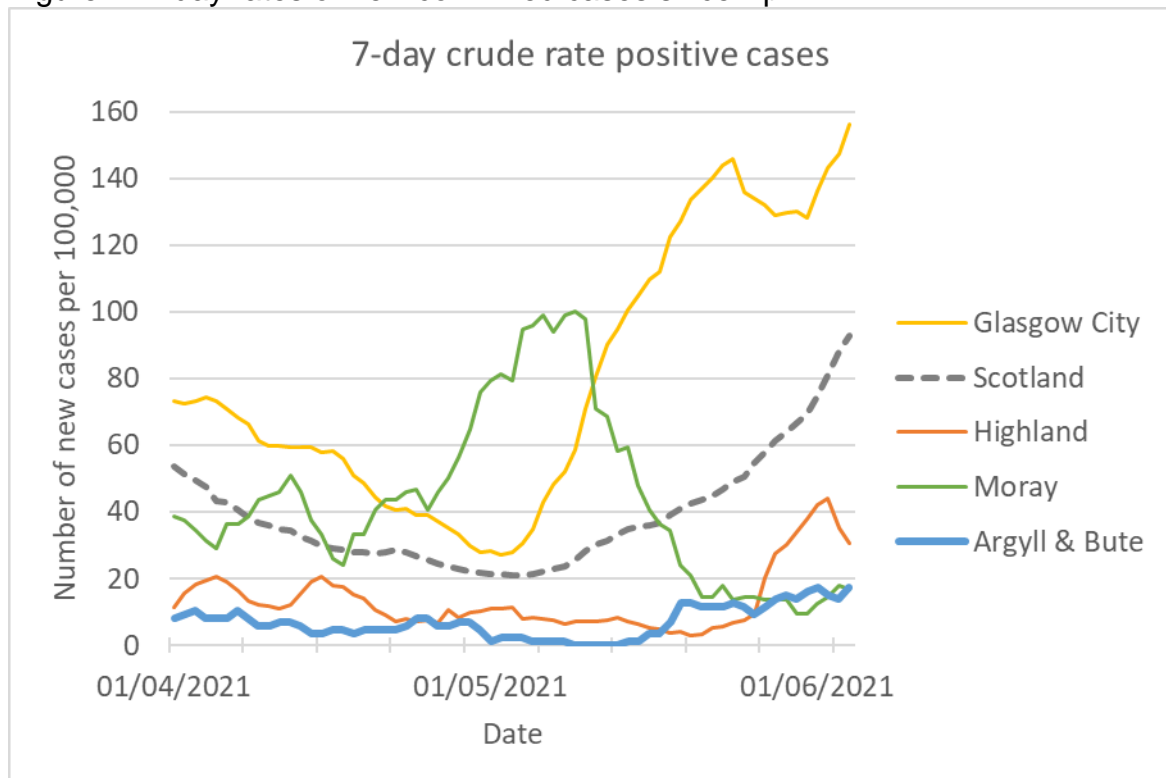
3. DETAIL OF REPORT

A. Epidemiology of COVID-19 in Argyll and Bute

Confirmed cases in Scotland

- Numbers of confirmed cases have increased during May and into the first week in June with 93 cases per 100,000 in the 7 days up to 4th June 2021. This compares to 22 cases per 100,000 in the 7 days up to 30th April 2021.
- The test positivity rate in the 7 days up to 4th June 2021 was 3.4%, an increase from 1.1% in the 7 days up to 30th April 2021.
- There are eleven council areas with 7-day rates of new confirmed cases above 100 per 100,000 people (29th May to 4th June), with a further ten areas with 7-day rates above 50 per 100,000 people (29th May to 4th June).
- The rate of new confirmed cases in Argyll and Bute over the same period (29th May to 4th June) was 17 per 100,000 people. Figure 1 presents trends in a selected number of LA areas.
- Information is made available publicly by Public Health Scotland: [COVID-19 Daily Dashboard | Tableau Public](#)

Figure 1. 7-day rates of new confirmed cases since April



Source: [Daily COVID-19 Cases in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](#) Date updated: 7th June

Epidemiology Briefing – NHS Highland

The report in Appendix 1 is prepared centrally by the Public Health Intelligence team within the main Public Health Department of NHS Highland. It offers snapshots of information through tables and graphs.

- Rates of confirmed cases in Argyll and Bute has shown an increase since the beginning of May with 15 new confirmed cases in the 7 days from 29/05/21 to 04/06/21.
- 64% of new cases in NHS Highland in the most recent two weeks (22/05/2021 to 31st May) were in those aged 20-44 with the highest rate of cases in those aged 20-24.
- Rates of confirmed cases in Argyll and Bute over the most recent 7 days remain low compared to most other Council areas in Scotland.
- There have been no new registered deaths involving COVID-19 in usual residents of Argyll and Bute since February.

COVID-19 protection levels

- Argyll and Bute is at level 1, except for the following islands which are at level 0: Coll, Colonsay, Erraid, Geometra, Iona, Islay, Jura, Mull, Oronsay, Tiree and Ulva.

[Coronavirus \(COVID-19\) protection levels: what you can do - gov.scot \(www.gov.scot\)](https://www.gov.scot/topics/health/coronavirus/covid-19/protection-levels)

Variants of Concern

- There has been an increase in the number of confirmed (sequenced) cases of the Delta variant within Scotland: there were 0 cases confirmed at 5th May, rising to 36 cases up to 12th May, 136 up to 19th May, 702 up to 26th May and 1,511 up to 2nd June.
- This variant of concern (VOC) is associated with higher transmissibility of the virus and it has been associated the increase in the numbers of cases in Glasgow city.
- There is evidence for reduced vaccine effectiveness for Delta compared to Alpha variants. This is more pronounced after one vaccine dose (compared to 2 doses).

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/991135/3 June 2021 Risk assessment for SARS-CoV-2 variant DELTA.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/991135/3_June_2021_Risk_assessment_for_SARS-CoV-2_variant_DELTA.pdf)

Modelling

As reported by the Scottish Government on 3rd June, with estimates dated 2nd June:

- The reproduction rate R in Scotland is currently estimated as being between 1.1 and 1.3. This is an increase in the bottom of the range since last week.
- The growth rate for Scotland is currently estimated as being between 2% and 5%. This is an increase since last week.
- As a result of relaxations of non-pharmaceutical interventions along with the likely impact of the Delta variant, hospital bed and intensive care unit (ICU) occupancy are projected to plateau or rise over the next few weeks, with considerable uncertainty as to what this means for future weeks.

[Coronavirus \(COVID-19\): modelling the epidemic - gov.scot \(www.gov.scot\)](https://www.gov.scot/topics/health/coronavirus/covid-19/modelling)

Imperial College London estimates, dated 6th June that:

- the R number for Argyll and Bute was 1.08 (90% confidence interval between 0.79 and 1.66) at 3rd June 2021.
- the probability of > 50 cases per 100,000 population is low at 0.11 between 13th June 2021 and 19th June 2021
[COVID-19 UK \(imperialcollegelondon.github.io\)](https://www.imperial.ac.uk/covid-19-uk/)

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, both through PCR and LFD testing, 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.

HPT receives data regarding genomic sequencing of positive samples. This type of screening is done using PCR tests as they are sent to a laboratory for full genetic sequencing. At the moment in Scotland small case numbers allow for all positive cases to undergo genetic sequencing.

Where variants of concern are identified or suspected, HPT may:

- recommend asymptomatic testing of contacts
- identify close contacts of the 'primary contacts'
- request targeted asymptomatic community PCR testing in areas with evidence of community transmission

B. Testing for COVID-19 in Argyll and Bute

This section will include:

- An update on testing volumes, including some recent developments aimed at increasing efficiency and effectiveness of the programme;
- A detailed outline of the newly introduced testing programmes, namely the Lateral Flow Device (LFD).

B1 PCR Testing volume

PCR tests are mainly used for people with symptoms of COVID-19. This test is often referred to as the "gold standard" test. PCR 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, and

for regular screening of asymptomatic care home staff and residents, and non-health and social care keyworkers.

Symptomatic PCR testing for citizens in Argyll and Bute is currently available through:

- Helensburgh – MTU
- Oban – Walk-in
- Arrochar – Fire Station
- Campbeltown – Fire Station
- Cove (Loch Long) – Fire Station
- Dunoon - Fire Station
- Bute – Fire Station
- Lochgilphead – Fire Station
- Tarbert – Fire Station
- Rothesay – Fire Station
- Bespoke pathways are available in the islands

Home delivery of PCR tests is now available in every mainland postcode area of Argyll and Bute.

B2 Lateral Flow Device (LFD) testing for Health and Social Care staff

Origins

In December 2020 the Scottish Government directed Health Boards and Health and Social Care Partnerships to implement the roll out of Lateral Flow Device (LFD) testing in patient facing staff within Healthcare, Social Care and Primary Care. Over the following months this offer of voluntary twice weekly testing was extended to include all Healthcare staff, specific Social Care roles, contractors of registered services and some other services.

The programme is managed across NHS Highland, with 4 main workstreams: Raigmore, New Craigs, North Highland Community Services, and Argyll and Bute. The Scottish Government attached a target of 80% participation rate to the Healthcare staff programme and although Highland Health Board Healthcare staff participation rate is around 38%, we have been identified as a high performing board and looked upon for examples of good practice.

Delivery and Supply

The delivery and supply pathways have evolved over the previous 5 months. National Services for Scotland (NSS) supply all pathways from a central hub. Each kit contains 25 tests, when testing twice per week a kit will last approximately 12 weeks.

Healthcare Pathway: in this pathway test kits are delivered to Lochgilphead for onward distribution to all hospitals in Argyll and Bute. Staff can register and collect their test kits from their local hospital. To date 1867 kits are confirmed as collected by staff.

- Between January and February 1399 kits were distributed to staff.
- Sites were delivered 1402 kits in total for reissue.
- A further 557 kits were sent due to the Scottish Government extension to the programme.

Social Care Pathway: National Services Scotland (NSS) supply PPE hubs with LFD testing kits using a push allocation and resupply. Social Care staff collect test kits from their local PPE hub.

- To date 2626 kits have been allocated to staff from PPE hubs. Both internal and external services are supplied kits via this pathway.
- The rollout began in early February with 1360 kits being distributed to Social Care staff throughout February.
- Volumes requested suggest staff are continuing to participate in LFD testing.
- There have been regular changes to staff groups included in LFD testing, hubs have continued to communicate changes and adapt which staff groups receive kits.

Primary Care Pathway: Primary Care partners are provided kits by a push allocation and resupply from NSS. Initially Primary Care staff were included within the Healthcare allocation. 450 kits were allocated from Healthcare supplies for Primary Care staff from across Argyll and Bute. After the initial supply NSS indicated that a push allocation would be used for reissue of kits in this pathway.

Reporting of Results

Healthcare, Social Care and Primary Care staff should record every test result onto the Covid Testing Portal. Data has been made available to LFD testing teams by Public Health Scotland in the form of an LFD testing dashboard. The data available to Health Boards and HSCPs has been slowly improving, however data on compliance is not yet available to Council area and information governance does not allow it to be collected for Healthcare or Primary care locally.

There has been a downward trend in recording of results on the Covid Testing Portal for Healthcare staff. Submission of results from Healthcare staff have fallen from a high of over 7000 results entered on 21/02/2021 to fewer than 3500 results entered on 23/05/2021.

Data is not currently available in a useful format for Social Care staff. However a reporting system has been developed for internal Social Care staff. This data indicates high levels of compliance and continuity with the testing programme. To date there have been two invalid tests and zero positive tests.

Data from dashboard indicates that staff from Argyll and Bute in Primary Care settings cumulatively have recorded just over 3000 tests on the portal. However, there have been issues with linking information entered onto the portal against job role and location, this may account for the lower than expected figure on the dashboard.

Conclusion

Data collected from a Healthcare staff survey have showed that 69% of staff are undertaking twice weekly testing in line with the programme although many are not reporting all results on the Covid Testing Portal. An Improvement Plan has been drafted for submission to the Scottish Government on the 28th May. Improvements to the data provided to Health Boards on compliance will aid targeting of information and support for staff to undertake the voluntary testing programme.

Testing remains an important tool in the identification of COVID infection and subsequent confirmatory PCR testing provides confidence in the validity of the results. A modelling study by Public Health England indicated that periodic testing of staff can reduce infection in other staff by as much as 64%¹, this indicates the importance of LFD testing as part of a test-to-protect strategy. Testing of staff in Healthcare, Social Care and Primary Care is expected to become mainstream for the medium to long term.

B3 Asymptomatic Community Testing section using LFD

Origins

NHS boards in Scotland were tasked by the Scottish Government to develop plans to implement community asymptomatic COVID-19 testing working in partnership with local authorities in February 2021. This complements other areas of Covid-19 testing including the staff program outlined above, LFD testing in schools and the universal offer of LFD testing available through UK Government pathways.

The purpose of asymptomatic testing is to identify people who are unknowingly infected with the COVID-19 virus and who may subsequently transmit the virus to other people. Another key objective of this type of testing is to normalise testing in communities and encourage uptake.

Delivery

Boards customised their own asymptomatic community testing plans based on local needs, for example, current and previous known incidence rates, demographic factors, and other variables such as waste water sampling. A hub and spoke model is being utilised with a testing hub in Helensburgh operating since 22nd March, and Inverness during April. In addition, sites are planned to pop-up in different locations providing the spoke element of the plan. The 'spoke' element of the plan means that testing can be deployed at short notice at the discretion of health protection team or and utilising public health intelligence. However, the presence of a pop-up site does not necessarily indicate any particular concern.

Asymptomatic community testing is carried using Lateral Flow Device (LFD) tests which provide results in 30 minutes. People receiving positive results with this form of testing are referred for a PCR test to confirm the result is positive or negative. There are known barriers to people accessing testing and wrap around support via a helpline provides support for a range of needs such as loneliness, mental health problems, money worries or access to food while self-

¹ Evans S, Agnew E, Vynnycky E, Robotham J. The impact of testing and infection prevention and control strategies on within hospital transmission dynamics of COVID-19 in English hospitals. Available at: <https://www.medrxiv.org/content/10.1101/2020.05.12.20095562v2>

isolating. The implementation plan also recognises the importance of clear communication messages for the public.

Results

- Over 400 tests have been conducted via the site in Helensburgh since it opened.
- The test site has been used by both residents, visitors and people working in the area.
- Positive LFD results have potentially led to earlier identification and isolation of confirmed PCR cases.
- Testing at 'spoke' sites is commencing in May.

C. COVID-19 Vaccinations

Summary

Vaccination programmes in Argyll & Bute are following the Joint Committee on Vaccination and immunisations (JCVI) priority framework for vaccinations (see table below. Vaccinations across Argyll and Bute commenced in December with all care home staff and residents, front line Health and Social care staff as well as care at home staff and other identified priority staff groups are all up to date with 2nd doses.

Priority groups for the public 1 to 10 have all been vaccinated with many now vaccinated with 2nd dose. We are currently working on priority groups 11 and 12 during the months of June and July for 1st doses and we are in on track to meet current Scottish Government targets of having all over 18 adult population vaccinated (or, at least, offered a vaccination) with their 1st does by end of July 2021 and all 2nd doses completed by end of September 2021.

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 Carers both self identified and registered as carers Household contacts of those identified in priority 4 as clinically extremely vulnerable
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
10	All those 40 years of age and over
11	All those 30 years of age and over
12	All those 18 years and over

Delivery

The delivery of such an extensive vaccination programme should not be underrated and has not been without its challenges.

Vaccinations continue to progress well mainly led by GPs for the public. All of our practices delivered the vaccination programme to the adult population over 50.

One practice withdrew from the programme before the start of priority 10 group. Another 5 practices have withdrawn from delivering the programme to priority groups 11 and 12. Significant contingency planning was already in place to enable HSCP vaccination teams to step in and run HSCP clinics in Oban and Dunoon and assisting in Mull. Contingency plans remain in place for any other areas in case any further practices withdraw.

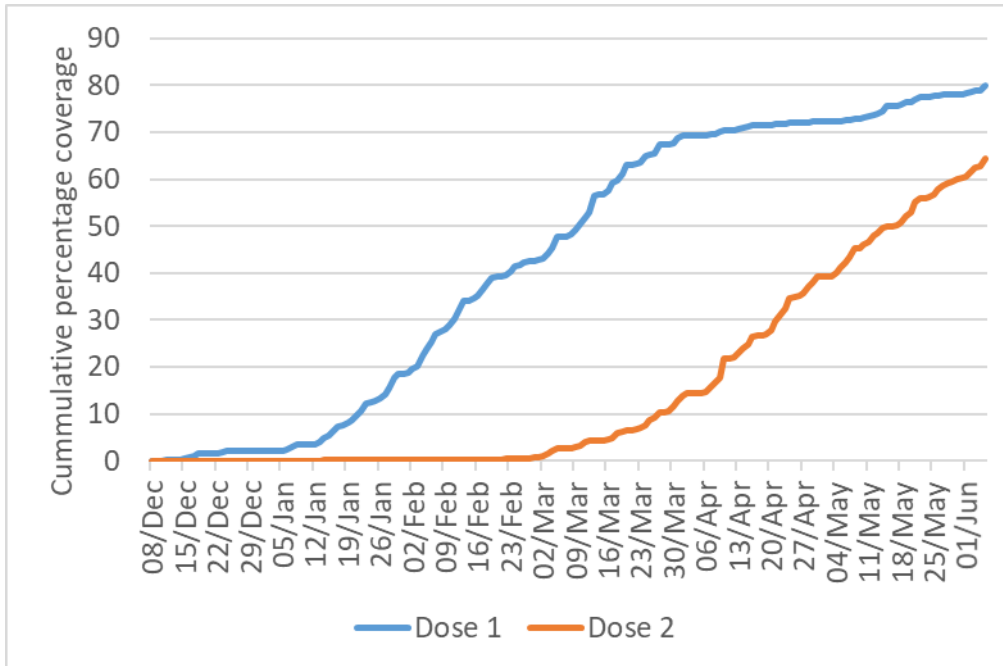
The main reason for withdrawal is due to the complexity of managing the Pfizer vaccine and the space required for the 15 minute wait post vaccination. Other challenges have included supply of vaccine but that now appears to be rectified and was short term.

A significant number of people were identified living in the Cardross area who were registered with GPs in Dumbarton but as the vaccine programme is based on board of residence these people were initially missed as not identified in our GP lists. Significant measures were put in place to identify these people and vaccinate them at HSCP staff clinics. This continues as we work through the priority groups. Support has also been offered from the Helensburgh practices have also offered to help.

Uptake

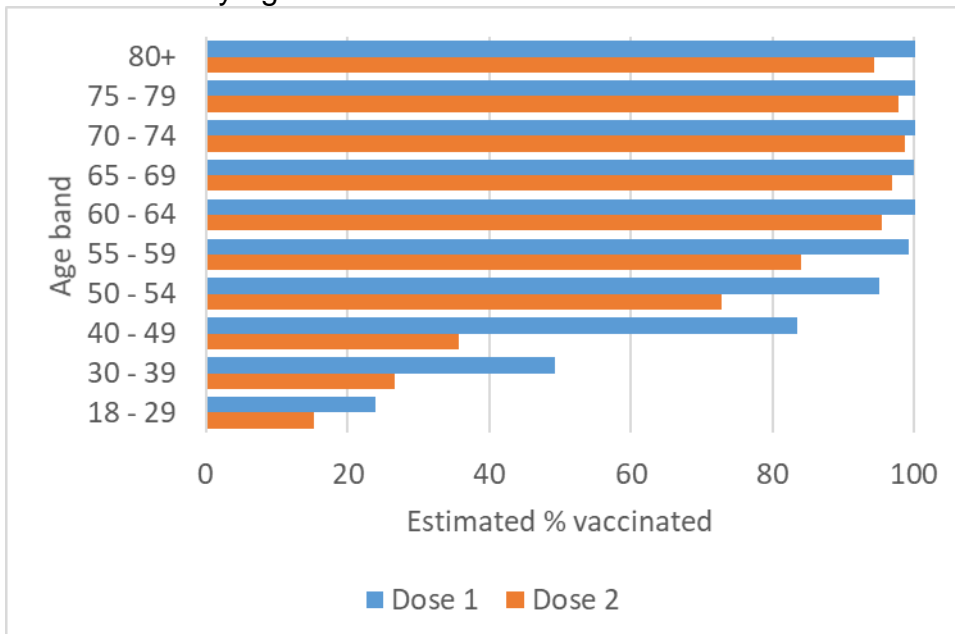
- Public Health Scotland report that 57,557 people in Argyll and Bute (an estimated 81% of the eligible population) have had a first dose (up to 6th June, updated 7th June).
- 45,985 people in Argyll and Bute (an estimated 65% of the population) have had a second dose (up to 6th June, updated 7th June).
- An estimated 36% of those aged 30 - 39 and 73% of those aged 40 – 49 have had a first dose in Argyll and Bute (Figure 7).
- Uptake has been relatively high in Argyll and Bute to date due to the high proportion of the population in older age groups, which have been prioritised for vaccination.
- Reduced uptake in the younger populations is starting to emerge and this is reflected nationally. Further work to be done on increasing uptake for the younger population.
- Those aged 18 to 29 in Scotland can register for a coronavirus vaccination: [Under 30s COVID-19 registration service - Home page \(nhs.scot\)](https://www.nhs.uk/under-30s/covid-19-registration)

Figure 2 Estimated percentage coverage for Argyll and Bute residents for dose 1 and dose 2 over time



Source: NHS open data. [COVID-19 Vaccination in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://nhs.uk/data-and-analytics/covid-19-vaccination-in-scotland-datasets) Accessed 7th June 2021

Figure 3 Estimated percentage coverage for Argyll and Bute residents for dose 1 and dose 2 by age



Source: NHS open data. [COVID-19 Vaccination in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://nhs.uk/data-and-analytics/covid-19-vaccination-in-scotland-datasets) Accessed 7th June 2021

D. Caring for People

The Caring for People partnership continues to meet as required 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 has completed and a short summary report is being developed. 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.

A sub group was developed to set up a volunteering support for vaccination clinics if required. A partnership with Red Cross, TSI, A and B council and our Public Health team developed a volunteer support model currently supporting the Dunoon clinics with marshalling and meet and greet roles. Oban clinics starting at beginning of June will also be able to access support from the volunteers.

4. RELEVANT DATA AND INDICATORS

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

5. CONTRIBUTION TO STRATEGIC PRIORITIES

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

6. GOVERNANCE IMPLICATIONS

Financial Impact

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

Staff Governance

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

Clinical Governance

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

7. PROFESSIONAL ADVISORY

Inputs from professionals across stakeholders remain instrumental in the response to the COVID19 pandemic. There has been a close collaborative working between the Departments of Public Health in Argyll and Bute and North Highland. We expect this to be a long-lasting positive outcome of this major incident.

8. EQUALITY & DIVERSITY IMPLICATIONS

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

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

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

10. RISK ASSESSMENT

Not required for this report.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

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

12. CONCLUSION

Much progress has been made to reduce the health and socio-economic consequences of the spread of Covid-19, but it is not possible to scale down the response effort yet. All financial and human resources means have now been extended until March 2022.

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

Author Name Nicola Schinaia, Associate Director of Public Health
 Email nicola.schinaia@nhs.net



COVID-19 Epidemiology Report

7th June 2021

Note:

The data in this report are extracted from NSS Test and Protect Data Virtualisation tables that record case management information and data collected by NHS Scotland laboratories and UK Government Testing.

Lateral Flow Tests (LFT) are not included.

Cases are assigned to geographies using the postcode recorded at the time of testing or, if that is not available, by the postcode of usual residence derived from the Community Health Index database.

The time necessary to process and submit testing data means that tests carried out in the most recent two to three days will be incomplete. Public Health Scotland estimate that 90% of tests carried out are reported within two days. Positive results can be subject to retest and numbers may therefore change for this reason. The seven-day figures in the report are presented with a lag to try and ensure that a complete period of data are provided.

Week ending 04/06/2021

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	86	26.7	9	2.8
Argyll & Bute	15	17.5	3	3.5
Highland	71	30.1	6	2.5

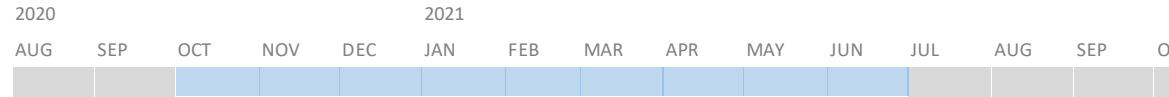
Testing rates vary across the week and data for the most recent three days will be partially complete.

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

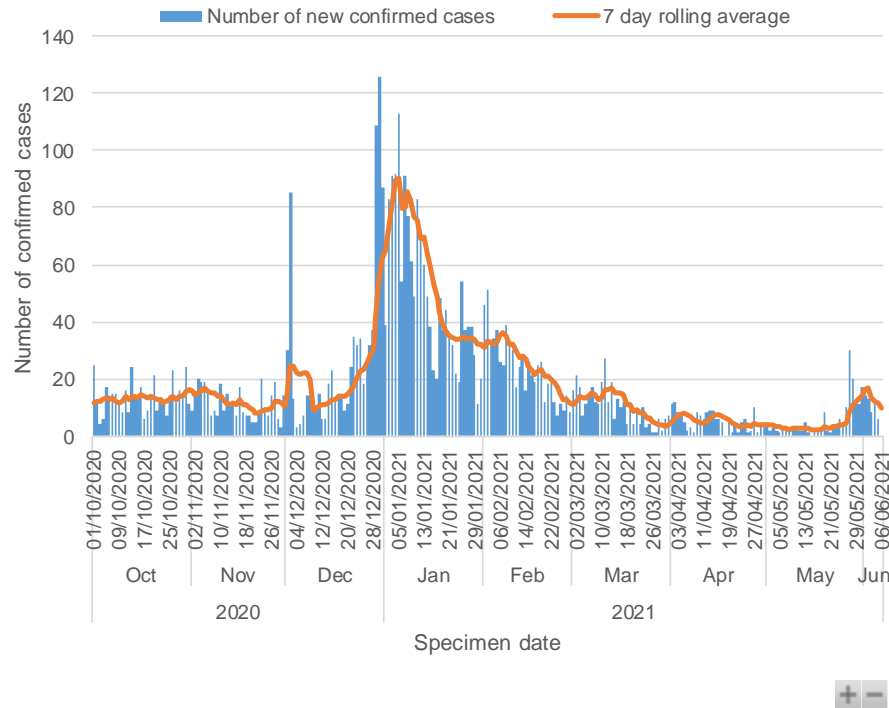
Includes testing undertaken in NHS Scotland laboratories and UK Government Regional Testing Centre laboratories (including Drive Through Centres and Mobile Units, and Home Testing).

Q4 2020 - Q2 2021

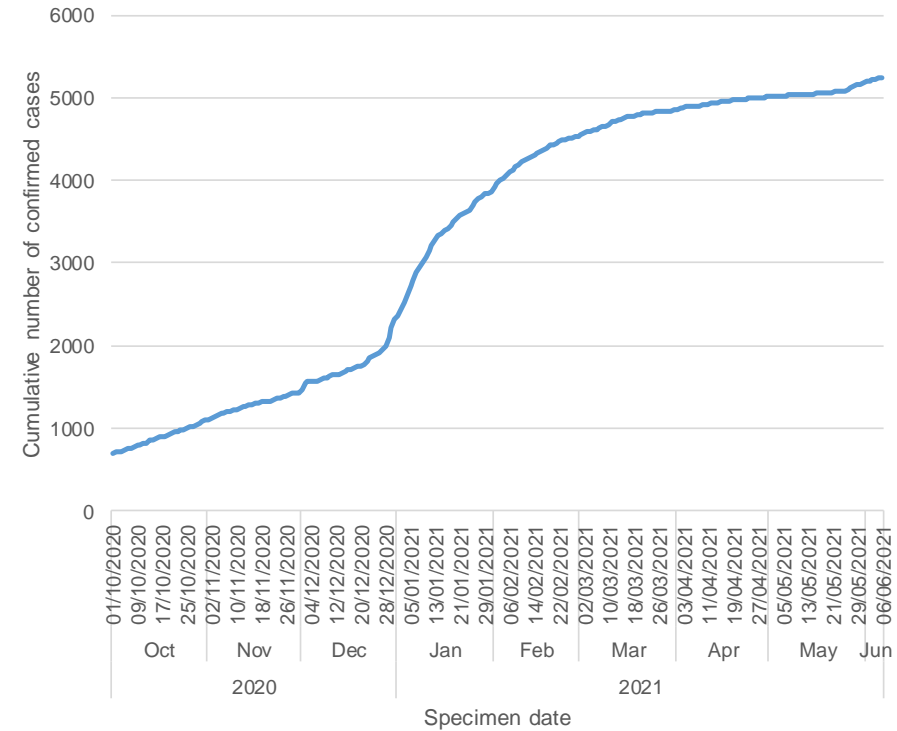
MONTHS ▾



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

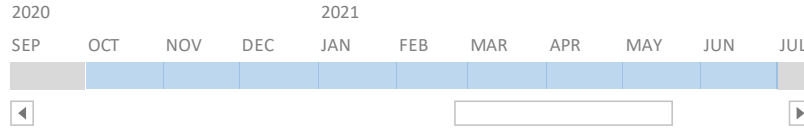
NHS Highland

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

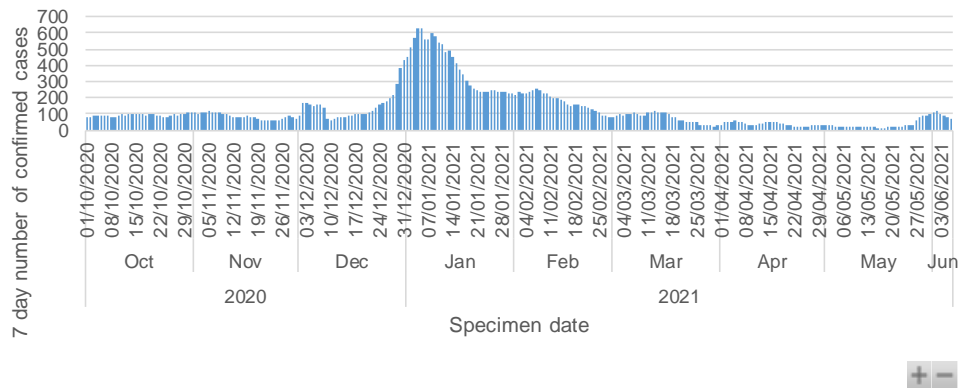


Q4 2020 - Q2 2021

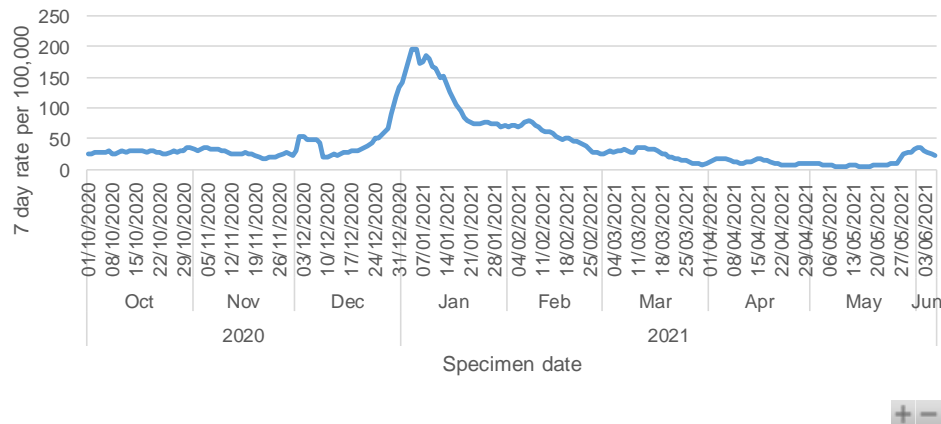
MONTHS ▾



Number of cases



Rates per 100,000 population



Select week ending date

Date

06/06/2021	05/06/2021	04/06/2021	▲
03/06/2021	02/06/2021	01/06/2021	▼

	Week beginning	Week ending	Number of cases	7 day rate per 100,000
Selected	29/05/2021	04/06/2021	86	26.7
Previous	22/05/2021	28/05/2021	77	23.9

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

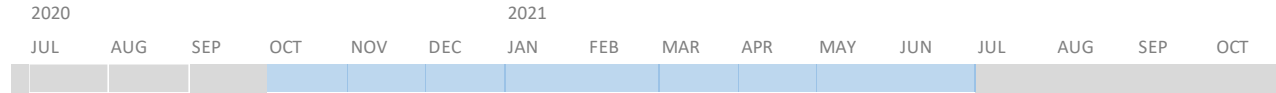
Number and rates of new cases of COVID-19 over seven days

NHS Highland Local Authority Areas
All ages



Date

Q4 2020 - Q2 2021

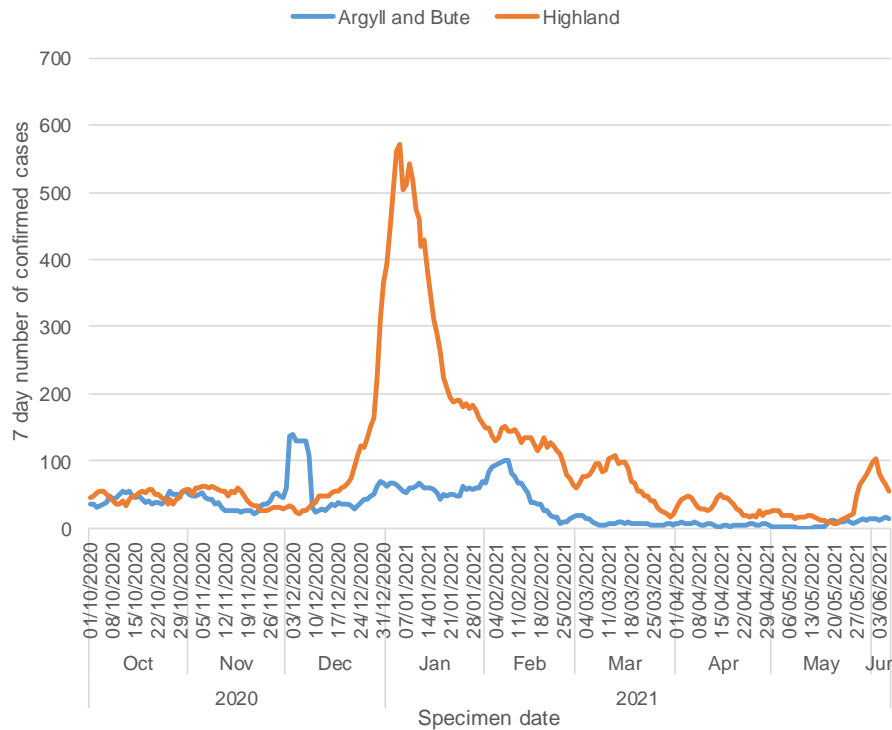


MONTHS

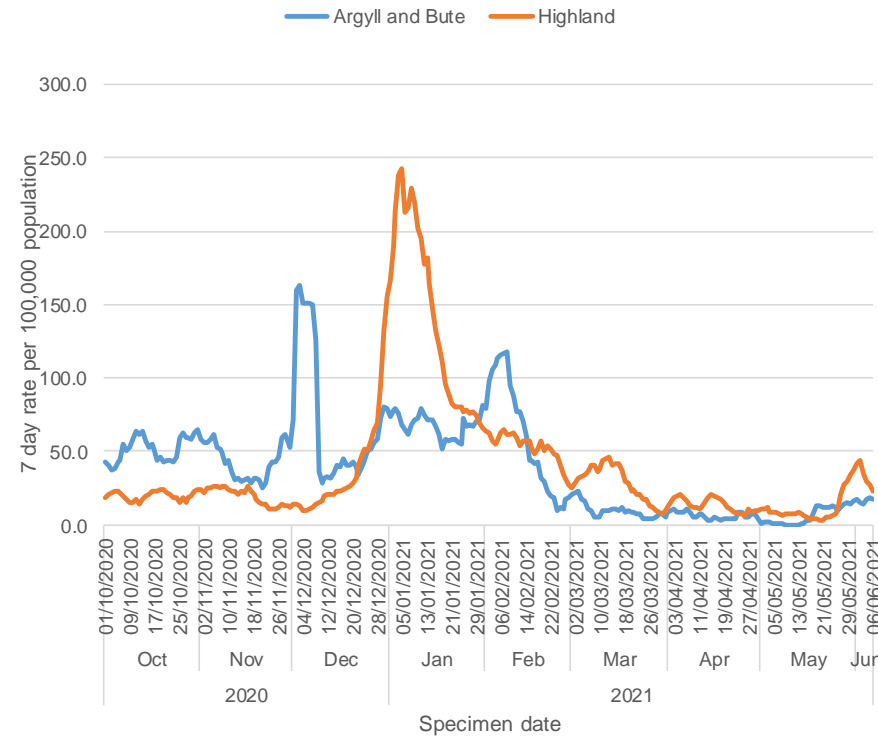
Argyll and Bute

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

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

NHS Highland
Broad age category



Date

Q4 2020 - Q2 2021

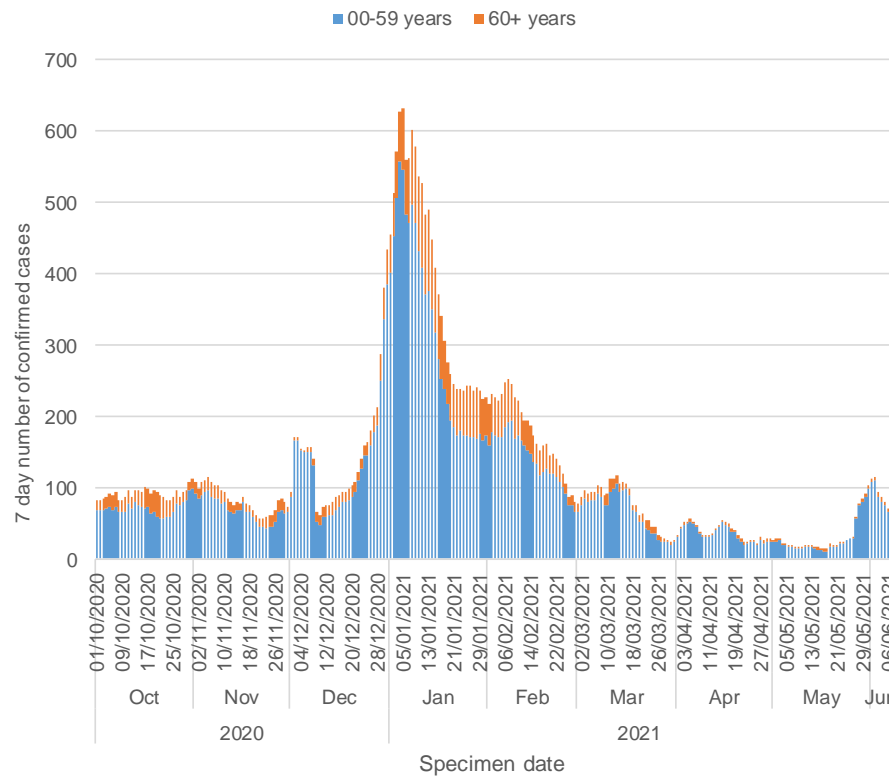
MONTHS ▾

2020

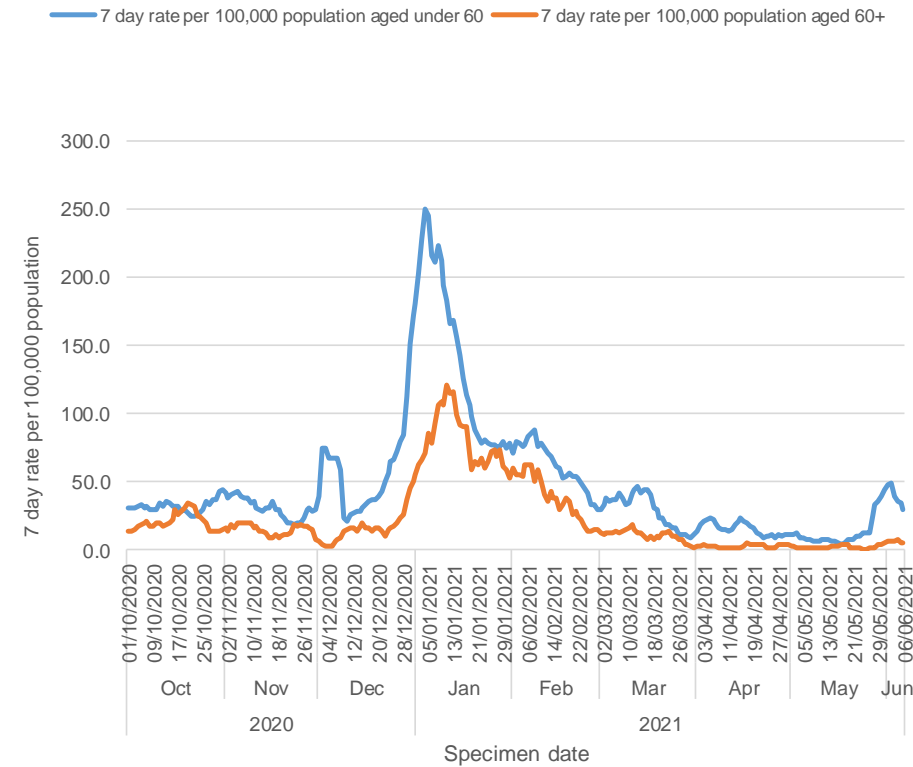
2021



Number of cases



Rates per 100,000 population



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

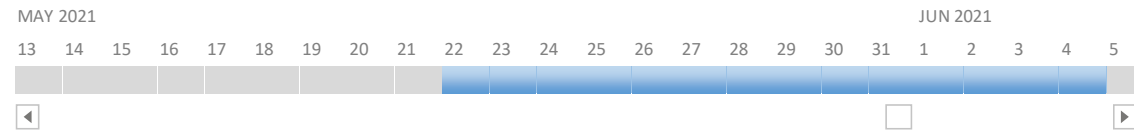
Number and rates of new cases of COVID-19 over fourteen days

NHS Highland
Age and gender



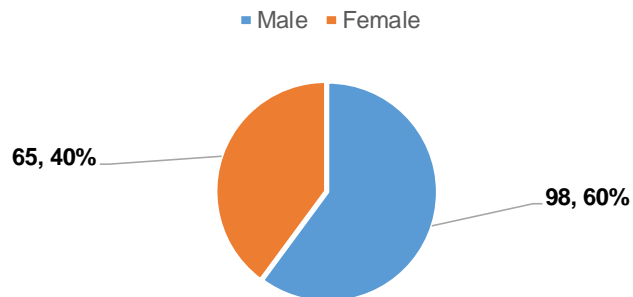
May 22 - Jun 4, 2021

DAYS ▾

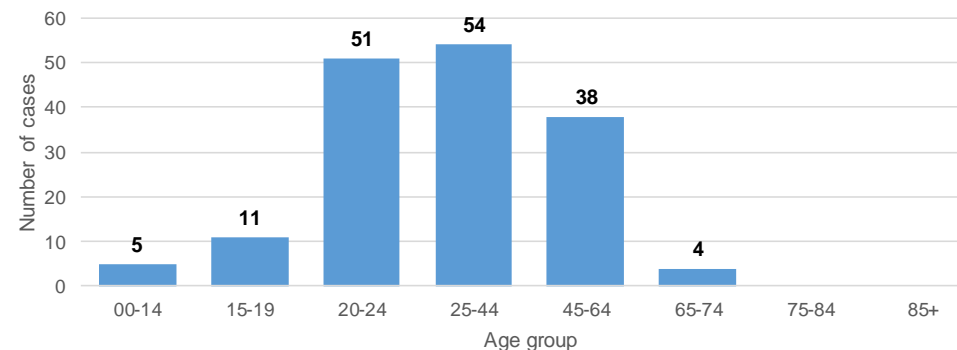


First date in selection	22/05/2021
Last date in selection	04/06/2021
Number of days	14

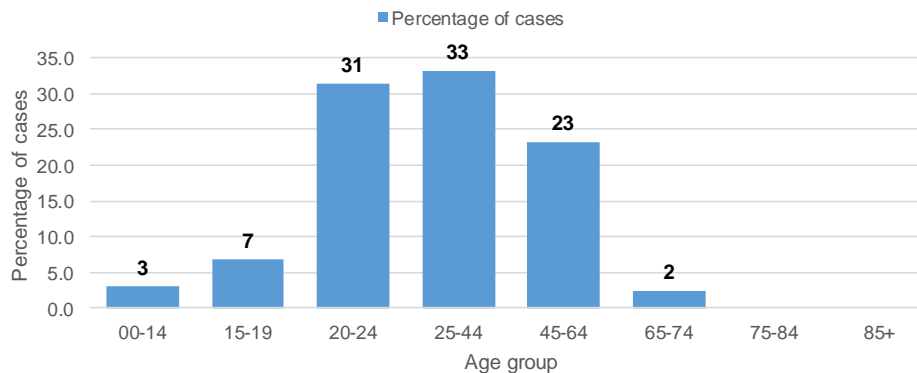
Number and Percentage of confirmed cases of COVID-19 between 22/05/21 and 04/06/21



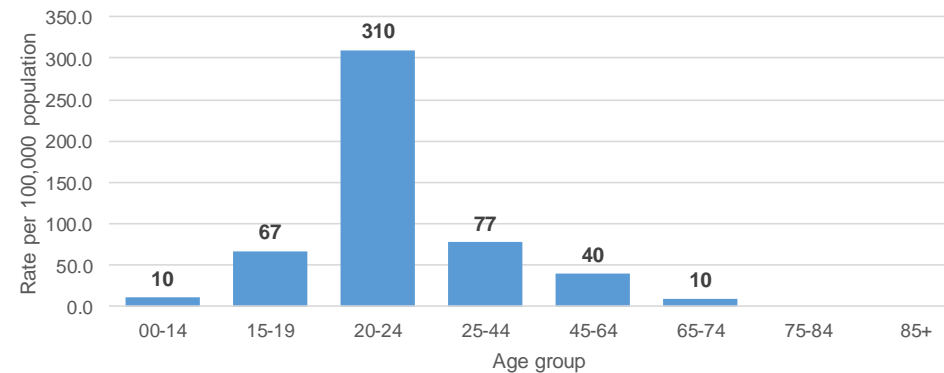
Number of confirmed cases of COVID-19 between 22/05/21 and 04/06/21



Percentage of confirmed cases of COVID-19 between 22/05/21 and 04/06/21

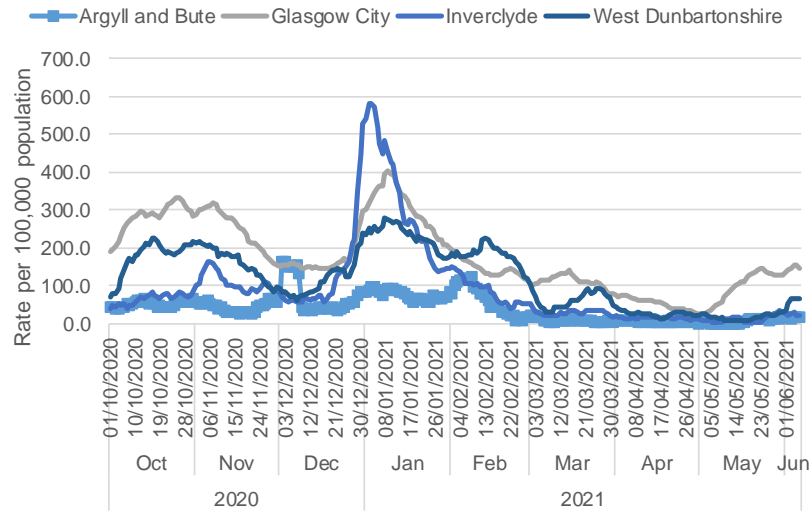


Rate of COVID-19 cases per 100,000 population between 22/05/21 and 04/06/21



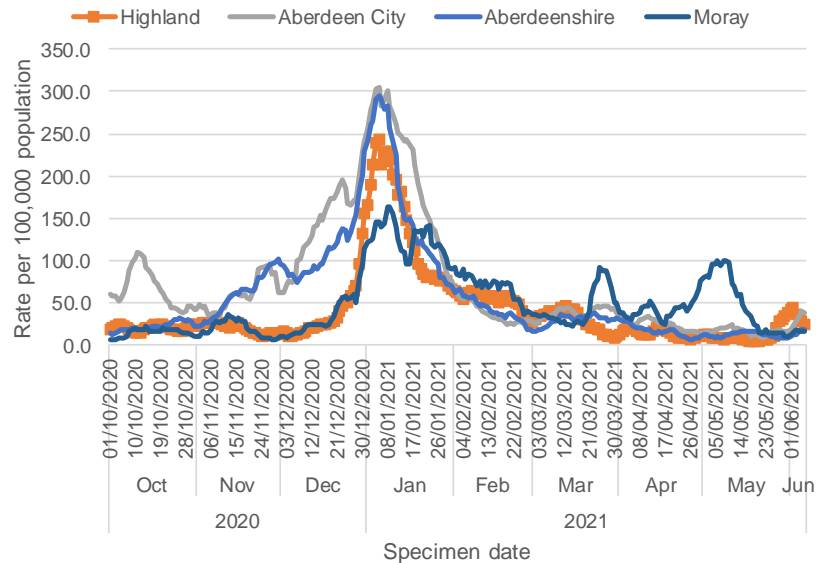
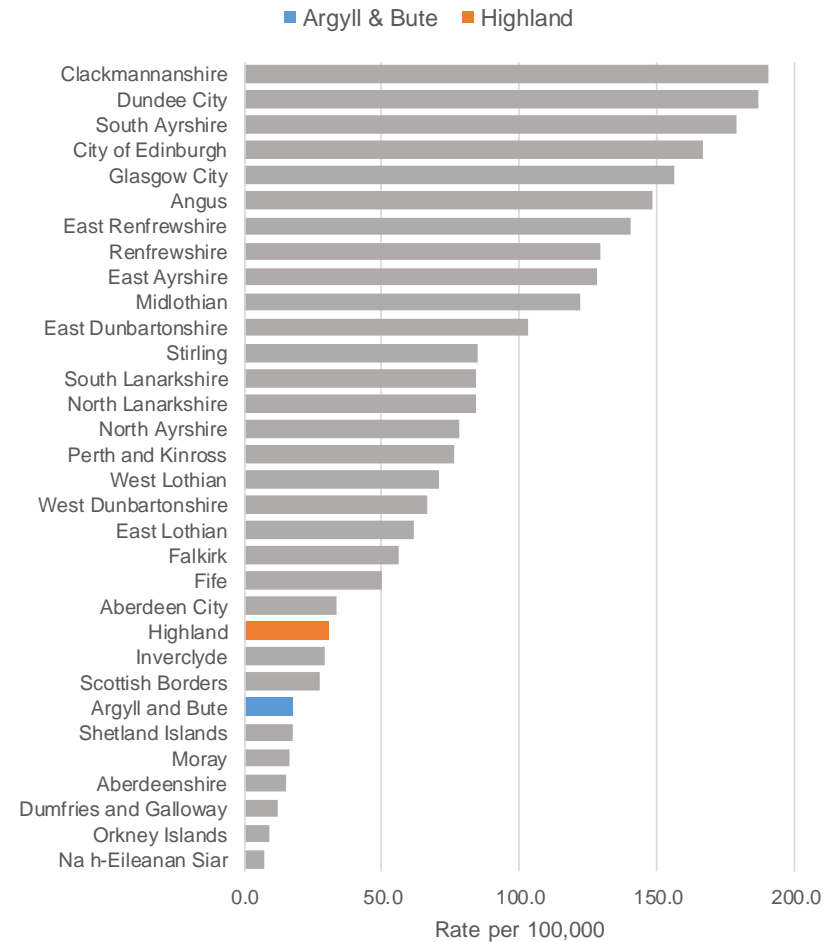
Confirmed new case rate per 100,000 population over 7 days

Local Authority Areas (selected)



06/06/2021 05/06/2021 04/06/2021

7 day rate per 100,000 population for the week ending 04 Jun 2021



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

NHS Highland Community Partnerships

Number and rates of new cases over seven days



Select week ending date

06/06/2021

05/06/2021

04/06/2021

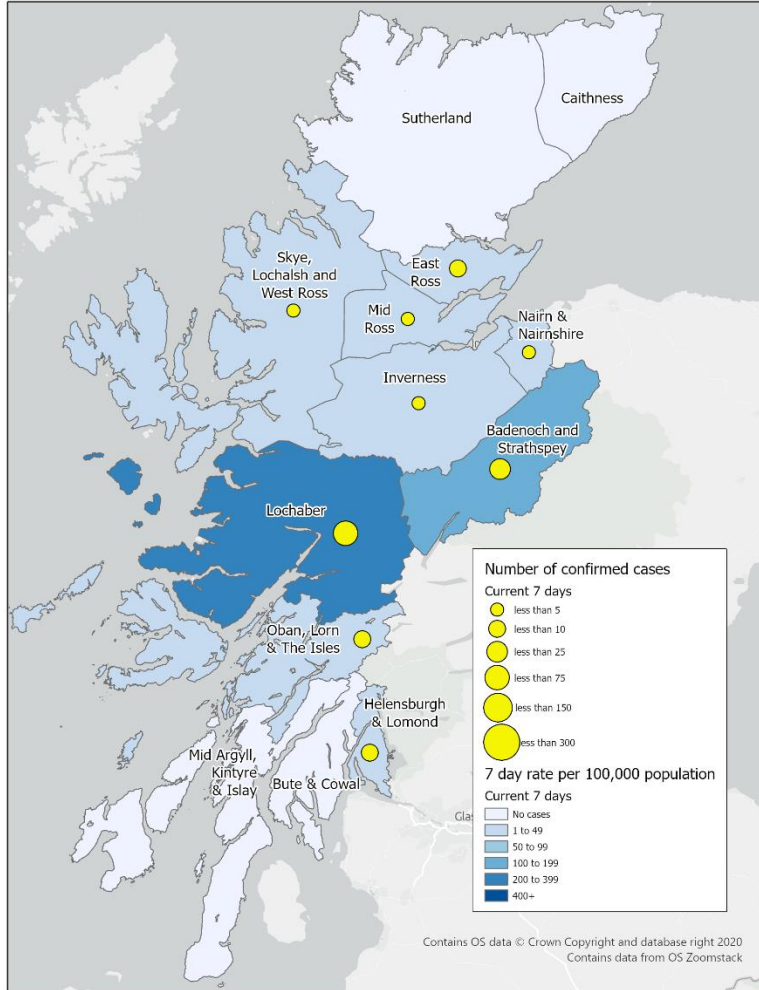
03/06/2021

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

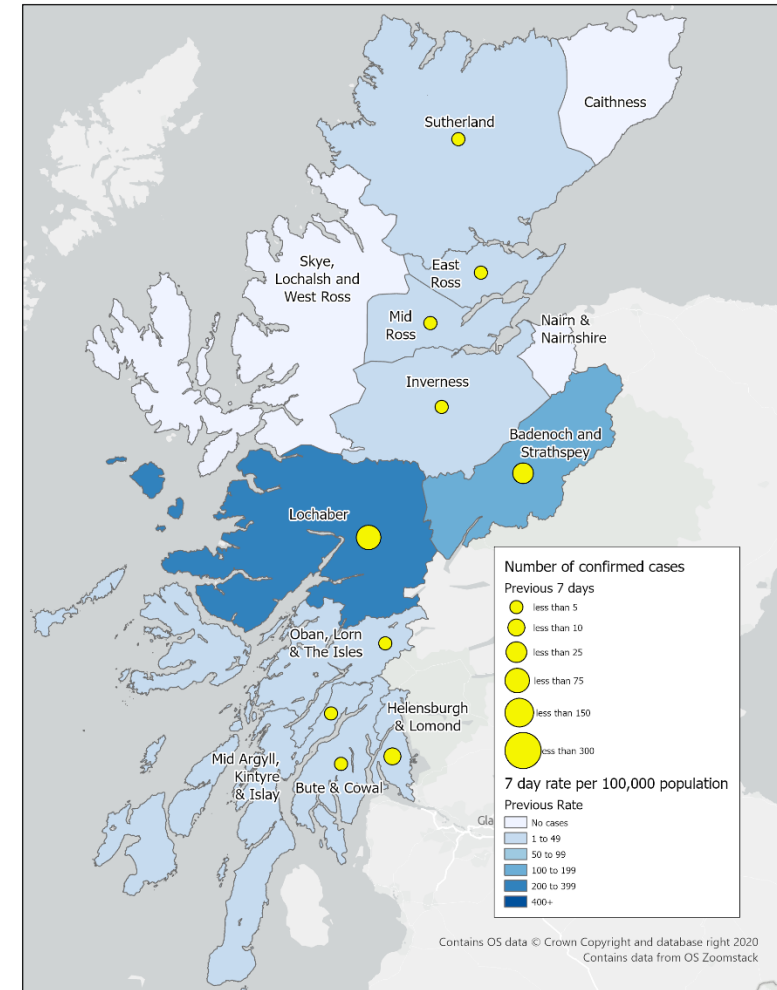
	Total number of confirmed cases over the 7 days (29/05/21 to 04/06/21)	Total number of confirmed cases over the previous 7 days (22/05/21 to 28/05/21)	Change in number of cases	Incidence rate per 100,000 population (29/05/21 to 04/06/21)
NHS Highland	86	77	+	27
Badenoch and Strathspey	16	18	-	114
Caithness	0	0	nc	0
East Ross	6	1 to 4	+	27
Inverness	1 to 4	1 to 4	-	Less than 20
Lochaber	43	40	+	217
Mid Ross	1 to 4	1 to 4	+	Less than 20
Nairn & Nairnshire	1 to 4	0	+	Less than 20
Skye, Lochalsh and West Ross	1 to 4	0	+	Less than 20
Sutherland	0	1 to 4	-	0
Highland	71	65	+	30
Cowal & Bute	0	1 to 4	-	0
Helensburgh & Lomond	9	7	+	35
Mid-Argyll, Kintyre & Islay	0	1 to 4	-	0
Oban, Lorn & The Isles	6	1 to 4	+	30
Argyll & Bute	15	12	+	17

nc = no change

Current Week



Previous Week



Confirmed cases of COVID-19 in the seven day period
29th May 2021 to 4th June 2021 by NHS Highland
Community Partnership



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

Date: June 2021

This map is reproduced from Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of Her Majesty's Stationery Office.
© Crown copyright and database right. All rights reserved.
100010825 2021

Confirmed cases of COVID-19 in the seven day period
22nd May 2021 to 28th May 2021 by NHS Highland
Community Partnership



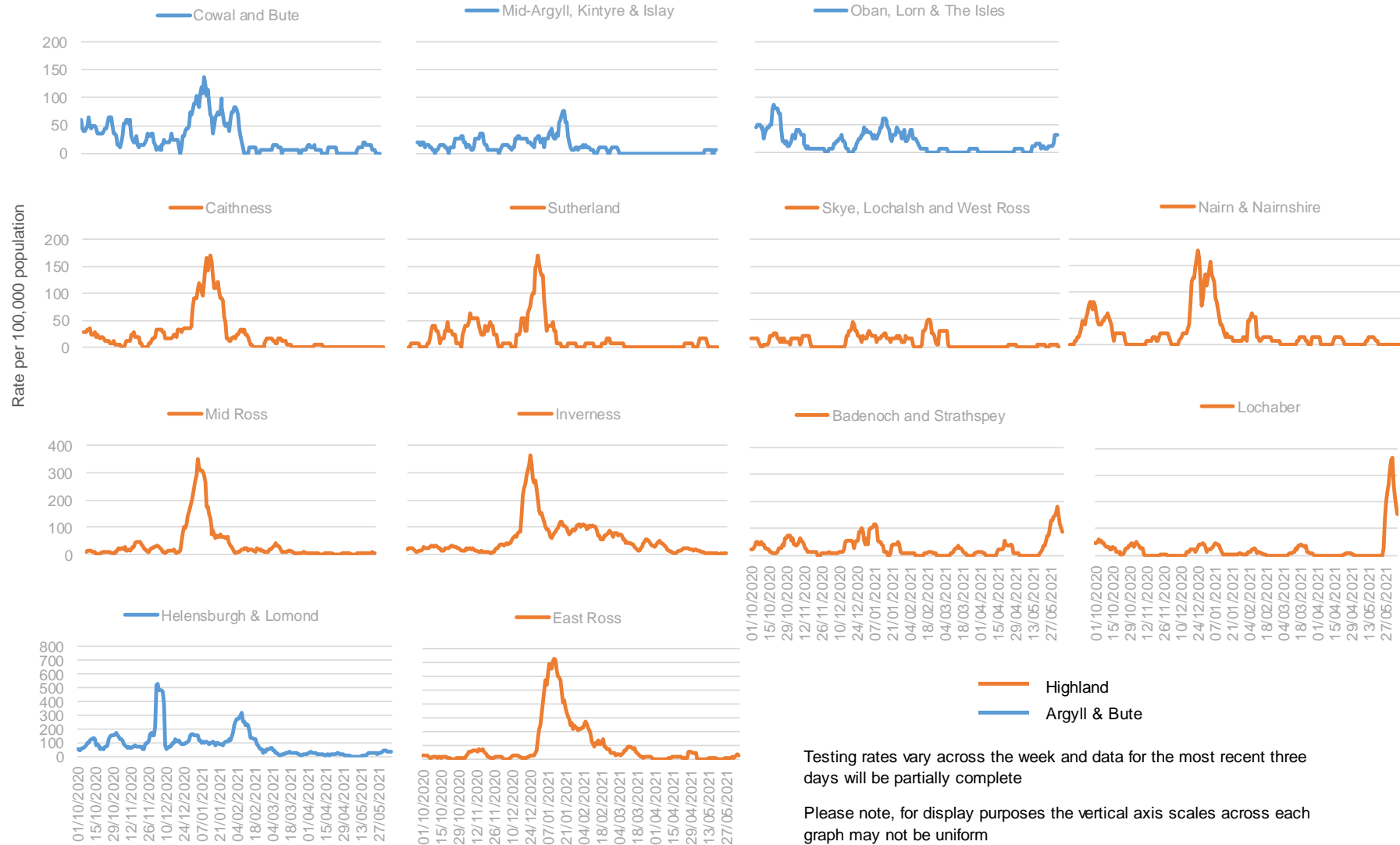
Directorate of Public Health
Public Health Intelligence Team
Larch House, Inverness

Date: June 2021

This map is reproduced from Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of Her Majesty's Stationery Office.
© Crown copyright and database right. All rights reserved.
100010825 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

Please note, for display purposes the vertical axis scales across each graph may not be uniform

NHS Highland Community Partnerships

Rates of new cases over seven days: 29/05/2021 to 04/06/2021

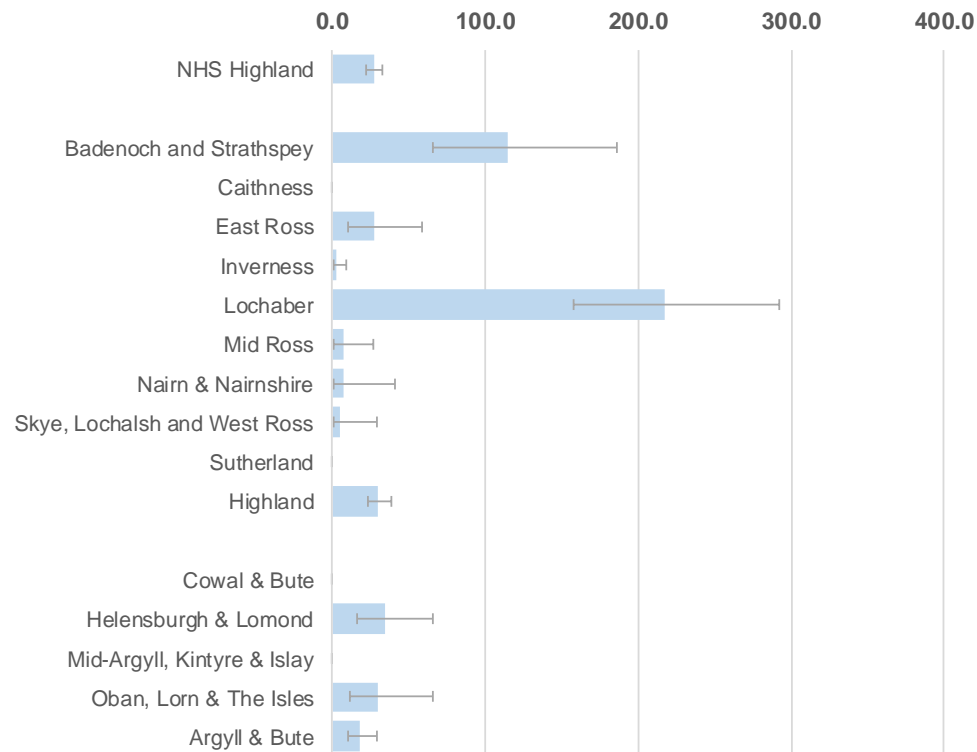


Select week ending date

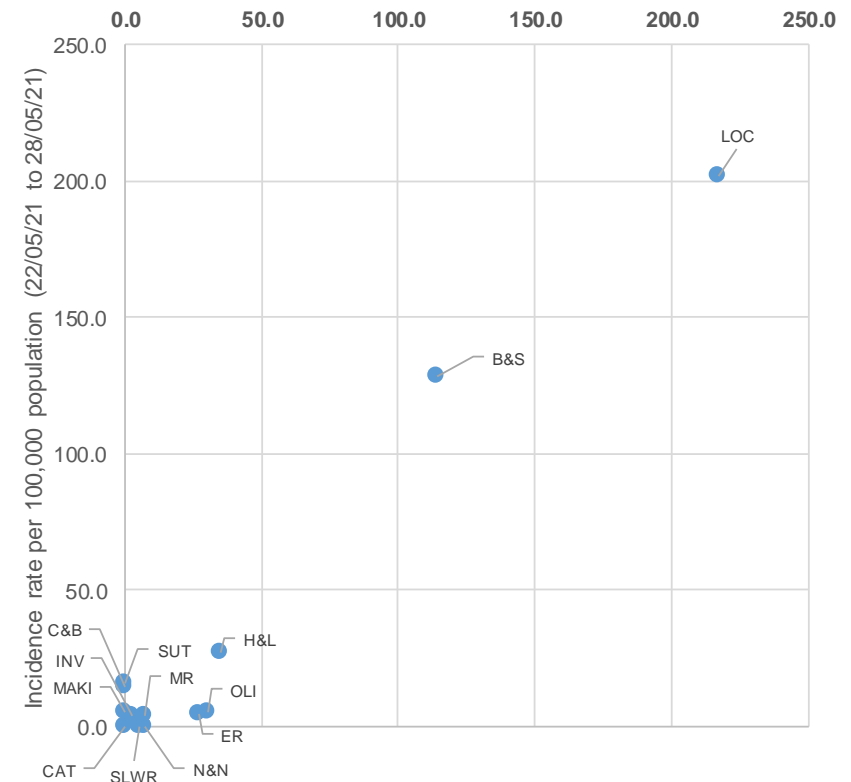
06/06/2021 05/06/2021 **04/06/2021** 03/06/2021

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

Incidence rate per 100,000 population (29/05/21 to 04/06/21)

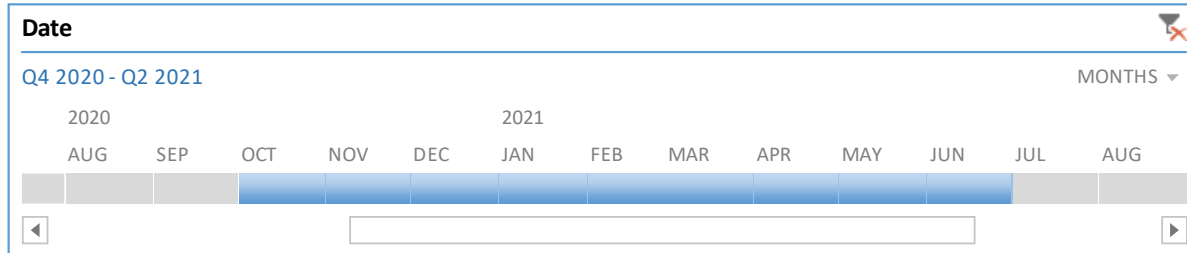


Incidence rate per 100,000 population (29/05/21 to 04/06/21)

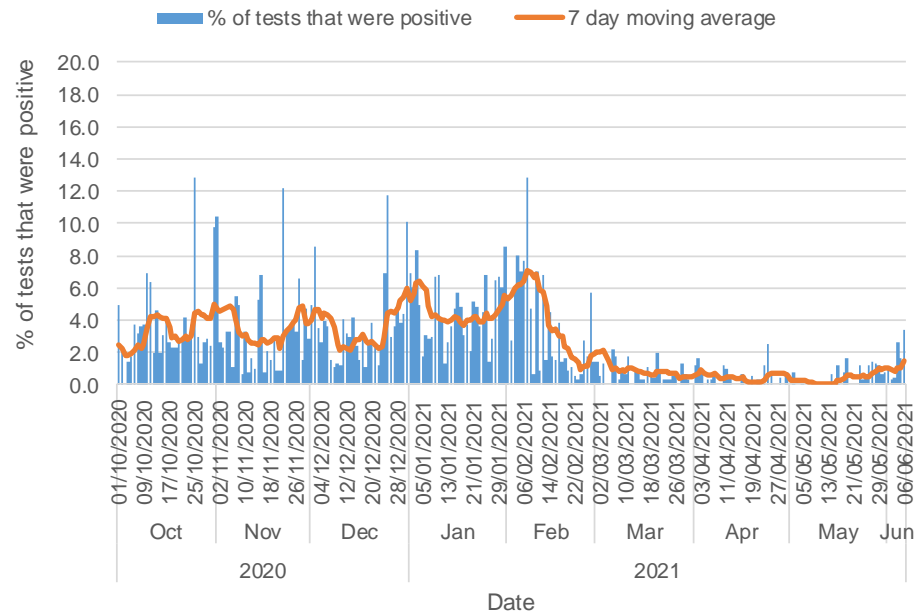


Test positivity rate

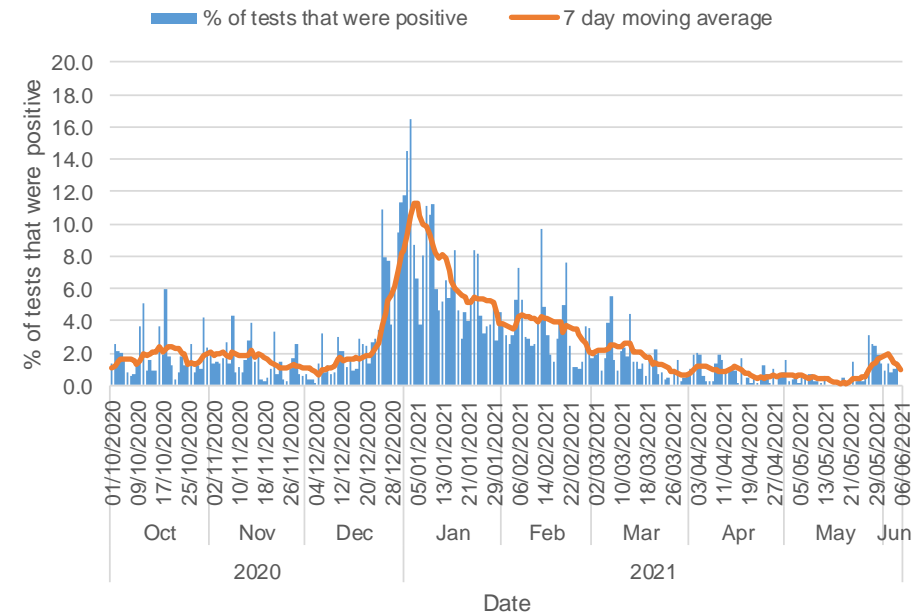
NHS Highland Local Authority Areas



Argyll & Bute



Highland



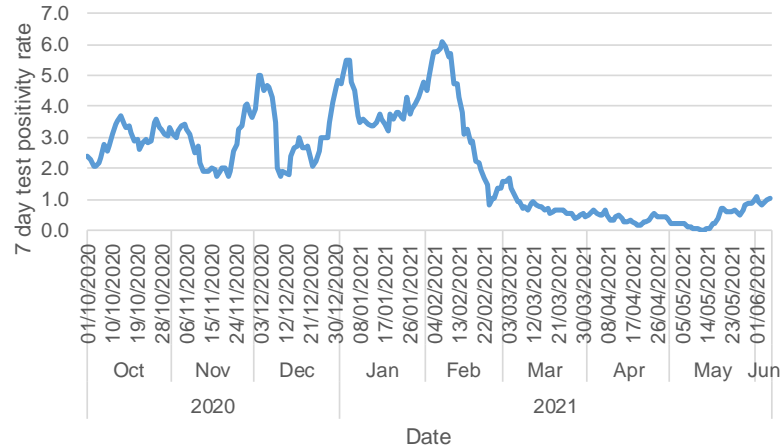
Test positivity rate is the number of newly reported positive tests divided by the total number of newly reported tests, in the specified time period, multiplied by 100.

Seven day test positivity rate

NHS Highland Local Authority Areas



Argyll and Bute



Date 🗖

Q4 2020 - Q2 2021 MONTHS ▾

2020 2021

OCT NOV DEC JAN FEB MAR APR MAY JUN JUL

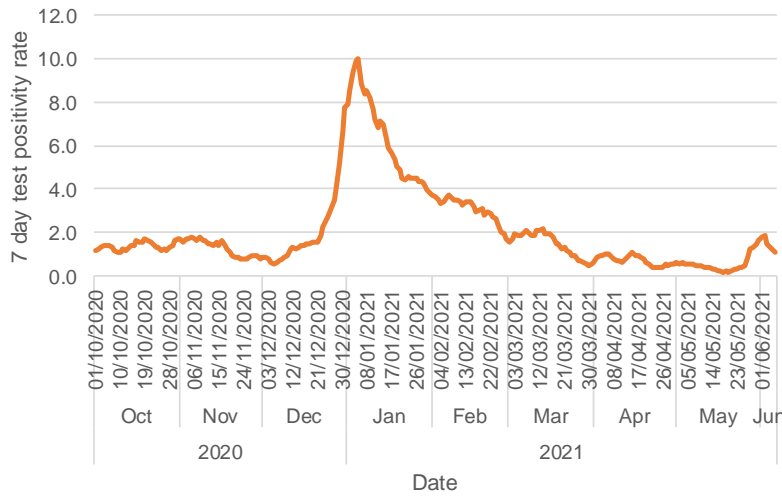
Select week ending date

06/06/2021	05/06/2021	04/06/2021	⬆
03/06/2021	02/06/2021	01/06/2021	⬇

Week: 29/05/2021 to 04/06/2021

	Number of positive tests	Total number of tests	Test positivity rate (%)
Argyll and Bute	16	1725	0.9
Highland	73	5689	1.3

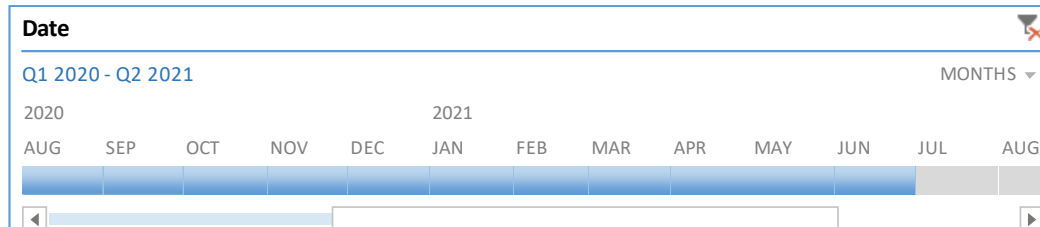
Highland



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

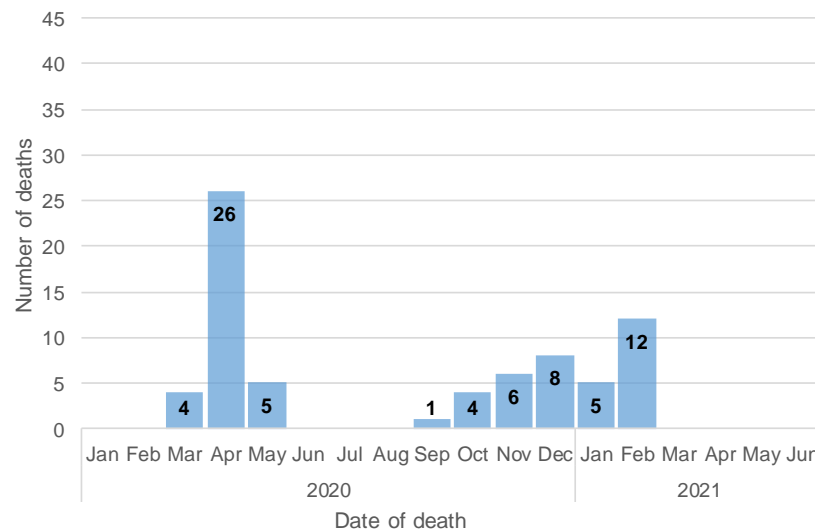


Argyll and Bute	Total number to date	71
	Total in selected period	71

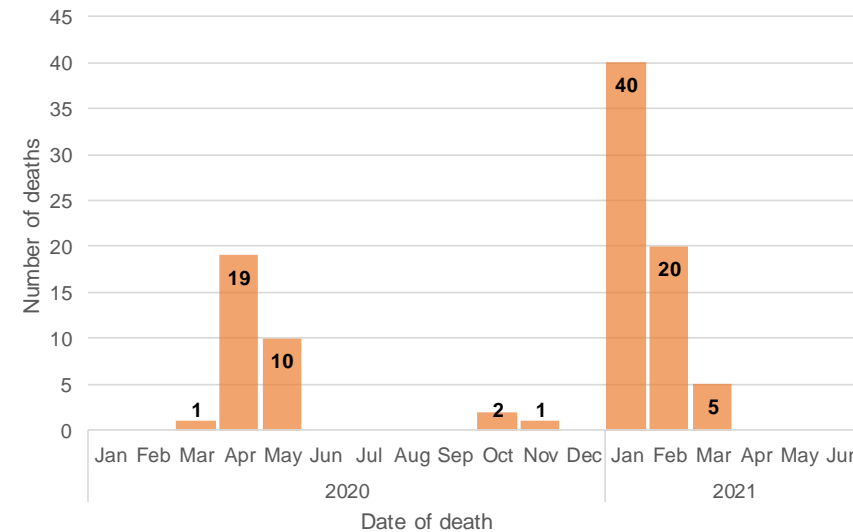
Highland	Total number to date	98
	Total in selected period	98

Deaths (COVID-19 confirmed) by date of death

Argyll and Bute



Highland

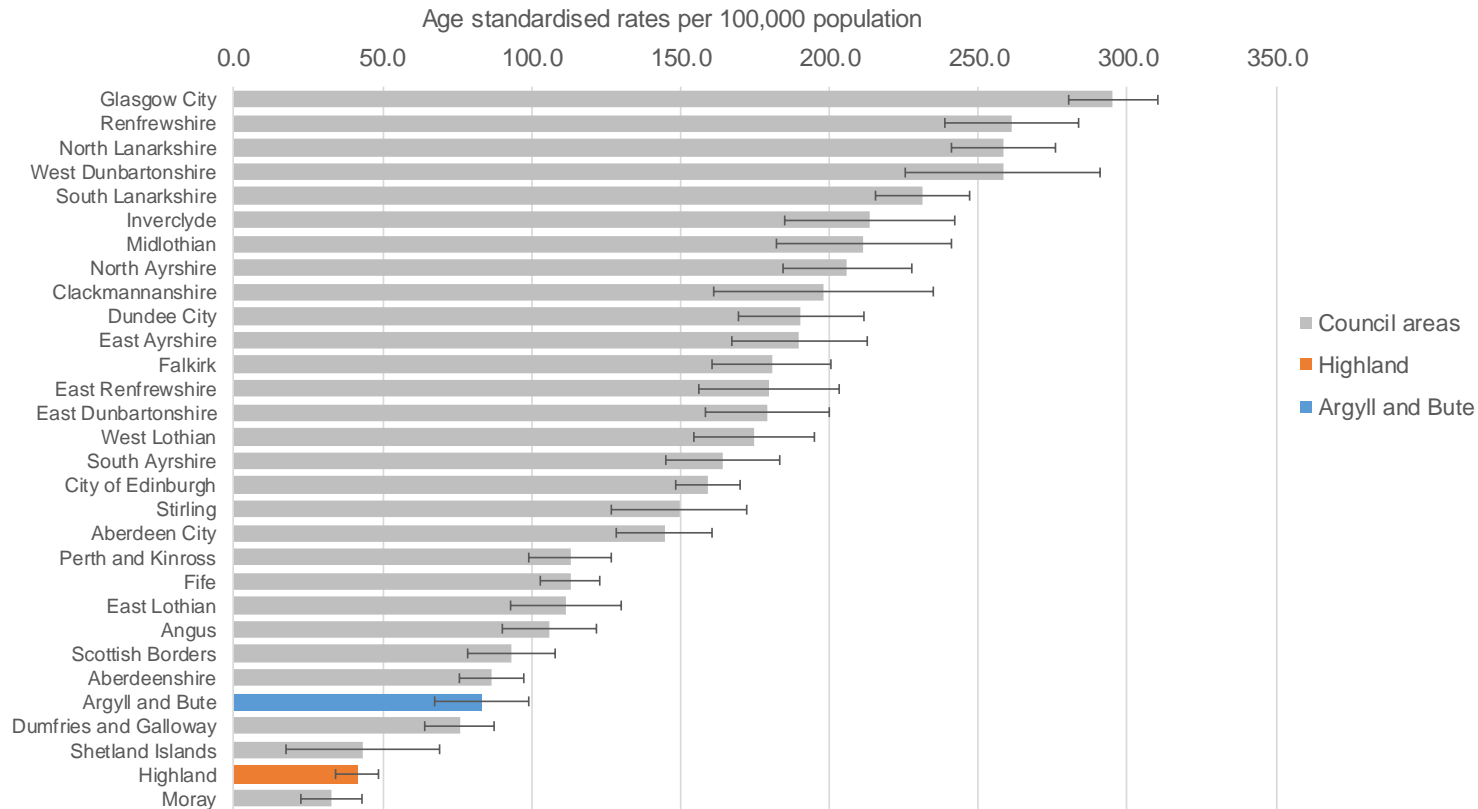


National Records of Scotland (NRS) deaths data linked to ECOSS testing data

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.

Age standardised rates for deaths involving COVID-19 in Council areas

1st March 2020 to 30th April 2021



Age-standardised mortality rates are presented per 100,000 people and standardised to the 2013 European Standard Population. Age-standardised mortality rates allow for differences in the age structure of populations and therefore allow valid comparisons to be made between geographical areas, the sexes and over time.

The lower and upper 95% confidence limits have been provided. These form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the estimated figure. Calculations based on small numbers of events are often subject to random fluctuations. As a general rule, if the confidence interval around one figure overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two figures.

Cause of death was defined using the International Classification of Diseases, Tenth Revision (ICD-10) codes U07.1 and U07.2. Rates include deaths where coronavirus (COVID-19) was the underlying cause or was mentioned on the death certificate as a contributory factor.

Figures are for deaths occurring between 1 March 2020 and 30 April 2021 and only include deaths that were registered by 12 May 2021.



Integration Joint Board

Agenda item: 9a

Date of Meeting: 16 June 2021

Title of Report: Budget Monitoring as at 31 March 2021

Presented by: Judy Orr, Head of Finance and Transformation

The Finance & Policy Committee is asked to:

- Note the outturn position for 2020-21 is an underspend of £1.089m as at 31 March 2021 which includes a repayment of £1.0m from over delivered vacancy savings to Argyll and Bute Council as agreed in negotiating the settlement for 2021-22.
- Note the repayment arrangements for previous years overspends described at 3.6.
- Approve the new earmarked reserves set out at 3.5.2 and 3.5.3

1. EXECUTIVE SUMMARY

- 1.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 31 March 2021.
- 1.2 There is a full year underspend of £1.089m as at 31 March 2021. This consists of an underspend of £906k within Social Work delivered services and an underspend of £183k within Health. The position has deteriorated by £927k in the month which relates wholly to the need to make a year-end provision of £787k for annual leave and £862k for a job evaluation claim for hospital ward based Health Care Assistants being regraded from Band 2 to Band 3 going back to 2018. Without this, the position would have improved by £722k mainly due to improvement in the Social Work position.
- 1.3 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. Additional costs were 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.
- 1.4 We have received approval in principle for these additional costs and all costs have been met in full – in fact we have been overfunded by £146k and

this is being carried forward as an earmarked reserve. In addition £2.65m of Covid funding for Social Care is intended for next year, and has now been removed from the outturn budget and actuals (included at the end of February as previously reported).

- 1.5 The net underspend requires to be repaid to Argyll and Bute Council in accordance with the scheme of integration to reduce the previous years' overpayments.
- 1.6 New earmarked reserves have been created at the end of 2020-21 which along with carried forward earmarkings total £6.586m – details set out at 3.5.

2. INTRODUCTION

- 2.1 This report provides information on the financial position of the Health and Social Care Partnership as at the end of financial year 2020-21.

3. DETAIL OF REPORT

3.1 Summary of Final Outturn Position

- 3.1.1 The forecast outturn position as at the end of February, reported to the IJB on 31 March 2021 was a forecast underspend of £2.016m, made up of an underspend of £1.721m for Health related services and £295k for Social Work related services.
- 3.1.2 The final year end position is an underspend of £1.089m, made up of an underspend of £183k for Health related services and £906k for Social Work related services. This final position is a deterioration of £927k in the month which relates wholly to the need to make a year-end provision of £787k for annual leave and £862k for a job evaluation claim for hospital ward based Health Care Assistants being regraded from Band 2 to Band 3 going back to 2018. Without this, the position would have improved by £722k mainly due to improvement in the Social Work position.
- 3.1.3 The movements for Social Work is described at 3.3.1 below. The improvement is mainly on Older People. Underspends are mainly due to high levels of vacancies. The overspends are mainly on Learning Disability Joint Residential and Supported Living, and Physical Disability Residential and Supported Living arising due to service demand and a failure to deliver planned savings. However the undelivered savings have been covered by support from the Scottish Government, as has loss of income.

3.2 Outturn – Health

- 3.2.1 Within Health, there is an underspend of £183k which is a decrease of £1.538m in the month. The deterioration has been wholly due to the year end provisions for annual leave of £787k and for re-grading of hospital ward based Health Care Assistants from Band 2 to Band 3 following a retrospective claim going back to 2018 which is now nearing settlement. A provision of £862k has been made for this. The annual leave provision is not normally necessary because the leave year is co-terminus with the year

end, but has been due to Covid-19 which has meant that some staff have been unable to take their leave during the year and special provisions for carried forward of leave were agreed nationally. These two provisions have caused the significant overspend under Management Service (which would otherwise have been slightly underspent).

3.2.2 The underspend is primarily caused by significant level of vacancy savings and reduced non-pay spend due to suspension of services, unspent funding in budget reserves which does not meet the criteria for earmarking, and a prior year rates rebate. This is offset in part by shortfalls against savings targets of £414k (net of non-recurring underspends). 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:

- unfunded costs for long stay in-patients in New Craigs and Fife
- locum costs for medical staffing in Dunoon
- sickness absence medical locum cover at Lorn & Islands Hospital
- agency staffing in Lorn & Islands Hospital surgical services
- unfunded pay costs for three displaced staff
- TAVI procedures at the Golden Jubilee (transcatheter aortic valve implantation)
- additional overnight nurse staffing in Mull PCC
- locum radiography costs at MACHICC
- a high cost admission to the Priory
- locum GP costs in Kintyre Medical Group
- out of hours costs on Jura
- growth in oncology drug use in Lorn & Islands Hospital Day Bed Unit
- increased charges from NHS GG&C for cystic fibrosis and oncology drugs
- loss of income arising from fewer out of area admissions to A&B hospitals
- backlog maintenance of estates

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 overspends in Income and Planning & Performance are caused by savings not achieved due to Covid. More detail is given at Appendix 1.

3.3 Outturn – Social Work

- 3.3.1 The outturn position for Social Work for 2020-21 is an underspend of £906k which is an improvement of £611k from the position reported at end of February. The changes have largely been in Older People which has improved by £704k in the month. This has mostly been in Older People Other where there has been an improvement in savings slippage, and in assessment & care management mainly due to staff vacancies.
- 3.3.2 The largest overspend £1.236m has been on Learning Disability due to a combination of service demand, and slippage on savings (£787k). The next largest overspend of £776k is on Physical Disability which is due to higher than budgeted demand for supported living (£688k) and extra purchasing spend in the Integrated Equipment store (£101k).
- 3.3.3 The overspends due to slippage on savings have been covered by support from the Scottish Government. This support has been reduced due to some offsetting amounts totalling £405k from underspends on contact & welfare payments and underspends on care home placements.
- 3.3.4 There have been underspends on Older People mainly on external residential care home placements (£492k) due to the impact of the pandemic, additional income in the HSCP run care homes (£241k) and staffing related underspends particularly across the assessment and care management teams due to vacancies (£197k).
- 3.3.5 Further information is provided within Appendix 1.

3.4 Savings Delivery

- 3.4.1 As at end of March, £7.738m of the target £10.386m savings have been delivered, 75% of the total – this includes £1.996m non-recurring savings. This has increased by £1.484m since last reported at end of February. Further information is provided at Appendix 2. The highlighted lines show where savings have been declared in the month.
- 3.4.2 The outturn shortfall for Social Work is £2.149m. This has improved by £75k from the forecast at the end of February.
- 3.4.3 The outturn shortfall for Health of £414k after non-recurring savings of £1.729m. This has improved by £86k from the forecast at end of February.
- 3.4.4 The failure to deliver on all savings with an overall shortfall of £2.562m is fully offset by Scottish Government funding support of £2.728m included in January allocations. (The excess is being carried forward as earmarked funds.) It has been recognised that 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.

3.5 Reserves

- 3.5.1 At 1 April 2020 earmarked reserves of £605,018 were carried forward to the new year. I previously reported that £374,551 have been utilised. This has

subsequently been reduced by £9k as the funding for Near Me have not yet been spent as planned. The carried forward balance for these previously agreed earmarkings is therefore £239,447 as shown below:

Earmarking	£	£ allocated	£ Balance
Primary Care Improvement Fund (PCIF)	102,616	102,616	0
Action 15 of the Mental Health Strategy 2017-27	123,418	123,418	0
Additional ADP Funding	59,517	59,517	0
GP Fellowship MH Funding	74,000	74,000	0
TEC funding to support local scale up (Near Me)	50,902	6,000	44,902
Supporting Improvements to GP Premises	55,565		55,565
Best Start - Maternity Services (Board re-provision)	60,000		60,000
Technology Enabled Care (Near Me)	9,000		9,000
Scotgem Lochgilphead Funding	10,000		10,000
ACT Widen Access 19-20	10,000		10,000
TEC Analogue to Digital Funding	50,000		50,000
Total	605,018	365,551	239,467

3.5.2 NHS Highland has been requested to create the following new earmarked reserves, all of which are in respect of specific monies received but not yet spent for this purposes:

Earmark description	£	Comment
Covid allocations	751,116	Unspent SG allocations
Primary Care Improvement Fund	1,793,306	Unspent SG allocations
Action 15 Mental Health Strategy	238,955	Unspent SG allocations
Alcohol & Drug Partnership	160,000	Unspent SG allocations
Child Healthy Weight	20,000	Unspent SG allocations
Type 2 Diabetes Framework (70%) & (30%)	25,003	Unspent SG allocations
Best Start Implementation	86,000	Unspent SG allocations
PFG School Nursing Tranche 2	67,423	Unspent SG allocations
GP Premises	27,782	Unspent SG allocations
Primary Care OOH Funding	92,438	Unspent SG allocations
Perinatal MH Funding	41,196	Unspent SG allocations
Reduce Drug Deaths	44,191	Unspent SG allocations
District Nurse Posts	60,444	Unspent SG allocations
Wellbeing Funding	8,860	Unspent SG allocations
ASC Nurse Director Support IPC	78,066	Unspent SG allocations
E-health Strategy Funding	51,700	Unspent SG allocations
Insulin Pumps funding correction re Vat	82,230	Unspent SG allocations
ScotGEM Funding - A&B Hosp / LIH	7,000	ScotGEM funding
Aros residences upgrade	250,000	Medical education funding
W.o.S. Trauma Network Tranche 1 (70%) / Tranche 2 (30%)	72,325	Start up funding
TOTAL	£3,958,125	

3.5.3 Argyll and Bute Council has been requested to create the following new earmarked reserves, all of which are in respect of specific monies received but not yet spent for this purposes:

Earmark description	£	Comment
Telecare Analogue to Digital funding	40,000	Unspent SG allocations
Mental Health Officer Training	28,221	Unspent SG allocations
Trauma Training trials	24,244	Unspent SG allocations

Winter planning funding for vulnerable children & young people	65,411	Unspent SG allocations
Covid funding	1,931,000	Unspent SG allocations
Community Living Change Funding	300,000	Unspent SG allocations
TOTAL	£2,388,876	

3.5.4 In all the above cases, there is a clear expectation from the funder that these monies should only be used for the specified purposes and returns on spend require to be made. These funds cannot therefore be released to reduce the year end deficit.

3.5.5 If the new earmarkings are approved, this would increase the earmarked reserves from £239k to £6.586m as shown below:

	£
Earmarkings carried forward	239,467
New earmarkings held by NHS Highland	3,958,125
New earmarkings held by Argyll & Bute Council	2,388,876
Total	6,586,468

3.5.7 The IJB has a reserves policy. In addition to earmarked reserves, the IJB should seek to hold reserves to build up a contingency to cushion the impact of unexpected events or emergencies. The Reserves Policy suggests a prudent level of general reserve be set at 2% of the IJB net revenue budget, this would equate to around £5.5m. The 2% is in line with the position taken by a number of Integration Joint Boards facing similar strategic, operational and financial risks as Argyll and Bute and is also in line with the Council reserves policy. Currently this target is aspirational and should be viewed as an optimum level of reserves to be built up over time, recognising the tensions between prudent financial planning and budgetary constraints.

3.6 Repayment of Additional Funding from Partners

3.6.1 NHS Highland have received brokerage from the Scottish Government that covers the health overspend in 2017-18 and 2018-19 and includes the Health related services within the Health and Social Care Partnership. The brokerage is not required to be repaid and therefore the overspend on Health related services for these years has effectively been written off. It was expected that the brokerage for 2019-20 would require to be repaid but, as part of the funding settlement for 2021/22, NHS Highland has now agreed to write this off.

3.6.2 The overspend on Social Work services in 2017-18 and 2018-19 still requires to be paid back, as does the overspend for 2019-20. The Council's Policy & Resources Committee consider the repayment profile at its meeting in May 2021 when the 2020/21 underspend was confirmed.

3.6.3 The agreed new repayment schedule is presented overleaf:

	Repayment 2018-19 Overspend £000	Repayment 2019-20 Estimated Overspend £000	Total Repayment £000	Status
2021-22	200	0	200	agreed
2022-23	900	0	900	agreed
2023-24	493	407	900	agreed
2024-25	0	759	759	agreed
Total	1,593	1,166	2,759	

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 outturn position for 2020-21 was an underspend of £1.089m as at the year end. The underspend requires to be repaid to Argyll and Bute Council towards previous overspends as outlined in the report.

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

6.3 Clinical Governance - None

7. PROFESSIONAL ADVISORY

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

8. EQUALITY AND DIVERSITY IMPLICATIONS

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

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

9.1 No issues arising directly from this report.

10. RISK ASSESSMENT

10.1 The main risk during the year was the effort prioritised on the Covid-19 response which removed some focus from delivery of savings. This was

covered by Scottish Government support but this support will not be extended to 2021-22.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

11.1 None directly from this report but any proposals to address future budget gaps will need to take into consideration local stakeholder and community engagement.

12. CONCLUSIONS

12.1 This report provides a summary of the financial position of the Health and Social Care Partnership budget as at the end of financial year 2020-21. The final year end position is an underspend of £1.089m, made up of an underspend of £183k for Health related services and £906k for Social Work related services. The outturn includes provision for new earmarkings totalling £6.347m, bringing total earmarked reserves to £6.586m.

12.2 The underspend requires to be repaid to the parent bodies as set out in the detail of the report.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Judy Orr, Head of Finance & Transformation Judy.orr@argyll-bute.gov.uk

APPENDICES:

Appendix 1 – Final Outturn as at 31 March 2021

Appendix 2 – Savings achieved as at 31 March 2021

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP
REVENUE BUDGET MONITORING OUTTURN - AS AT 31 MAR 2021

APPENDIX 1

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

Service	Annual Budget £000	Outturn £000	Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	5,980	4,116	1,864	31.2%	The underspend is due to the over-recovery of agreed vacancy savings (£119k) as well as the Scottish Government funding for loss of income (£380k) and budget savings (£1.461m) which offsets the extra expenditure elsewhere in the service due to Covid-19. This is partially offset by overspends on bad debt provision (£69k), software costs, payments to other bodies and payments to other services of the authority.
Service Development	395	384	11	2.8%	The outturn variance is outwith reporting criteria.
Looked After Children	6,866	7,190	(324)	(4.7%)	The overspend is as a result of demand for residential placements (£818k) combined with slippage on the delivery of budget savings (£22k) and staffing overspends in the childrens houses (£49k) partially offset by underspends on fostering (£243k) and throughcare (£65k), as well as additional in year income for external adoption placements (£103k) and from the Home Office for Unaccompanied Asylum Seeking Children (£97k).
Child Protection	2,946	2,624	322	10.9%	The underspend reflects lower than expected demand for contact and welfare services (£139k) as well as underspends on staffing costs (salaries and travel) in area teams (£164k) and on payments to health boards and other bodies in the Child Protection Committee.
Children with a Disability	821	777	44	5.4%	The outturn variance is outwith reporting criteria.
Criminal Justice	169	(115)	284	168.0%	The underspend reflects underspends on staffing (£147k) as well as underspends on payments to other bodies (£57k), combined with underspends on rental costs (£11k), staff travel (£29k) and small underspends on utilities, printing & stationery and computer software. There is also additional one-off income received in year to cover some of the costs of a high cost intensive support package (£17k).
Children and Families Central Management Costs	2,725	2,670	55	2.0%	The underspend reflects underspends on staffing and travel (£117k) as well as combined small underspends in supplies and services and income across the activity (£48k). This is partially offset by overspends on payments to other bodies (£101k).
Older People	35,872	35,263	609	1.7%	The underspend reflects lower than budgeted demand across the external residential care budgets due to the impact of Covid-19 (£492k), higher than budgeted income from fees and charges in the HSCP care homes (£241k), underspends within the homecare service (£145k), underspends on staffing and transport related costs across the Assessment and Care Management teams (£197k) and underspends within the Telecare service (£71k). There are also various transport related underspends across the older people service due to the reduction in staff travel due to Covid-19 restrictions (£42k). This is offset by the non-delivery of agreed savings of £959k.

Service	Annual Budget £000	Outturn £000	Variance £000	% Variance	Explanation
Physical Disability	2,508	3,284	(776)	(30.9%)	The overspend reflects higher than budgeted demand for Supported Living (£688k) and higher than budgeted purchasing in the Integrated Equipment Service (£101k). This is offset slightly by an underspend (£6k) in the residential care budget and an underspend on travel & subsistence within the Assessment and Care Management team (£7k).
Learning Disability	15,085	16,321	(1,236)	(8.2%)	The overspend is due to service demand in Supported Living and residential care as well as slippage on agreed budget savings (£787k) and the under-recovery of income from clients partially offset by underspends on staff and travel costs in Assessment and Care Management and day services. The slippage on savings and income from clients is offset at Chief Officer level where Covid-19 income from the Scottish Government is held to offset both of these areas.
Mental Health	2,703	2,593	110	4.1%	The underspend is mainly due to underspends on employee costs due to vacancies within the
Adult Services Central Management Costs	565	622	(57)	(10.1%)	The forecast overspend arises due to slippage on agreed savings (£87k) offset by a forecast underspend within Adult Protection due to lower than budgeted payments to other bodies (£19k) and training costs (£3k).
COUNCIL SERVICES TOTAL	76,635	75,729	906	1.2%	
HEALTH SERVICES:					
					Explanation
Community & Hospital Services	58,486	57,521	965	1.7%	Vacancies and reduced non-pay spend due to suspension of services
Mental Health and Learning Disability	14,754	14,203	551	3.7%	Vacancies and reduced non-pay spend due to suspension of services
Children & Families Services	8,049	7,828	221	2.8%	Vacancies and reduced non-pay spend due to suspension of services
Commissioned Services - NHS GG&C	65,603	66,142	(539)	(0.8%)	High cost drug therapies for oncology and cystic fibrosis & high cost procedures for a small number of patients
Commissioned Services - Other Cmnty & Hosp Srvcs	3,817	3,902	(85)	(2.2%)	Higher than budgeted activity for TAVI cardiac procedure at Golden Jubilee
General Medical Services	19,889	19,872	16	0.1%	Outwith reporting criteria.
Community and Salaried Dental Services	4,036	3,554	482	11.9%	Vacancies and reduced non-pay spend due to suspension of services
Other Primary Care Services	10,909	10,909	0	0.0%	Outwith reporting criteria.
Prescribing	19,805	19,609	196	1.0%	Reduced spend due to Covid
Public Health	1,686	1,626	60	3.6%	Vacancies and reduced non-pay spend due to suspension of services
Lead Nurse	2,719	2,712	7	0.2%	Outwith reporting criteria.
Management Service	3,950	5,418	(1,468)	(37.2%)	Accrual of untaken annual leave in line with SG guidance and provision for regrading of band 2 to 3 Health Care Assistants
Planning & Performance	2,477	2,656	(179)	(7.2%)	Savings targets not achieved
Budget Reserves	391	0	391	100.0%	Unspent funding which doesn't meet the criteria for transfer to the IJB reserves
Income	(1,560)	(1,368)	(192)	12.3%	Savings targets not being achieved due to impact of covid
Estates	8,099	8,341	(242)	(3.0%)	Backlog maintenance
HEALTH SERVICES TOTAL	223,110	222,926	183	0.1%	
GRAND TOTAL	299,745	298,655	1,089	0.4%	

Appendix 2 (a)

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2020/21

Ref.	Savings Description	Manager	Full Year to 31 March 2021				%	Achieved
			Target £' 000	Achievement £' 000	Shortfall £' 000	Achieved		
1819-7	Thomson Court	Jane Williams	10	0	10	0%	Declared Non-recurring instead	adult/MH
1819-8	Assessment and Care Management	Caroline Cherry	42	0	42	0%		Adult
1819-14	Redesign of Internal and External Childrens Residential Placements	Patricia Renfrew	200	178	22	89%		C&F
1819-15	Children and Families Management Structure	Patricia Renfrew	150	150	0	100%		C&F
1819-18	Review provision of HSCP care homes	Caroline Cherry	99	0	99	0%	Declared Non-recurring instead	Adult
1819-19	Review and Redesign of Physical Disability Services	Jim Littlejohn	28	28	0	100%		MH&LD
1819-19	Review and Redesign of Learning Disability Services - Sleepovers and Technology Argyll Wide	Jim Littlejohn	299	130	169	43%	£15.2k reclassified as non-recurring M12	MH&LD
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Mid Argyll	Jim Littlejohn	40	6	34	15%		MH&LD
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Kintyre	Jim Littlejohn	29	3	26	10%		MH&LD
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Lorn	Jim Littlejohn	69	23	46	33%		MH&LD
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Bute	Jim Littlejohn	9	9	0	100%		MH&LD
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Cowal	Jim Littlejohn	60	49	11	81%		MH&LD
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Helensburgh	Jim Littlejohn	69	56	13	81%	£2.4 reclassified as non-recurring M12	MH&LD
1819-19	Review and Redesign of Learning Disability Rothesay Resource Centre	Jane Williams	14	11	3	78%	£10.9k declared M12	adult/MH
1819-19	Review and Redesign of Learning Disability Assist Cowal Resource Centre	Jane Williams	30	0	30	0%		adult/MH
1819-19	Review of Ext Residential Learning Disability Placements	Jim Littlejohn	194	0	194	0%		MH&LD
1819-22	Adult Care West - Restructure of Neighbourhood Teams (SW & Health)	Caroline Cherry	250	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%		adult/MH
1819-31	Integrate HSCP Admin, digital Tech and Central Appoint System	Patricia Renfrew/ Kirsteen Larkin	104	0	104	0%		corp
1819-33	Catering, Cleaning and other Ancillary Services	Tricia / Jayne Jones / Caroline Cherry	70	0	70	0%		Adult
1819-40	SLA and Grants operate within allocation	Patricia Renfrew	23	23	0	100%		C&F
1819-42	Contract Management reducing payments to Commissioned External providers	Stephen Whiston	33	0	33	0%		corp
1819-46	Adopt a Single Community Team Approach to undertaking Assessment and Care Management	Caroline Cherry	120	0	120	0%		Adult
1920-33	Review of management structure	Joanna Macdonald / Charlotte Craig	102	55	48	53%		corp
1920-40	Implement best practice approaches for care at home and re-ablement across all areas following Bute pilot	Caroline Cherry/ G McCready	300	0	300	0%		Adult
1920-41	Extend use of external home care transferring hours as gaps occur	Donald Watt	33	0	33	0%		Adult
1920-42	Step up/step down of care to be suspended except for exceptional cases	Judy Orr	227	227	0	100%		Adult
1920-43	Cap on overtime	Donald Watt	87	0	87	0%		Adult
1920-44	Reduction on adult services social work travel	Jim Littlejohn/ Donald Watt	25	25	0	100%		Adult
1920-45	Planned changes in staffing for Bowman Court in line with Lorne Campbell Court structure	Donald Watt	28	0	28	0%		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%		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%	£134.8k declared Mth 12 on non-recurring basis	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%		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%		Adult
2021-32	Review housing support services and remove where not required for LD and PD clients	Julie Lusk	181	6	175	3%		MH&LD
2021-33	Reduce travel and increased grip and control of expenditure	All Managers	60	60	0	100%		adult/MH
2021-34	Additional recovery of direct payments (S30110...) (running above budget)	Caroline Cherry/David Forshaw	25	25	0	100%		Adult
2021-35	Carers support (S30091..)	Caroline Cherry/David Forshaw	150	150	0	100%		Adult

Ref.	Savings Description	Manager	Target £' 000	Full Year to 31 March 2021		% Achieved	
				Achievement £' 000	Shortfall £' 000		
2021-36	Respite Care (HQ) (S30090...) - align budget to current levels of expenditure, review all expenditure and ensure in line with policy	Caroline Cherry	80	80	0	100%	Adult
2021-37	Day Care - additional client charge income (running above budget) (S300500..)	Julie Lusk/David Forshaw	25	25	0	100%	MH&LD
2021-38	Development & flex budgets not currently utilised (MAKI / B&C) (S300930..)	Caroline Cherry	10	10	0	100%	Adult
2021-39	Progressive Care Mull additional income (S3008002..)	Caroline Cherry/David Forshaw	10	10	0	100%	Adult
2021-40	Resource Release - budget not use (S300351..)	Caroline Cherry/David Forshaw	6	6	0	100%	Adult
2021-41	Telecare - additional income above budget (S300330)	Stephen Whiston/David Forshaw	80	80	0	100%	corp
2021-42a	integrated equipment store - increased consistency in prescribing	Julie Lusk/Jim Littlejohn	80	11	70	13%	£69.5k reversed in Mth 12 at request of service
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%	MH&LD
2021-43	Sensory impairment -See/Hear monies underspent	Julie Lusk	10	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%	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%	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	93	0	100%	£93k declared Mth 12
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%	C&F
2021-46	Improved rostering of staff for school hostels	Patricia Renfrew	50	44	6	88%	C&F
2021-47	Review of catering arrangements at Dunclutha and East King Street	Patricia Renfrew	23	23	0	100%	C&F
2021-48	Redesign Emergency Social Work service - shift to contracted hours	Patricia Renfrew/Brian Reid	100	100	0	100%	C&F
2021-49	Reduce external contracted hours for childrens support workers	Patricia Renfrew	8	8	0	100%	C&F
2021-50	Dunoon hostel - income from nursery meals	Patricia Renfrew/David Forshaw	20	20	0	100%	C&F
2021-51	contact & welfare £10k per locality	Patricia Renfrew	40	40	0	100%	C&F
2021-52	CABD, physio & OT NHS hire of facility	Patricia Renfrew	15	15	0	100%	C&F
2021-11	SLA with GG&C for CAMHS service (Fusions)	Patricia Renfrew/David Forshaw	23	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%	corp
2021-60b	Additional vacancy savings (above £600k already budgeted)	Joanna Macdonald/David Forshaw	250	250	0	100%	corp
2021-62	Unused central funds cost centre S0000000000.40300	Joanna Macdonald/David Forshaw	180	180	0	100%	corp
Totals			5,453	3,037	2,416	56%	

ARGYLL & BUTE HEALTH SAVINGS PLAN 2020/21

Ref.	Savings Description	Manager	Target £' 000	Full Year to 31 March 2021		% Achieved	
				Achievement £' 000	Shortfall £' 000		
1819-4	Closure of West House / Argyll & Bute Hospital site	David Ross	20	20	0	100%	corp
1819-5	Closure of Aros (running costs)	David Ross/ Charlotte Craig	60	60	0	100%	corp
1819-16	Children & Families services staffing	Patricia Renfrew	50	50	0	100%	C&F
1819-32	Catering & cleaning review	Caroline Cherry	20	0	20	0%	Adult
1819-44	Advanced Nurse Practitioners - Oban	Caroline Henderson	14	0	14	0%	Adult
1819-53	Vehicle Fleet Services (see also 2021-57)	Stephen Whiston	18	0	18	0%	corp
1920-3	Health Promotion Discretionary Budgets	Alison McGrory	54	0	54	0%	corp
1920-4	Review of Service Contracts	Judy Orr	86	22	64	26%	corp

Ref.	Savings Description	Manager	Target £' 000	Full Year to 31 March 2021		% Achieved		
				Achievement £' 000	Shortfall £' 000			
1920-8	GP Prescribing	Fiona Thomson	500	176	324	35%	£80.1k declared M12	corp
1920-22	Dunoon Medical Services (see also 2021-16)	Rebecca Heliwell	100	0	100	0%		corp
1920-31	Review of SLAs with GGC	Stephen Whiston	290	290	0	100%		corp
1920-32	Review of management structure	Joanna Macdonald / Charlotte Craig	200	160	40	80%		corp
1920-35	Bed reduction savings : Dunoon	Jane Williams	150	0	150	0%		Adult
1920-38a	LIH Theatre nurse staffing - HAK112	Caroline Henderson	38	8	30	21%		Adult
1920-38b	Lorn & Islands Hospital staffing	Caroline Henderson	124	97	28	78%		Adult
2021-1	Mental Health redesign of dementia services (excludes commissioned services)	Caroline Cherry	200	0	200	0%	Declared non-recurring instead	Adult
2021-2	Standardise procurement of food across all sites and expansion in conjunction with Council for early years	Caroline Cherry	69	0	69	0%		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	54	86	38%		Adult
2021-4a	Admin & clerical general productivity / efficiency enhancement via shift to digital working in 2020/21 and 2021/22	Stephen Whiston	100	0	100	0%		corp
2021-4b	Right size admin budgets Mid Argyll and LIH	Caroline Cherry	45	0	45	0%		Adult
2021-8	Review maternity arrangements for out of hours and bring within contracted hours	Patricia Renfrew	100	100	0	100%		C&F
2021-9	Review health visitor and school nurse staffing	Patricia Renfrew	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	100	0	100%		corp
2021-14	Removal of health & wellbeing small grant fund	Nicola Schinaia	50	50	0	100%		corp
2021-15	Investment fund savings - reduce spend on Care & repair by £60k originally funded as short term investment	C Cherry / J Littlejohn	60	0	60	0%		Adult
2021-16	Rationalisation of medical services for Dunoon (adds to 1920-22)	Rebecca Heliwell	20	0	20	0%		corp
2021-17	Ongoing grip and control of all non-essential expenditure	Caroline Cherry/Julie Lusk	340	84	256	25%		adult/MH
2021-18	Savings in time & travel through further roll out of Near Me (Attend Anywhere)	John Dreghorn/Kristin Gillies	50	50	0	100%		corp
2021-19	Redesign of hotel services to reflect reduction in inpatient numbers	Caroline Cherry	99	0	99	0%		Adult
2021-20	Centralised booking of medical records - reduction in admin costs	Stephen Whiston	97	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%		MH&LD
2021-22	Patient Travel costs - spending below budgets	Caroline Cherry	100	100	0	100%		Adult
2021-23	Catering & domestic - spending below budgets	Caroline Cherry	80	50	30	63%		Adult
2021-24	Oban medical services - underspending areas of admin and non-pay	Caroline Cherry/Caroline Henderson	100	100	0	100%		Adult
2021-25	Near Me Mental Health project - savings on travel	John Dreghorn/Kristin Gillies	10	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%		Adult
2021-27	Cowal general transport - underspend	Caroline Cherry	15	15	0	100%		Adult
2021-29	Dunoon Gum clinic - underspend	Caroline Cherry	20	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%		corp
2021-54	Printer rationalisation and centralisation of GP servers	Stephen Whiston	17	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%		corp
2021-58	Additional income from other health boards (being achieved in 19/20)	George Morrison	200	0	200	0%		corp
2021-59	Review of continence nursing practice and related use of supplies (Lead Nurse)	Elizabeth Higgins	20	20	0	100%		Adult
2021-60a	Additional vacancy savings - achieving £2.85m in 2019/20	Joanna MacDonald	500	500	0	100%		corp

Ref.	Savings Description	Manager	Target £' 000	Full Year to 31 March 2021		% Achieved	
				Achievement £' 000	Shortfall £' 000		
2021-61	Investment fund savings - reduction in funds to support colocation and vacant posts	Joanna MacDonald	72	72	0	100%	
2021-63	Estate Rationalisation (£50k provision in Investment Fund to be used only on a spend to save basis)	Kevin Willan	50	50	0	100%	£1k declared M12 corp
2021-68	Forensic billing review of utilities - water	David Ross	30	30	0	100%	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%	
2021-66	Community dental practices	Donald MacFarlane	25	11	15	42%	£5.5k declared M12 and remainder non-recurring corp
2021-67	Homecare pharmacy services - right size budget	George Morrison	75	75	0	100%	corp
Totals			4,933	2,705	2,229	55%	

Non Recurring Savings - Social Work

1819-7	Thomson Court	Jane Williams	0	10	(10)		£10k declared M7
1819-18	Review provision of HSCP care homes	Caroline Cherry	0	99	(99)		£99k declared M7
2021-46	Improved rostering of staff for school hostels	Patricia Renfrew	0	6	(6)		£6k declared M8
1819-19	Review and Redesign of Learning Disability Services - Sleepovers and Technoloov Aravll Wide	Jim Littlejohn	0	15	(15)		£15.2k reclassified as non-recurring M12
1819-19	Review and Redesign of Learning Disability Services - Packages of Care Helensburgh	Jim Littlejohn	0	2	(2)		£2.4k reclassified as non-recurring M12
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	0	135	(135)		£134.8k declared Mth 12 on non-recurring basis using service underspends. LD respite £107,072 and OP respite £27,769
sub-total			0	267	(267)		

Non Recurring Savings - Health

2021-1	Mental Health redesign of dementia services	Caroline Cherry	0	200	(200)		£200k declared M2 Adult
1920-3	Health Promotion Discretionary Budgets	Alison McGrory	0	54	(54)		£27k declared M2 £13k declared M7, £14k M8 corp
2021-29	Dunoon Gum Clinic	Caroline Cherry / Jane Williams	0	20	(20)		£20k declared M4 Adult
2021-66	Community dental practices	Donald MacFarlane	0	20	(20)		£20k declared M6 corp
1920-35	Bed reduction savings : Dunoon	Jane Williams	0	120	(120)		£120k declared M7
2021-3	AHP - carry out workforce planning and establishment setting to find efficiencies in posts and realign services provided to match	Linda Currie	0	86	(86)		£86.4k declared M10
1920-4	Review of Service Contracts Sundry budget underspends badged as non-recurring savings	Judy Orr	0	64	(64)		£63.6k declared m11, balance of recurring target Reduced by £87k M12 and declared
sub-total			0	1,164	(1,164)		
Totals			0	1,729	(1,728)		

ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2020/21

10,386	7,738	2,649	75%
---------------	--------------	--------------	------------

Funding announced 3 Feb 2021

SG funding support for undelivered savings: Health
SG funding support for undelivered savings: Social Work

500
2,228
2,728
-80

Overall shortfall**Final LMP claim 23 April 2021**

Health
Social Work

500
2,089
2,589
60

Overall shortfall/ (surplus)

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2020/21

Ref.	Unachieved Savings Description	Manager	Target £' 000	Achieved £' 000	Actions completed to 28 February 2021	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	130	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 but still delayed Campbell St - proposed 4th tenant identified Fyneview - 3 proposed service users identified - expect end of year before 3 people move in. Dealing with fire requirements Dunbeg Development – 2 su’s identified for share. Property due to be completed Dec/Jan but much delayed. Continuing discussions with contractor for Helensburgh Golf course new build - 2 @ 2 bed plus 1@3 bed bungalows. Now likely to be much delayed.	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	165	Now agreed to split savings target for day services between Older Adults and MH/LD and PD. 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 for vacant driver and caretaker posts. No vacancies being filled on permanent basis as services paused - £64k vacancy savings ytd and savings from bank/sessional staff of c £74k not yet declared 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. 3 vacant posts to be declared this month - £83k 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 The savings split agreed is as follows: 1819-25 – opening savings £212,000, less contingency transfer of £155,269, leaving an opening balance for next year of £56,731 all Older Adults 1819-7 £10k and 1819-19 £44k all LD. 2021-7 split £161.5k LD; £38.5k OP. Re OP: Savings required for next year £95,244. CC to meet with LC to start to progress the community supports work and develop community alternatives to traditional day care for older adults.	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	143	1 waking night has now been removed on Bute (full year £57k), 2nd waking night £40k (FYE £130k) with agreement on phased removal of sleepovers for su in Oban starting in January (£38k). Just checking is also in place for 2 further service users in Bute and Oban and awaiting outcome of review. CRG process now agreed including for MH/LD - to be approved by SLT in Jan - will assist with equity and budgetary control	Review of Care Packages ongoing by Care Managers, with some smaller care packages still to be declared. Still awaiting confirmation of dates for 2 service users at Dalloch moving from residential to supported living - variation now approved by Care Inspectorate	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 assesment and care management	Caroline Cherry / G Mc Cready	412	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. 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. Report drafted and to be reworked for next meeting. The scope is to be significantly broadened to include district nurses, ECCT, assessment & care management such that the balance of care can be shifted and hospital beds reduced along with reductions in footfall to hospitals. Once scoped properly, can then clarify the potential for delivering this scale of savings	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	Actions completed to 28 February 2021	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	SIO appointed. Scrutiny of block contracts has been started to identify areas of down time. Final agreement for the Tighnabruaich 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. Savings identified in Strachur route £118k FYE by removal of travelling expenses and introduction of rural rate. 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.	A pilot in Oban for assessors to complete assessment to identify needs and then to pass to care at home for commissioning of service starts next week. Meetings with HCOs and HCPOs being arranged to share this and the CRG process and the progress with monitoring visits. Block contracts have not progressed due to a number of operational priorities for the service. More focus needs to be put on this work and a more radical reshuffle required in Oban where the provider has threatened to withdraw service of the changes are implemented.	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	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. 3 month scoping of longer term transformational work approved by SLT in Dec.	Continue scoping for transformational work to shift from high levels of residential care to more fostering and early support. The remaining £22k will be combined with other savings from childrens residential homes and covered through the shift to more fostering, adoption and kinship care arrangements in 2021-22. Mark Line and Lorna Semple meeting to discuss on 5 May	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	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. Initial meeting with elected	Mull and LCC are two different models and both need to be assessed. This work will be taken forward by the newly appointed Area Manager with support from LB and DW with a model of care to be identified. This work will also link into the care at home strategy being developed	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	Work re-started in October. SW has established a programme board covering admin and related savings with support from LB & JD. Meeting every 4 weeks and project plan agreed. 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. No saving to be delivered in 2020/21 but expected to deliver in full in 21/22. Updates being provided monthly to Service Transformation Board	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	55	Matchings carried out with staff affected. New structure went live at end of September. Remaining vacancies advertised - 1 area manager post still to be recruited to. Saving now declared.	Shortfall expected and IJB to be requested to write off unachieved balance	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	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. AMCA is doing some work to look at income recovery over the past few years to see if savings can be realistically identified through this source on a recurring basis	expected to deliver savings in full	Paused due to Covid.	Now starting project with allocated resource

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Actions completed to 28 February 2021	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	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 recruited in Mid Argyll. Whilst overtime is lower than last year, it is still above budget, so no saving. DW meeting fortnightly with Resources TL to monitor the situation.	Local Area Managers continue to approve all exceptional overtime in advance of hours being worked. Looking at increase use of bank staff to avoid overtime. 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.
2021-42a	Integrated equipment store - increased consistency in prescribing	Julie Lusk/Jim Littlejohn	80	11	Previously declared through reduction in equipment budget, however saving has been added back in M12 at the request of service.	not yet identified			
1819-33	Catering, Cleaning and other Ancillary Services	Jayne Jones / Caroline Cherry	70	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. Approval given at Dec SLT 1 to appoint a programme manager	Tender drafted for contract for programme manager and closes on 5th March, so we can have the successful contractor in place from 6th April (immediately after Easter weekend). This appointment will be for a 12 month period. Expressions of interest being sought internally for someone to work closely with the programme manager.	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	£44k declared M7. £6k declared on non-recurring basis. To be carried forward to new year	Further recurrent saving from a temporary domestic post now identified but still required at present due to Covid. To be progressed.	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	Contract & Demand Management Officer started on 30 November. list of contracts for review collated. Audit Services contract tendered and awarded but saving not declared as may be needed for adhoc reviews.	Ewan concentrating on reviewing health contracts. Contract management savings this year have been on home care contracts and allocated directly to those savings. To review contracts register and assess possibilities.	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	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. All new contracts now require HoS approval.	To continue with this as circumstances allow	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
Totals			3,141	725					

ARGYLL & BUTE HEALTH SAVINGS PLAN 2020/21

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Actions completed to 28 February 2021	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	176	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. Significant shortfall now expected. Cost pressure in budget for 2021-22 will offset the carry forward savings for next year.	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	84	Grip and control relaxed due to Covid mobilisation and speed of response required. JMD has issued statement to LMs & LAMs regarding PECOS scrutiny/authorisation. Mobile SIM contracts ended where unused but saving not yet calculated	Continue with ongoing grip and control. There should also be savings from reductions in printing. Mobile SIM contracts saving will not be declared till start of new year	maximise savings	Covid-19 and reduction in capacity	Not yet identified
2021-2/19/23; 1819-32	Redesign of hotel services to reflect reduction in inpatient numbers; Catering & domestic - spending below budgets; Standardise procurement of food across all sites and expansion in conjunction with Council for early years	Caroline Cherry	268	50	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. Approval given at Dec SLT to appoint a programme manager	Tender drafted for contract for programme manager and closes on 5th March, so we can have the successful contractor in place from 6th April (immediately after Easter weekend). This appointment will be for a 12 month period. Expressions of interest being sought internally for someone to work closely with the programme manager.	Possible savings from rationalisation of catering services across the Council and the HSCP.	Progress on shared services has been slower than anticipated.	Confident that these savings will be delivered longer term.

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Actions completed to 28 February 2021	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
1920-32	Review of management structure	Joanna MacDonald	200	160	Matchings carried out with staff affected. New structure went live at end of September. Remaining vacancies advertised - 1 area manager post still to be recruited to. Saving now declared.	Shortfall expected and IJB to be requested to write off unachieved balance	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	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. Working on staff redeployment - can't declare saving until all staff redeployed.	Declared as non-recurrent saving in 2020/21. Meeting on 8 Feb to review redeployment register. Consultant post being recruited (closes 16 Feb) which will reduce locum costs, and the new SW posts were approved for advert at recent meeting. CCh also noted that there remains a need for an additional management post but the funding for this has still to be identified.	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	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	Rapid move to digital working, use of M5 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 Business Admin Transformation Board covering admin and related savings with support from LB & JD. The 1st meeting held 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.	To take forward with 1819-31 review of social work admin. Do not expect to deliver any saving for 20/21 but should deliver in full next year. Updates on progress being provided monthly to Service Transformation Board	Updated forecast	Covid-19	Not yet identified
1920-38a/b & 1819-44	Lorn & Islands Hospital staffing	Caroline Henderson / George Morrison	176	105	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 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	A paper is going to SLG on re-design of the medical unit. £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.
1920-35	Bed reduction savings - Dunoon	Finola Owen	150	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. Jayne Lawrence-Winch has drafted a report. Changes have been paused due to Covid. Currently only able to have 3 beds in 4 bedded side wards for social distancing and consider how to meet mixed sex standards.	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	54	Target fully met for 2020/21 with balance from non-recurring. A review of the workforce will be completed later in the year.	Workforce reviews won't now complete till April with review in October so pays savings are 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

Ref.	Unachieved Savings Description	Manager	Target £'000	Achieved £'000	Actions completed to 28 February 2021	Actions planned for next 4 weeks	What planned actions will achieve	Why there is a forecast shortfall in the saving?	What are we doing to recover from forecast shortfall
1920-22/ 2021-16	Dunoon Medical Services	Rebecca Heliwell	120	0	Had recruited 3 but 1 decided not to join and start dates for 2 are delayed due to personal considerations. New practitioner rota implemented. Capital works approved at Asset Management Board for reconfiguration of space in hospital to allow 2 GP practices to move in. Business Case completed and funding now being sought	Discuss with local GP practices alternative ways of filling gaps in rota. 2 local GP practices keen to move into hospital. GP accommodation in hospital could make more attractive jobs blending 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
1920-4	Review of Service Contracts	Ewan MacGregor	86	22	Contract & Demand Management Officer started on 30 November. List of contracts for review produced	Working on GP OOH contracts, FME contracts, and radiology equipment maintenance EMG to work with management accountants to identify underspends against service contracts and declare recurrently. EMG is creating detailed savings plan split into recurring and non-recurring savings	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	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. JLu & JLi has asked that a manager be identified within adult services to manage this contract. LB further reported that an end to end process mapping exercise had been completed which highlighted the need for a transformational process and she had prepared a report for SLT outlining options and identifying the preferred option of moving this service in-house.	Update forecast	Covid-19	N/A
2021-57 / 1819-53	Fleet management - electric vehicles, improved accuracy of mileage claims using postcodes; fuel savings through use of telematic data	Stephen Whiston	58	0	Reduction in fuel costs due to Covid 19 . Going forward envisage less use of vehicles and rationalising of fleet. There should be at least 16 EVs in the fleet by the end of the year and telematics in all vehicles. New charging points all installed	financial analysis to be completed and assess how much is recurrent / non-recurrent	Paused due to Covid	Covid-19	Not yet identified
1920-3	Health Promotion Discretionary Budgets	Nicola Schinaia	54	0	SLA ended September. This is currently a non recurrent saving as based on staff member's secondment to GG&C and subsequently to redeployment on Covid work.	assess alternative savings for next year	Update forecast	Expected staff member to be made permanent	Not yet identified
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	Contracts costs and end dates collated showing wide variation in costs and low usage and contracts 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	Underspends being made in 2019-20	assess savings for next meeting	Paused due to Covid	Covid-19	Not yet identified
2021-66	Community dental practices	Donald MacFarlane	25	11	£5k declared in m3 and £5.5k car lease saving in m12. Remainder declared as non-recurrent savings due to vacancy declared in M6 but this needs filled in future to provide essential services	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. GM to review budgets with new Head of Primary Care	expect to deliver in full	Covid-19	N/A
2021-29	Dunoon Gum clinic - underspend	Caroline Cherry	20	0	Declared on non-recurrent basis	JLW has submitted a paper which indicated that £40k saving could be achieved - the additional £20k to be scored against the Cowal 1% efficiency target for next year.	To assess future for this clinic	N/A	N/A
Totals			2,889	661					

ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2020/21

6,030 1,386

This page is intentionally left blank



Integration Joint Board

Agenda item: 9b

Date of Meeting: 16 June 2021

Title of Report: Budget Outlook 2022-23 to 2024-25

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 2022-23 to 2024-25.

1. EXECUTIVE SUMMARY

- 1.1 This report summarises the budget outlook covering the period 2022-23 to 2024-25 taking into consideration the budget decisions taken at the Integrated Joint Board (IJB) on 31 March 2021. The budget outlook presented to the IJB on that date has been rolled forward for a further year and all assumptions have been updated as per the latest information.
- 1.2 The outturn for 2020/21 was an underspend of £1.089m. This has to be repaid to Argyll and Bute Council to offset previously carried forward overspends. This then reduces the future planned repayments – this is being considered by Council’s Policy & Resources committee on 13 May 2021.
- 1.3 A number of minor changes have been to update the estimates for NHS payroll inflation where these have been aligned to Council future pay projections, non-pay inflation, and for some new future cost and demand pressures, mainly for Health. Additional allowances has been made for new high cost care packages, growth in cystic fibrosis patient numbers, a new dementia pathway to NHS GG&C, additional staffing following the remaining establishment reviews, and for additional Social work emergency out of hours service costs.
- 1.4 The usual best, mid-range and worst case scenarios are presented for the next three years. In the mid-range scenario, the Health and Social Care Partnership budget gap estimated over the three year period 2022-23 to 2024-25 is £10.695m with a gap of £2.371m in 2022-23.
- 1.8 In contrast, the budget gap in the best case scenario over the three years is a surplus of £3.878m and in the worst case scenario, the budget gap

over the three years is £28.367m. A summary of all three scenarios is included within Appendix 1.

- 1.9 The budget gap over 2022-23 to 2024-25 across each scenario is summarised in the table below (surplus shown as negative):

Budget Gap	2022-23 £000	2023-24 £000	2024-25 £000	Total £000
Best Case	(2,196)	(831)	(851)	(3,878)
Mid-Range	2,371	3,945	4,378	10,695
Worst Case	9,181	9,419	9,767	28,367

2. INTRODUCTION

- 2.1 This report summarises the budget outlook covering the period 2022-23 to 2024-25. The outlook is based on three different scenarios, best case, worst case and mid-range. The detail of all three scenarios is provided at Appendix 1.

- 2.2 The updates include new funding estimates and a review of inflation and cost and demand pressures.

3. DETAIL OF REPORT

3.1 Funding Estimates

NHS Highland

- 3.1.1 The assumptions for funding from NHS Highland has been amended for 2022/23 to include the further NRAC uplift of £2.85m offered for this year as part of the 2021/22 funding offer. To this, we have added the expected allocations for Primary Medical Services and other recurring funding. For future years, the mid-range forecast still assumes a 2.5% uplift p.a..

- 3.1.2 The table below outlines the updated estimated funding from NHS Highland over the next three years within the mid-range scenario. All figures have been updated and rolled forward for another year.

	2022-23 £000	2023-24 £000	2024-25 £000
Baseline funding incl £2.9m NRAC	191,384	191,384	191,384
Resource Transfer baseline	7,242	7,242	7,242
Baseline & RT funding uplift (2.5%)	5,339	10,368	15,523
Other Recurring Funding	35,815	35,815	35,815
Reduction in New Medicines Funding	-550	-550	-550
Further NRAC uplift offered £2.85m +inflation	2,921	2,994	3,069
Total Funding NHS	242,222	247,396	252,699

Council Funding

- 3.1.3 The estimates for Council funding are rolled forward for another year. All scenarios now assume a flat cash position as per the settlement for 2021/22.

3.1.4 The Council's Policy & Resources Committee considered the repayment profile at its meeting in May 2021 when the 2020/21 underspend was confirmed. The Council previously 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." As there was an underspend at the end of 2020/21, this will be used to make further repayments to the Council as required by the scheme of integration.

3.1.5 The new repayment schedule is presented below:

	Repayment 2018-19 Overspend £000	Repayment 2019-20 Estimated Overspend £000	Total Repayment £000	Status
2021-22	200	0	200	agreed
2022-23	900	0	900	agreed
2023-24	493	407	900	agreed
2024-25	0	759	759	agreed
Total	1,593	1,166	2,759	

3.1.6 The table below outlines the funding from Argyll and Bute Council expected over the next three years. It includes an additional £552k re Scottish Living Wage uplift which was announced after the previous budget outlook was prepared.

	2022-23 £000	2023-24 £000	2024-25 £000
Baseline funding	62,763	62,763	62,763
Less 2018-19 and 2019-20 overspend payment	(900)	(900)	(759)
Net Payment from Council	61,863	61,863	62,004

3.1.7 The table below summarises the total estimated funding over the next three years within the mid-range scenario. It includes an estimated additional £700k from Scottish Government p.a. in line with additional unearmarked funding made available for 2021/22. Actual funding is subject to much uncertainty following the Independent Review of Adult Social Care and announcements are likely post election.

	2022-23 £000	2023-24 £000	2024-25 £000
Funding NHS	242,222	247,396	252,699
Funding A&B Council	61,863	61,863	62,004
New SG funding for social work	700	1,400	2,100
Total Funding	304,785	310,659	316,803

3.2 Savings Measures Already Approved

3.2.1 One of the savings for 2021-22 agreed at the IJB on 31 March 2021 as part of setting the 2021/22 budget was one-off and has to be removed from future years. Others have increased values in 2022/23 and beyond. These are as follows:

Ref	Description	£000s
2122-04	Bring back urology services from NHS GG&C	111
2122-08	Care home placements paid at national rates	70
2122-09	Cap on 24 hour care packages	40
2122-54	Reduction in supported living packages through improved commissioning	30
2122-71	Remove non-recurring vacancy saving	(1,000)
	Total	(749)

3.2.2 This reduces the agreed savings for future years from £4,134k in 2021/22 to £3,385k for 2022/23 onwards.

Base Budget

3.3.1 The base budget is the approved budget from 2021-22 and includes the third year of the agreed investment in financial sustainability extended into 2022/23 only as agreed by IJB on 31 March 2021.

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

	2022-23 £000	2023-24 £000	2024-25 £000
Base Budget NHS	220,680	220,680	220,680
Base Budget Council	74,826	74,826	74,826
Investment in financial sustainability – 3rd year	330	0	0
Base Budget	295,836	295,506	295,506

3.4 Employee Cost increases

3.4.1 For Health staff and Council staff, for 2022-23 to 2024-25, it has been assumed that the 1% p.a. increase will be the best case, 2% mid-range scenarios, and a 3% increase in the worst case scenario. No agreements have yet been made for 2021/22 so there is still considerable uncertainty. Any increases above provisions for Health staff will be met in full for the current year by Scottish Government, but there is no such undertaking for social care staff so there is a possibility that the baseline for social care staff may have to be adjusted.

3.4.2 There are also additional costs in relation to incremental drift and an estimate has been built into all three scenarios.

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

	2022-23 £000	2023-24 £000	2024-25 £000
Health pay award	1,371	2,779	4,210
Health pay increments	185	370	555
Social Work pay award	685	1,384	2,097
Social Work pay increments	87	174	261
Total Employee Cost Changes	2,328	4,707	7,123

3.5 Non-pay Inflation

3.5.1 The non-pay inflation calculations have been updated, and the main changed assumption has been to increase the inflation applied to hospital drugs where we now assume best 2.5%, mid-range 5% and worst 7.5% increase.

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.

	2022-23 £000	2023-24 £000	2024-25 £000
<u>Health:</u>			
Prescribing	1,000	2,000	3,000
Hospital Drugs	150	308	465
Main GG&C SLA	1,405	2,845	4,321
Other SLAs	756	1,531	2,506
Energy Costs	167	335	504
<u>Social Work:</u>			
Catering Purchases	21	44	68
National Care Home Contract	576	1,174	1,797
NHS Staffing Recharges	70	144	220
Purchase and Maintenance of Equipment	11	22	33
CPI Essential increases	10	21	33
Scottish Living Wage	650	1,314	1,993
Free personal & nursing care	44	89	134
Carers Allowances	32	64	97
Utilities	9	19	28
Audit fee	8	8	8
Total Non-Pay Inflation	4,909	9,918	15,206

3.6 Cost and demand pressures

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

- Additional staffing following completion of workforce establishment reviews of £200k p.a. in 2022/23
- An allowance made for Health new high cost care package of £100k in 2022/23

- New dementia care pathway to NHS GG&C estimated at £50k in 2022/23
- Additional cystic fibrosis patients – growth of £150k p.a.
- Additional spend on CAMHS of £85k in 2022/23 recognising much funding from Scottish Government in 2021/22 is non-recurring
- Estimate for increase in Social Work Emergency standby payments
- The allowance for unknown cost and demand pressures has been reinstated at £1m p.a. as we are at the start of a new financial year.

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 NMAHP staffing	200	204	208
New high cost care packages	100	102	104
New dementia pathway	50	51	52
Other NSD developments	50	100	150
Oncology medicines demand	450	900	1,350
Cystic fibrosis drugs	150	300	450
Additional HR staffing	41	0	0
CareFirst replacement	80	80	80
Depreciation	25	50	75
CAMHS staffing	85	87	89
Social Work:			
Older People Growth	387	780	1,180
Care Services for Younger Adults - MH and LD	335	677	1,026
Care Services for Younger Adults – Physical disability	56	113	171
Continuing Care demand pressure in Children & Families	250	500	750
Social Work Emergency standby	25	51	78
Allowance for Unknown Cost and Demand Pressures	1,000	2,000	3,000
Total Cost and Demand Pressures	3,334	6,095	8,913

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 overleaf:

	2021-22 £000	2022-23 £000	2023-24 £000
Base Budget	295,836	295,506	295,506
Employee Cost Changes	2,328	4,707	7,123
Non-Pay Inflation	4,909	9,918	15,206
Cost and Demand Pressures	3,334	6,095	8,913
Savings agreed March 2021	749	749	749
Total Estimated Expenditure	307,156	316,975	327,497
Estimated Funding	304,785	310,659	316,803
Estimated Budget Surplus / (Gap) Cumulative	(2,371)	(6,316)	(10,695)
Estimated Budget Surplus / (Gap) In Year	(2,371)	(3,945)	(4,378)

3.7.2 In the mid-range scenario, the Health and Social Care Partnership budget gap estimated over the three year period 2022-23 to 2024-25 is £10.695m with a gap of £2.371m in 2022-23.

3.7.3 In contrast, the budget gap in the best case scenario over the three years is a surplus of £3.878m and in the worst case scenario, the budget gap over the three years is £28.367m. A summary of all three 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 31 March 2021) are summarised in the table below based on the mid-range scenario:

	2022-23 £000	2023-24 £000
Previous Reported Budget Gap (mid-range)	(5,710)	(9,446)
Savings agreed 31 March 2021	3,385	3,385
Additional transformation investment agreed March 21	(12)	(12)
Adjusted Reported Budget Gap (mid-range)	(2,336)	(6,072)
Increase in NHS Funding estimates	722	867
Increase in Council funding estimates	607	279
Employee cost decrease	282	568
Increase in non-pay inflation	(134)	(302)
Increase in cost & demand pressures	(1,511)	(1,655)
Revised Budget Gap (mid-range)	(2,371)	(6,316)

3.7.5 The budget gap over 2022-23 to 2024-25 across each scenario is summarised in the table overleaf:

Budget Gap	2022-23 £000	2023-24 £000	2024-25 £000	Total £000
Best Case	(2,196)	(831)	(851)	(3,878)
Mid-Range	2,371	3,945	4,378	10,695
Worst Case	9,181	9,419	9,767	28,367

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 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 – 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 2022-23 to 2024-25 has been prepared rolling forward the previous outlook by a further year. In the mid-range scenario, the Health and Social Care Partnership budget gap estimated over the three year period is £10.695m with a gap of £2.371m in 2022-23. This has deteriorated from the outlook previously presented by just £35k due to a range of changes summarised at 3.7.4.

13. DIRECTIONS

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

APPENDICES:

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

AUTHOR NAME: Judy Orr, Head of Finance and Transformation

judy.orr@argyll-bute.gov.uk

This page is intentionally left blank

BUDGET OUTLOOK 2022-23 TO 2024-25
INTEGRATION JOINT BOARD 16 JUNE 2021

	Best case scenario			Mid-range scenario			Worst case scenario	
	2022-23	2023-2024	2024-2025	2022-23	2023-2024	2024-2025	2022-23	2023-2024
	£000	£000	£000	£000	£000	£000	£000	£000
Base Budget:								
Base Budget	295,506	295,506	295,506	295,506	295,506	295,506	295,506	295,506
Base Budget Adjustments	330	0	0	330	0	0	330	0
Revised Base Budget	295,836	295,506	295,506	295,836	295,506	295,506	295,836	295,506
Employee Cost Changes:								
Pay Award	1,361	2,407	3,467	2,056	4,163	6,307	4,103	7,284
Pay Increments/change to employee base	229	457	642	272	544	816	457	914
Total Employee Cost Changes	1,589	2,864	4,109	2,328	4,707	7,123	4,560	8,198
Non-Pay Inflation:								
<i>Health:</i>								
Prescribing	900	1,800	2,700	1,000	2,000	3,000	1,100	2,200
Hospital Drugs	75	152	229	150	308	465	225	467
Main GG&C SLA	1,124	2,276	3,457	1,405	2,845	4,321	1,686	3,414
Other SLAs (GPs, GG&C, other HBs, service inputs)	605	1,225	2,005	756	1,531	2,506	907	1,837
Utilities and rates	125	251	378	167	335	504	209	419
<i>Social Work:</i>								
Catering Purchases	21	44	68	21	44	68	21	44
National Care Home Contract	432	876	1,334	576	1,174	1,797	720	1,475
NHS Staffing Recharges	70	144	220	70	144	220	70	144
Purchase and Maintenance of Equipment	8	16	25	11	22	33	14	28
Specific CPI Increases	5	10	16	10	21	32	16	32
Scottish Living Wage excluding FPNC	454	914	1,381	650	1,314	1,993	907	1,842
Free personal & nursing care uplift	31	62	93	44	89	134	61	124
Carers Allowances	24	48	72	32	64	97	40	80
Utilities	8	14	20	9	19	28	11	24
Audit fee	8	8	8	8	8	8	8	8
Total Non-Pay Inflation	3,890	7,841	12,006	4,909	9,918	15,206	5,995	12,138
Cost and Demand Pressures:								
<i>Health:</i>								
LIH Laboratory	25	50	75	50	100	150	75	150
Additional NMAHP (nursing, midwifery & Allied Health Professionals) staffing	150	152	153	200	204	208	250	257
New high cost care packages	0	0	0	100	102	104	200	206
New dementia pathway to NHS GG&C	50	51	52	50	51	52	50	51

	Best case scenario			Mid-range scenario			Worst case scenario	
	2022-23	2023-2024	2024-2025	2022-23	2023-2024	2024-2025	2022-23	2023-2024
	£000	£000	£000	£000	£000	£000	£000	£000
Other NSD developments	50	100	150	50	100	150	50	100
Oncology Medicines Demand	350	700	1,050	450	900	1,350	550	1,100
Microsoft Licence Fees	0	0	0	0	0	0	200	200
Cystic Fibrosis Treatments	100	200	300	150	300	450	200	400
Additional HR staffing agreed by IJB for 23 months	41	0	0	41	0	0	41	0
Care First replacement cost	45	45	45	80	80	80	120	120
Depreciation	25	50	75	25	50	75	25	50
CAMHS SBAR	85	87	89	85	87	89	85	87
<i>Council:</i>								
Older People Growth	0	0	0	387	780	1,180	775	1,574
Care Services for Younger Adults (< 65 years) LD, MH	167	336	507	335	677	1,026	502	1,020
Care Services for Younger Adults (< 65 years) PD	28	56	85	56	113	171	84	171
Extension of Carers Act services	0	0	0	0	0	0	0	0
Continuing care demand pressure in Children & Families	0	0	0	250	500	750	500	1,000
Social Work Emergency Standby	5	10	15	25	51	78	85	172
Allowance for Unknown Cost and Demand Pressures	500	1,000	1,250	1,000	2,000	3,000	1,500	3,000
Total Cost and Demand Pressures	1,621	2,837	3,846	3,334	6,095	8,913	5,292	9,658
<i>Savings Previously Agreed:</i>								
Savings Agreed March 2021	749	749	749	749	749	749	749	749
Total Savings	749	749	749	749	749	749	749	749
Total Estimated Expenditure	303,685	309,796	316,216	307,156	316,975	327,497	312,431	326,249
Funding:								
NHS	243,318	249,560	255,990	242,222	247,396	252,699	240,688	244,386
Council	62,563	63,263	64,104	62,563	63,263	64,104	62,563	63,263
Total Funding	305,881	312,823	320,094	304,785	310,659	316,803	303,251	307,649
Budget Surplus / (Gap) Cumulative	2,196	3,027	3,878	(2,371)	(6,316)	(10,695)	(9,181)	(18,600)
Budget Surplus / (Gap) In Year	2,196	831	851	(2,371)	(3,945)	(4,378)	(9,181)	(9,419)
<i>Partner Bodies Split:</i>								
Health	3,619	4,948	6,460	642	(831)	(2,483)	(3,140)	(7,987)
Social Work	(1,424)	(1,921)	(2,583)	(3,013)	(5,485)	(8,211)	(6,041)	(10,612)
Budget Surplus / (Gap) Cumulative	2,196	3,027	3,878	(2,371)	(6,316)	(10,695)	(9,181)	(18,600)
Budget Surplus / (Gap) In Year	2,196	831	851	(2,371)	(3,945)	(4,378)	(9,181)	(9,419)



Integration Joint Board

Agenda item: 9c

Date of Meeting: 16 June 2021

Title of Report: Covid-19 costs 2020-21

Presented by: Judy Orr, Head of Finance and Transformation

The Integration Joint Board is asked to:

- Note the details provided in relation to costs of the Covid-19 response in 2020-21
- Note that the Scottish Government has in principle approved all mobilisation plans, but that approval for individual cost lines has not yet been received
- Note the details of the excess funding received which must be carried forward as an earmarked reserve at the year-end to be used against Covid costs in 2021-22

1. EXECUTIVE SUMMARY

- 1.1 This report provides an overview of the HSCP's Covid-19 costs incurred in 2020-21. This includes all year-end accruals.
- 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 £15.769m. This now includes £2.65m for adult social care winter plan tranche 2 (£650k), community living change fund (£300k) and further integration authority support (£1.7m) announced on 5 February for which fuller details are awaited and which are wholly additional to the Covid-19 cost claims. This also includes £613k for payments made by Argyll and Bute Council for shielding support and £500 thank you's as agent of Scottish Government. A small amount (£57.5k) re Chief Social Work Officer funding has still to be distributed. One other allocation of £189k for Scottish Living Wage is excluded from our Covid-19 cost returns and so is not reflected in the analysis below.
- 1.3 Looking solely at the allocations from our regular Covid-19 returns, based on the final return as at 23 April 2021, we have claimed £11.548m and this has been paid over in full to NHS Highland. We have in fact received slight more funding and the excess of £146k will be carried forward as an earmarked reserve.

- 1.3 In addition, there are further allocations of £2.65m to be carried forward as indicated in the section above.
- 1.4 It should be noted that there is no expectation of any funding for undelivered savings in future years as a result of Covid-19 activity.

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 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.
- 3.1.2 No additional Covid-19 beds have been required. This is a significant reduction from early estimates as a result of the effective social distancing now in place. So far, few people have required hospitalisation and there have been few new deaths in our area.
- 3.1.3 We expect our Community Assessment Centres (CACs) to have a role for some considerable time, and we have recruited additional staff to man these. The Mobile Testing Units have reduced with fire stations now offering home testing kits in most of our towns, and a new asymptomatic test site opened in late March in Helensburgh along with pop up testing capability. There is now a weekly regimen of lateral flow tests for testing staff and residents in care homes and care at home workers, day centres and personal assistants. It is also offered to all staff in our hospitals and front facing staff in GP practices. Testing is now also being offered to teachers in schools. Where there is a positive case identified, then additional PCR testing needs to be carried out.
- 3.1.4 We are continuing to provide financial sustainability support to care homes for vacant places (as agreed nationally) and additional staffing and other extra and have so far agreed payments totalling £1.090m. Further claims totalling £968k have been accrued and are being verified.
- 3.1.5 Social care providers have been provided with personal protective equipment (PPE) free of charge from our community PPE hubs since the start of May. These hubs are now expected to be in operation at least until end of June, and an updated Memorandum of Understanding governing this has recently been received. After June there will be monthly reviews.
- 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 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. GP practices and dental practices have recently transitioned to direct delivery with online ordering for PPE.

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 year-end return was submitted to NHS Highland on 23 April and has been referenced for this report.
- 3.2.2 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.
- 3.2.3 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 received funding for vacant beds due to under-occupancy at 80% of the agreed national care home contract rates to end of August. These payments were 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 with under occupancy funding required to be used to cover all other additional costs. 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.
- 3.2.4 Direct costs for supplies and equipment were charged to Covid-19 cost centres. Where additional staff were employed in-house, and for additional hours over normal working, this was also tracked through codes on time sheets and specific Covid-19 approvals through workforce monitoring.
- 3.2.5 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 was not included in the tracker until this final return.
- 3.2.6 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 £15.170m. This includes an additional £2.65m not included without our covid-19 cost claim. A small amount (£57.5k) re Chief Social Work Officer funding has still to be distributed.

3.2.7 Our estimated costs on the final year end claim total £11.548m prior to receipt of any funding. This has increased by £265k from the £11.283m previously reported as of 15 February to Scottish Government due to the inclusion of the GP costs of £409k funded separately. So in effect it has reduced from the last claim by £144k. The current submission covers the following key areas:

Cost area	£000s	comment
Additional hospital beds	139	Bed purchases
Reduction in delayed discharges (17)	285	Now tracked actual costs for 17 clients, 10 for care at home packages, 7 care home placements.
PPE	264	Increased by £36k - 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.
Estates & facilities	701	Includes hospital deep cleans. Additional costs of remobilisation anticipated.
Additional staff overtime	573	Increased by £50k
Additional temporary staff	1,363	Decreased by £133k as Feb costs lower
Additional costs for externally provided services	193	Increased by £90k
Social care sustainability payments	2,058	Increased by £528k due to new claims received late
Mental Health services	39	Counselling services
GP practices + Opticians	538	Increased by £456k – now including £409k previously funded separately
Additional prescribing (1%)	421	unchanged
Community hubs (CACs) and screening / testing	559	Decreased by £154k re CACs in February & March
Staff accomm, travel, IT & telephony costs	267	Supporting home working
Revenue equipment	220	Decreased by £23k
Loss of income	715	Reduced charges to patients of other boards and social work client contributions reflecting lack of activity - decreased by £107k
CSWO, infection control, Public health capacity, vaccination program	913	Increased by £43k – additional vaccination costs expected March
Winter planning	83	Decreased by £86k
Managing backlog of planned care and unmet demand	2	Decreased by £11k
Social care other costs	32	Increase of £32k – year end costs

Underachievement of savings	2,589	Decreased by £139k
Offsetting savings – Soc Work	(405)	Increased by £325k Offsets from reduced care home placements, and children’s contact & welfare placements
Total	11,548	

3.2.8 The key changes are in claim for additional temporary staff (decreased by £133k); community hubs decrease of £154k; loss of income decrease of £107k; offset by sustainability for social care providers increased by £528k and GP costs increased by £456k (previously largely excluded from this claim).

3.2.9 Overall we are slightly overfunded at the year-end by £146k, and this will require to be earmarked to be carried forward to meet next year’s costs. In addition we have £2.65m of adult social care winter plan tranche 2 (£650k), community living change fund (£300k) and further integration authority support funding (£1.7m) to carry forward to next year.

4. RELEVANT DATA AND INDICATORS

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

5. CONTRIBUTION TO STRATEGIC PRIORITIES

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

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – The additional funding and costs for responding to Covid-19 are estimated and set out in the appendices. 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 still some uncertainty around the final funding that will be made available from the Scottish Government for Covid-19 mobilisation plans. However funding has been received in full based on the return submitted on 15 January. We expect there will be a small degree of over funding and this will be required to be carried forward as an earmarked reserve towards next year's Covid-19 costs. 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 The appendix provides a summary of the costing for the Covid-19 mobilisation as at the 2020-21 year end. We have been fully funded for all the costs incurred and £146k of excess funding will be carried forward to the new year in addition to £2.65m other funding for new year costs.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Judy Orr, Head of Finance & Transformation Judy.orr@argyll-bute.gov.uk

APPENDICES:

Appendix 1 – Covid-19 funding summary as at 31 March 2021

Appendix 2 – Covid-19 local mobilisation return as at 31 March 2021

Summary of Covid funding

	Argyll & Bute HSCP	Distributed by		Relates to LMP		Invoiced from		comments
		SG to Health Board	Health	claim	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 Oct # 481	£409,480	£409,480	£409,480	£409,480			On Final LMP only	
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	£5,553,000	£5,553,000	£5,721,000	-£168,000	-£168,000	mix of actuals and NRAC shares so overallocated	
November top up allocation for sustainability payments	£122,814	£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	£1,070,000	£560k for sustainability; £400k for staff restriction; £100k for admin	
CSWO funding - 6 months to end Dec							£25k max Used for training - Dec invoices £19k in Covid return	
Elective/Planned Care	479,460	479,460		479,460			share of £7.019m shown against Health Board - in September allocation	
Q1-4 Covid allocation	2,784,186	£2,784,186	2,784,186	767,000	2,017,186	£2,017,186	announced 5 Feb	
Adult social care winter plan tranche 2 share of £40m	650,000	£650,000			650,000	£650,000		
Community Living Change fund share of £20m	300,000	£300,000			300,000	£300,000	awaiting full details of purpose	
Further Integration Authority support share of £100m	1,700,000	£1,700,000			1,700,000	£1,700,000		
Q1-4 Covid allocation	701	£701			701	£701		
Shielding Soc Care support Fund - payments made by LAs	14,660	£14,660			14,660		income accrued by LA, not invoiced at year end - treated as agency	
Ref 1133 Covid £500 Thank You Payments NHS	730,400	£730,400		730,400			in 7 April funding letter	
TOTAL received in 2020-21	15,758,413	15,758,413	11,694,480	7,376,940	7,651,073	7,636,413		
CSWO funding - 3 months to end Mar 21	£12,500		£0	£12,500			To fund additional nursing post through Health - not yet claimed	
CSWO funding - 3 months to end June 21	£12,500		£0	£12,500			To fund additional nursing post through Health - not yet claimed	
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.	
CSWO enhanced care home support	£98,090			£98,090			care home assurance visits and care plan reviews to be claimed through LMP 21/22	
TOTAL	£15,901,503	£15,758,413	£11,694,480	£7,500,030	£7,671,073	£7,636,413		

Invoiced early Feb
Invoiced late Feb
Invoiced late Feb
Invoiced 26 March

£1,024,814
2,017,186
2,650,000
701

Soc Work funding re LMP

£7,147,701

This page is intentionally left blank

Additional COVID-19 Costs- HSCP
For completion/ updating Quarterly (Sept, Dec, March)

SEPTEMBER 2020

Instructions

Please complete the below table to reflect your indicative financial plan for response to COVID-19.
Duplicate tabs as necessary for each HSCP

Figures are in £s
Please include sufficient narrative to support figures recorded in the template.
Where costs do not fit into any of the categories given, please put in 'other', with description in the notes column of what this is for.
Please use additional rows where required (under 'Other').
Costs should only be included for additional costs incurred as a result of COVID-19 emergency

Health Board Information	Aryll and Bute												Revenue 2020/21	Capital 2020/21	Supporting Narrative			
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21						
Additional Bed Capacity (Bed numbers)																		
Staff absence rates actual/assumption (%)	4%	4%	4%	4%	5%													
HSCP Costs (NHS delegated Costs)	Revenue												Revenue	Capital	Supporting Narrative			
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2020/21	2020/21				
Additional Hospital Bed Capacity/Costs - Maintaining Surge Capacity	91	31	0	2	0	0	2	0	0	0	0	0	133				March value prior months spend omitted in error	
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	4	13	38					
Deep cleans	0	0	0	0	0	0	0	0	0	0	0	0	-				Cost in Estates & facilities as can't separate from domestic costs, pays in additional staff costs	
COVID-19 screening and testing for virus	6	5	6	3	12	21	38	21	14	18	24	15	183				Testing being undertaken in Oban lab includes additional lab staffing and supplies, transport costs for lab samples to both Oban & GC lab	
Estates & Facilities cost including impact of physical distancing measures	73	90	44	49	40	46	59	68	47	26	52	98	693				includes deep cleaning costs	
Additional staff Overtime and Enhancements	71	88	100	20	20	8	33	2	(3)	7	7	4	357					
Additional temporary staff spend - Student Nurses & AHP	4	3	3	8	5	5	9	4	3	7	23	16	90				AHP costs, shielding staff Jan-March	
Additional temporary staff spend - Health and Support Care Workers	100	240	223	196	173	58	64	23	3	7	(68)	7	1,074				Feb adjustment for staff costs to other lines on return	
Additional temporary staff spend - All Other	0	17	1	41	6	3	5	0	8	9	0	0	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	2	1	0	39				Mental Health Assessment Units	
Additional payments to FHS contractors	47	460	83	83	109	33	30	22	(808)	409	34	36	538				Dec remove Gos April to Nov & FHS funding, £503k total of GP covid, £409k funding received recorded in Jan	
Additional FHS Prescribing	41	64	32	0	0	0	0	0	212	24	24	24	421				Public Holiday cover & staffing April to June, Dec-March Sertraline & Paracetamol Costs	
Community Hubs	56	58	15	15	12	57	126	125	(73)	(68)	13	39	378				Dec & Jan corrections to prior months costs	
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	(89)	53	63	335				Jan adjustment for prior months income recovery	
Staff Accommodation Costs	7	11	4	5	1	1	0	0	0	0	0	0	29					
Additional Travel Costs	0	1	2	1	2	1	1	0	0	0	0	0	8					
Digital, IT & Telephony Costs	5	27	2	39	9	62	17	5	4	22	(7)	(7)	203				VAT recovery March	
Communications	0	5	1	1	0	0	2	0	0	(2)	0	0	7				Jan adjustment for missing in prior months	
Equipment & Sundries	42	41	26	9	13	10	5	10	13	23	0	0	192				Excludes any equipment required for Covid Vaccination Programme	
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	1	0	5				Staff catering costs, rest room equipment	
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	19	22	30	83				Additional costs of winter planning for frontline services to prevent admission	
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	4	4	4	12				Professional nursing liaison	
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	(11)	0	2				Removal of costs relating to remobilisation waiting times allocation	
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	1	1	3	3	7	3	3	27				Professional Nurse supporting care homes	
Public Health Capacity	0	0	0	0	0	0	100	100	0	0	0	0	226				Additional cost of Des payments to GPs under local payment arrangements	
Covid Vaccination Programme	0	0	0	0	0	0	0	0	17	(3)	44	572	629				Per Covid vaccine return, bulk of costs relate to GP DES payments (Feb & March)	
Other - Please update narrative	(100)	(100)	(100)	(100)	(100)	(100)	(100)	(100)	200	200	200	200	-				Non-recurring offsets being used to reduce unachieved savings	
Offsetting cost reductions - HSCP	(100)	(100)	(100)	(100)	(100)	(100)	(100)	(100)	200	200	200	200	-					
Total	511	1,126	582	425	310	222	410	325	(328)	622	454	1,172	5,831	-	-	-	-	
Expected underachievement of savings (HSCP)	150	150	150	150	150	150	157	157	(179)	(179)	(179)	(179)	500				Non-recurring offsets being used to reduce unachieved savings	
Total	661	1,276	732	575	460	372	567	482	(506)	443	276	994	6,331	-	-	-	-	
													6,331					
HSCP Costs (Local Authority delegated Costs)	Revenue												Revenue	Capital	Supporting Narrative			
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2020/21	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	19	12	11	164				Updated 23/04/2021	
Delayed Discharge Reduction- Additional Care at Home Packages	5	9	8	10	11	11	14	18	10	10	8	7	121				Updated 23/04/2021	
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	2	10	30	228				Updated 23/04/2021	
Deep cleans	0	0	0	0	0	0	0	0	0	0	0	0	-				Updated 23/04/2021	
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	2	8				Updated 23/04/2021	
Additional staff Overtime and Enhancements	0	0	9	9	7	1	60	(5)	0	6	18	111	216				Updated 23/04/2021	
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	2	2	53	93				Updated 23/04/2021	
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	25	87	86	1,148	2,058				Updated 23/04/2021	
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	1	63	1	0	0	3	0	0	11	4	90				Updated 23/04/2021	
Additional costs to support carers	0	0	0	0	0	0	0	0	0	0	0	0	-					
Mental Health Services	0	0	0	0	0	0	0	0	0	0	0	0	-					
Additional payments to FHS contractors	0	0	0	0	0	0	0	0	0	0	0	0	-					
Additional FHS Prescribing	0	0	0	0	0	0	0	0	0	0	0	0	-					
Community Hubs	0	0	0	0	0	0	0	0	0	0	0	0	-					
Other community care costs	0	0	0	0	0	0	0	0	0	0	0	0	-					
Loss of income	5	24	24	(1)	104	26	46	35	30	29	28	30	380				Updated 23/04/2021	
Staff Accommodation Costs	0	0	0	0	0	0	0	0	0	0	0	0	6				Updated 23/04/2021	
Additional Travel Costs	0	0	0	0	0	0	0	0	0	0	0	0	-					
Digital, IT & Telephony Costs	0	0	2	0	0	1	0	4	0	0	0	3	10				Updated 23/04/2021	
Communications	0	0	0	0	0	0	0	0	0	0	0	0	-					
Equipment & Sundries	0	0	26	0	0	0	0	0	0	0	0	0	28				Updated 23/04/2021	
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	0	0	0	0	0	0	0	0	0	0	0	0	-					
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	-					

This page is intentionally left blank



Integration Joint Board

Agenda item: 9d

Date of Meeting: 16 June 2021

Title of Report: Financial Risks 2021-22

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 2021/22. Two 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 30 risks have been identified in total, with 17 classified as possible, 7 classified as likely and 1 as almost certain. The remainder have been classed as unlikely. Two have been quantified as being over £500,000 and relates to the uplift in the service level agreement (SLA) with NHS Greater Glasgow & Clyde (GG&C) which is now under negotiation, and to the ongoing negotiations on pay happening nationally. Overall these risks have been quantified as potentially amounting to £1.968m. This is increased from the £1.698m reported to IJB in March mainly due to the increased risk on pay settlements being above budgeted levels for social care staff.
- 1.4 In addition, there is still considerable uncertainty around levels of Covid funding from Scottish Government for next year 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 budget for the next financial year.

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 some risks due to Scottish Government policy directions and the introduction of new drugs.

- 3.4 The UK withdrawal from the European Union has led to additional financial risks in relation to supplies even though a trade agreement has been put in place. National Procurement have taking considerable steps to increase stocks centrally but there is still risk over price increases. We will continue to monitor developments.

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

Likelihood Range	Remote	Unlikely	Possible	Likely	Almost certain	Total
<£100k	0	3	5	2	0	10
£100k - £300k	0	2	10	5	0	17
£300k - £500k	0	0	0	0	1	1
£500k - £1.5m	0	0	0	0	0	2
>£1.5m	0	0	2	0	0	0
Total	0	5	17	7	1	30

- 3.6 There are 30 risks identified in total with 5 classed as unlikely, 17 classified as possible, 7 classified as likely and 1 as almost certain. Two have been identified as over £500k. Quantifying these risks with an expected probability and financial impact gives a total potential adverse impact of £1.968m, increased from the £1.698m previously reported.
- 3.7 Two risks have been removed, and three new risks have been added. The new risks are for potential failure to deliver savings in full (given that there is no financial support for this in 2021-22); potential costs for Dunoon medical staffing to continue above budgeted rates; and additional agency staffing for Bute dialysis unit if we fail to recruit. These changes are highlighted in Yellow on the appendix.
- 3.8 Two risks have been removed – the risk of excess community nurse staffing costs in Mull as we have recently completed the workforce establishment setting; and the regrading for Band 2s to Band 3s as this is now allowed for in new year forecasts and was accrued at the year end.
- 3.9 Where probabilities and impact have been changed, these are highlighted in Amber. We are now recognising that there is near certainty for pay settlements exceeding budget for social care staff as those negotiations continue and there is no certainty of support from Scottish Government. We have reduced the likelihood for potential of unbudgeted uplift in the SLA with NHS GG&C based on the status of current negotiation across the west of Scotland.
- 3.10 Financial risks will be reviewed and monitored on a two monthly basis and will be reported to the Board as part of the pack of financial reports.

4. RELEVANT DATA AND INDICATORS

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

5. CONTRIBUTION TO STRATEGIC PRIORITIES

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

6. GOVERNANCE IMPLICATIONS

- 6.1 Financial Impact – Each financial risks has been assessed as to its estimated financial impact.
- 6.2 Staff Governance – None.
- 6.3 Clinical Governance – None.

7. PROFESSIONAL ADVISORY

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

8. EQUALITY AND DIVERSITY IMPLICATIONS

8.1 None directly from this report.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

9.1 None directly from this report.

10. RISK ASSESSMENT

10.1 Risks are detailed within the report.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

11.1 None directly from this report.

12. CONCLUSIONS

12.1 This report summarises the key financial risks facing the Health and Social Care Partnership. There are 30 risks identified in total with a potential adverse impact of £1.968m which are not included in the financial forecast for next year. The largest risks are in relation to the SLA with NHS GG&C and in potential failure to deliver all savings in full, both of which are quantified as in the range of £500k to £1.5m.

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 2021-22 (sorted by size of quantified risk)

AUTHOR NAME: Judy Orr, Head of Finance and Transformation

EMAIL: judy.orr@argyll-bute.gov.uk

HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	2021-22		Quantified Risk £000s	Comments on change since last update
				LIKELIHOOD	FINANCIAL IMPACT £000		
Health / Council	Service wide	Pay settlements may exceed budgeted levels. Public sector pay policy has been increased but no additional funding has been announced	Negotiations continue with Scottish Government at a national level seeking these to be fully funded. CFO network has been assured that there will be funding for additional costs for NHS pay settlements but there is more uncertainty re social care	5	300-500	300	Increased probability and costs as Cosla not nearing any settlement with unions
Health	Commissioned Services - NHS GG&C	Potential for uplift in the main SLA costs based on review of activity levels.	Discussed through Corporate Finance Network. Expected to be based on overall funding uplift as for 2020-21. New activity based model is still to be progressed.	3	500-1,500	250	reduced likelihood, still some risk that GG&C claim more depending on how pay award funding is distributed
Health / Council	Service wide	Failure to deliver savings and progress transformation programme. No further Scottish Government support available for this	There are 4 weekly savings meetings. Investment in SIO team has been extended. Finance & Policy Committee receive monthly reports and closely monitor progress	3	500-1,500	250	new
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 2021-22 budget. This should assist in minimising this risk, however, it is a risk that there is limited control over.	4	100-300	100	
Health	Nursing and AHP	Workforce establishment setting still to be completed to meet Safe Staffing Act requirements and may result in needs to increase establishments. Work was delayed due to Covid	Allowance built into 2021-22 budget based on all areas completed for nursing and midwifery. AHP establishment setting delayed. Teams have been asked to be innovative and review how they are organised in order to mitigate any pressures	4	100-300	100	
Health	Dunoon medical services staffing	Costs above budget in 2020-21 due to additional agency / locum staffing	monitor progress with recruitment	4	100-300	100	new
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 month scoping project under way.	4	100-300	100	limited progress made to reduce this risk so far
Council	Social Work Emergency Standby Costs	Potential for an uplift in the rates paid to staff in line with the SJC rates for SW standby. Report presented to March SLT.	Currently undergoing review in relation to potential equalities issues which arise for the Council in other departments.	4	100-300	100	Staff voted for strike action so probability increased
Health	Adult Services	Overspending on GP prescribing budgets for several potential reasons causing short supply of drugs resulting in price increases	Prescribing advisors advise GPs on good prescribing practice to contain costs.	3	100-300	50	
Health	Adult Services	Potential for consultant vacancies at Lorn & Islands Hospital resulting in increased use of locums	Most consultant roles are currently filled by employed staff and there would be an attempt to recruit to vacancies rather than use locums.	3	100-300	50	
Health	Commissioned Services - NHS GG&C	New cystic fibrosis drugs costs higher than budgeted for due to increase in patient numbers.	A cost pressure has been build into the 2021-22 budget. This should assist in minimising this risk, however, it is a risk that there is limited control over.	3	100-300	50	

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	Commissioned Services - Other	Potential for higher level of eating disorder patient referrals to the Priory	Development of local CAMHS service. Limited mitigations for adult services possible at present	3	100-300	50	
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	
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	100-300	50	
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.	3	100-300	50	
Council	Older People	Potential increase in the number of older people requiring support.	A cost pressure has been build into the 2021-22 budget. Scrutiny by local and senior management of care packages and funding requests. Short life working group on older adult services being established to mobilise services and monitor risks.	3	100-300	50	
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.	A cost pressure has been build into the 2021-22 budget. Regular review of services and tracking of changes in service demand. Scrutiny by local and senior management of care packages and funding requests.	3	100-300	50	
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.	A cost pressure has been build into the 2021-22 budget. Regular review of services and tracking of changes in service demand. Scrutiny by local and senior management of care packages and funding requests.	3	100-300	50	
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	budget	4	<100	25	budget is for 9 payments - 4 listed in April
Health	Bute dialysis unit	Risk of need for agency staffing if fail to recruit	monitor progress with recruitment	4	<100	25	new
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	
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. Limited change in costs currently being experienced so risk is low.	2	100-300	20	
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	

HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	LIKELIHOOD	FINANCIAL IMPACT £000	Quantified Risk £000s	Comments on change since last update
Health	Adult Services	Continued use of agency staff in Lorn & Islands Hospital Laboratory	Continuation of attempts to recruit permanent staff. Where this is not possible then the service will be required to contain locum costs within budget but it has to be appreciated that this might not always be possible if it affects service delivery. Raigmore considering what they could do to assist	3	<100	13	
Health	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	
Health / Council	Commissioned Services - Other	Third sector commissioned services cannot be delivered within the current budgets	Negotiations with third sector providers seek for such costs to be covered through efficiencies year on year	3	<100	13	Morven checking Univ of WoS and will advise
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.	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	
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	
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	

TOTAL						5	
Split	Health					944	
	Council					774	

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

This page is intentionally left blank



Integration Joint Board

Agenda item:

Date of Meeting: 16 June 2021

Title of Report: Strategic Risk Register Review

Presented by: Judy Orr, Head of Finance and Transformation

The Integration Joint Board is asked to:

- Consider the updated strategic risk register for the Health and Social Care Partnership.
- Require the Chief Officer to ensure that dates are added for all new mitigation actions identified and actions are completed to timescales agreed
- Note that strategic risks will continue to be reviewed and monitored on a six monthly basis and reported to the Board by the Chief Officer.

1. EXECUTIVE SUMMARY

- 1.1 The Audit and Risk Committee approved the updated Risk Management Strategy on 20 April 2021. This requires that the Chief Officer ensures that the IJB is able to review risks which could impact on the Strategic Plan twice per year, and that the Strategic Risk Register is presented to the IJB and the Clinical Care and Governance Committee every 6 months.
- 1.2 This report contains the updated Strategic Risk Register following a workshop session for IJB members on 27 May 2021 when the register was comprehensively reviewed.
- 1.3 The workshop agreed a number of improvements to the register including the separation out of consequences from the description of the risk, and the removal of the risk appetite column which was felt to be confusing. Participants also requested that target dates be added for all new risk mitigations and this is still to be completed by the risk owners.
- 1.4 The update risk register is presented for consideration. The Board is also asked to note that the risks will be updated every 6 months as set out in the recently updated Risk Management Strategy.

2. INTRODUCTION

- 2.1 This report updates the Board on the strategic risks facing the organisation.

3. DETAIL OF REPORT

- 3.1 This report summarises the key strategic risks facing the Health and Social Care Partnership. There are 20 risks identified in total. New mitigations are detailed to reduce the impact of the risks. Two risks, SSR07 sustainability of commissioned providers, and SSR11 Communications and Engagement are both assessed as “Very High – 20” even after mitigations.
- 3.2 The workshop held on 26 May was well attended by IJB members. It was facilitated by Internal Audit. The register was split into 3 sections and each group reviewed one section in detail. The notes from that review are attached at Appendix 2. The updated risk register is attached at Appendix 1. It should be noted that even after mitigating actions there are 2 risks classed as Red “Very High -20” which are SSR07 sustainability of commissioned providers, and SSR11 Communications and Engagement.
- 3.3 The participants requested a number of changes to the previous format of the register as follows:
- Consequences be split out from description of the risk
 - The links to strategic objectives be paced in the first column
 - Risk appetite column to be removed
 - All new mitigating actions to have target timelines for completion
 - The risk guidance which is being updated to have a clear process for escalating risks from operational risk registers to this strategic risk register
- 3.4 The first 3 action points above have been completed. The Clinical Care and Governance Manager has agreed to ensure that the recommendation on the process for escalation from operational risk registers will be included in her update of that guidance which is due for completion by end of June.
- 3.5 It is noted that target timescales for all new mitigating actions have not yet been established. It is recommended that the Chief Officers be requested to ensure that risk owners pick this up and complete this.
- 3.7 Strategic risks will be reviewed and monitored on a six monthly basis and will be reported to the Board by the Chief Officer.

4. RELEVANT DATA AND INDICATORS

- 4.1 Strategic risks have been identified based on previous risk registers.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 Strategic risks may affect ability to deliver against strategic objectives and these relationships are highlighted

6. GOVERNANCE IMPLICATIONS

- 6.1 Financial Impact – These risks have been identified where relevant.
- 6.2 Staff Governance – These risks have been identified where relevant.

6.3 Clinical Governance – These risks have been identified where relevant.

7. PROFESSIONAL ADVISORY

7.1 Professional Advisory leads have participated in the update of the risks.

EQUALITY AND DIVERSITY IMPLICATIONS

8.

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 strategic risks facing the Health and Social Care Partnership. There are 20 risks identified in total. New mitigations are detailed to reduce the impact of the risks. Two risks, SSR07 sustainability of commissioned providers, and SSR11 Communications and Engagement are both assessed as “Very High – 20” even after mitigations.

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 – Strategic Risk Register updated 26 May 2021

Appendix 2 – Notes from Workshop held 26 May 2021 to review Strategic Risks

AUTHOR NAME: Judy Orr, Head of Finance and Transformation

EMAIL: judy.orr@argyll-bute.gov.uk

This page is intentionally left blank

ARGYLL & BUTE INTEGRATED JOINT BOARD STRATEGIC RISK REGISTER UPDATED 26 MAY 2021

Risk Ref and xRef to Strategic Objectives	Description Of Risk	Consequence	Gross Risk			Mitigations/ Control Measures 2020/21	Residual Risk			Proposed New Control Measures	Risk Owner(s)
			Likelihood	Impact	Risk Rating /Score		Likelihood	Impact	Risk Rating /Score		
SSR01 links to B,E,F,J	Financial Sustainability - risk of financial failure arising from demand for services outstripping the available budget, as a result of the level of delegated resource to the IJB from partners not being sufficient to deliver on strategic objectives.	This may lead to an inability to deliver on the Strategic Plan, with a reduction in performance, progress not being made with national targets, reputational damage to the IJB and partner bodies and the requirement to implement service changes that are not line with the strategic objectives	4- Likely	5 - Extreme	VERY HIGH 20	<ul style="list-style-type: none"> oThe Integration Scheme outlines the consequences from overspend with partners required to supplement resources if recovery plans fail o Integrated Financial information is reported regularly to Finance & Policy Cttee and IJB for both the current year financial position and the budget outlook for future 3 years. This includes clearly demonstrating the level of delegated resource from the partners and impact on the IJB of their financial planning decisions. o Settlement from NHS Highland for 2021/22 included additional £2.85m remainder of NRAC uplift for 2022/23 and beyond, reducing budget gap o Finance & Policy Committee replaced Quality and Finance Plan Programme Board to provide stronger financial governance. o Delivery of the Engagement strategy to support working with communities to deliver service changes. o co-production embedded in values o Increased focus and resource on delivery of the Savings Plan following consistent project management approach to monitor and record progress supported by SIO team oDevelopment of financial governance including development of integrated financial reporting, financial risk register, operational and strategic reporting with action planning on overspend on a monthly basis. 	3- possible	5- Extreme	HIGH 15	<ul style="list-style-type: none"> o Monitoring outcomes of Independent Review of Adult Social Care and financial impacts of this o more robust input from professional and clinical leads at all Committees o A methodology for review and evaluation of services delivered 	Chief Financial Officer
SSR02 links to A,B,C,D,E,F,G,H,I,J,K	Delivery of Strategic Objectives - Lack of resources to deliver transformational change could lead to a failure to deliver on strategic outcomes and priorities in the Strategic Plan and the targets and expectations from the Scottish Government. The pace of change to re-design services might not keep up with the demographic pressures of an ageing population and the progress with the shift from institutional and acute care will impact on resources available for re-designed services.	Inability to convince the workforce and communities of the need for change could lead to reputational damage and the increased fragility of health and social care services.	4- Likely	4- Major	HIGH 16	<ul style="list-style-type: none"> oLocality Planning Groups with agreed terms of reference, locality planning under new engagement strategy guidelines presented to Strategic Planning Group oDelivery of the annual Savings Plan - all policy related savings have EQIAs produced to highlight impacts oBudget planning for the duration of the 2019-22 Strategic Plan and onto 2024/25 oPerformance reporting to the IJB, including progress against Health and Wellbeing indicators and MSG targets with actioned performance management oCommunications and engagement strategy oPublished Annual Performance Report oMonitoring through Service Transformation Board and Finance & Policy Cttee with clearly articulated links to Strategic Planning Group oRevised supporting governance for IJB and committees oSMT reporting structure and links with partner organisations, including Chief Officer representation on partner senior management teams oEngagement with staff representation oClearly articulated impact on Quality and Performance in all service redesign plans 	3 - Possible	4 - Major	HIGH 12	<ul style="list-style-type: none"> o Roll out of new Integrated Performance & Reporting Regime in 2021/22 o re-build Locality Planning Groups (to commence Sept 2021) o consideration of new technology which can enhance delivery of objectives e.g. drones 	Chief Officer

Risk Ref and xRef to Strategic Objectives	Description Of Risk	Consequence	Gross Risk			Mitigations/ Control Measures 2020/21	Residual Risk			Proposed New Control Measures	Risk Owner(s)
			Likelihood	Impact	Risk Rating /Score		Likelihood	Impact	Risk Rating /Score		
SSR03 Links to B,E,G,H,I	Demographic Changes - failure to implement strategies and actions to address future demographic challenges of declining population with a reduced working age population and an increase in the proportion of older people. This would be as a result of the failure to identify and forecast the impact on services and the planning for service changes in the future in line with this, including shifting the balance of care and implementing new neighbourhood models of care. The population decline will reduce resources available alongside increased demand for services from an increasing older population	This could lead to service failure to meet needs of service users and deliver against the Strategic Plan objectives.	4- Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oStrategic Plan and role of Strategic Planning Group oIncorporation of demographic forecasts into Strategic Planning and Locality Planning oLocality Planning Groups to inform service re-designs in each locality in line with needs of the population o Strategic Workforce Planning Group established Jan 21 to share data and good practice and develop 3 year workforce plans oDemand pressures for services incorporated into budget process oNational awareness of demographic changes been driver for change in the way services are delivered oOngoing engagement with Community Planning Partners oIncreased opportunity for Joint Planning with Partners in line with relevant legislation 	3 - Possible	4- Major	HIGH 12	<ul style="list-style-type: none"> oBuild on capacity for self-management and prevention work oPlanning for future workforce demographic changes in overall Workforce Plan being developed by Head of HR o Updated Adult Health Strategic Needs Assessment being completed which will feed into new 3 year Strategic Plan from April 2022 	Head of Strategic Planning & Performance
SSR04 links to J	Governance and Leadership - IJB arrangements are not conducive to effective working and lead to poor decision making and lack of strategic direction.	This could lead to lack of confidence in the ability of the IJB and reputational damage.	3 - Possible	4 - Major	HIGH 12	<ul style="list-style-type: none"> oAppropriate arrangements in place for representation on the IJB. oProgramme of development sessions for IJB members. oIntegration Scheme recently reviewed signed off March 2021, Strategic Plan, Standing Orders and Code of Conduct in place. oCommittee structure below IJB, including Audit & Risk Committee, Clinical and Care Governance Committee, Strategic Planning Group, and Finance & Policy Committee. oManagement structure revised in 2020 oInternal Audit review of governance arrangements in June 2020 and all recommendations implemented. oExternal Audit role oRegular engagement with Standards Officer 	3 - Possible	3 - Moderate	MEDIUM 9	<ul style="list-style-type: none"> o Development of Code of Corporate Governance to achieve an holistic approach to the overall Governance of the IJB and regular review of performance o implementation of actions from April IJB development session 	Chief Officer
SSR05 links to G,H	Partnership Working - inadequate partnership arrangements with all partners including the Council and Health Board and commissioned service providers including NHS GG&C for acute services, the third sector and other commissioned providers. This would be as a result of lack of clarity around roles and responsibilities and the ability of the IJB to articulate commissioning intentions for all services.	This may lead to duplication of effort, poor relationships and the inability to effectively negotiate the IJB's position. The partnership may be viewed as failing or not achieving objectives, leading to reputational damage and loss of confidence in IJB and all partners.	4 -Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oIntegration Scheme recently reviewed outlining roles and responsibilities signed off March 2021 oIndependent scrutiny arrangements in place and work of internal audit, including assurance mapping. oRepresentation on IJB from both partner bodies. o Tri-partite Joint Leadership meetings oClear channels of communication and information sharing protocols in place oChief Officer member of both Council and Health Board Senior Management Teams and has overall strategic and operational responsibility for service delivery oDirections are issued to partners in line with strategic direction and operational delivery of services and training delivered on use of Directions. oStrategic Planning work with Commissioned Service providers to be clear around the IJB requirements and commissioning intentions oThird Sector representation on the IJB oRegular meetings with NHS GG&C and Scottish Ambulance Service 	3 - Possible	3 - Moderate	MEDIUM 9	<ul style="list-style-type: none"> oOngoing work required with NHS GG&C to agree financial impact of IJB commissioning intentions oAlignment of roles and responsibilities through the code of corporate governance oTraining for new Board members on this is required oShift from annual grant funding to longer term contracts to facilitate longer term security / planning 	Chief Officer
SSR06 links to E,J	Infrastructure and Assets - assets remain under the ownership of the Council and Health Board, there is a risk that these do not meet the current and future requirements due to underinvestment in property maintenance and are not being used or managed efficiently and effectively. The IJB do not have full control/flexibility over assets.	This may result in assets not being maintained or put in place to support the IJB's strategic outcomes and do not aid effective service delivery.	4 - Likely	3 - Moderate	HIGH 16	<ul style="list-style-type: none"> o Progressed co-location in Lochgilphead o Represented on Council and NHS Highland Asset Management Boards o Partnership working to reflect joint planning approach with membership of both partner asset groups o Regular joint infrastructure meetings to support digital service delivery o further colocation planned 	3 - Possible	3 - Moderate	MEDIUM 9	<ul style="list-style-type: none"> oHSCP Digital / IT strategy to be developed by 2022 oScope for rationalisation through increase in home working o Strategic mapping of assets required resulting in medium term plan for new / updated assets which can then be agreed with Council and NHS Highland 	Chief Officer, Head of Strategic Planning and Performance

Risk Ref and xRef to Strategic Objectives	Description Of Risk	Consequence	Gross Risk			Mitigations/ Control Measures 2020/21	Residual Risk			Proposed New Control Measures	Risk Owner(s)
			Likelihood	Impact	Risk Rating /Score		Likelihood	Impact	Risk Rating /Score		
SSR07 links to B,D,E,H	Sustainability of commissioned service providers - financial and operational sustainability of care at home and care home commissioned service providers as a result of financial and workforce pressures.	Market failure would lead to disruption of service, the implementation of contingency plans, increased costs and an adverse impact on individuals and their families. Would also impact on the ability of the IJB to deliver on the planned shift in the balance of care.	5 - Almost Certain	5 - Extreme	VERY HIGH 25	<ul style="list-style-type: none"> oCommissioning team supplier relationship and market management, including contract management and review processes and ongoing solvency checks as part of contract management oAdditional funding for providers to facilitate the implementation of the Living Wage and Fair Work Practices oEngagement with national work supporting the retention of the National Care Home Contract oContingency planning in localities for care at home during the pandemic. Care Home and Care at Home Assurance Group for Argyll and Bute (recently amended to encompass care at home) which looks at identifying and managing daily risks. oStrategically the Care Home Programme Board will assist planning ahead with forecasting demand, there is a Scottish Care Rep on both meetings. The contract with Scottish Care is now being managed by Head of Service and there is a clear work plan in place. oThere is a Care Home Task Force communicating with Independent Providers. oEngagement with national workforce planning and local training providers around promotion of the caring profession 	5 - Almost Certain	4 - Major	VERY HIGH 20	<ul style="list-style-type: none"> o Continuing work with providers to implement new patching model which works better for them and us o ongoing engagement nationally with financial sustainability plans from end of June 2021 to March 2022 and delivery of these, and consideration of need for further local support o Delivery of a Strategic Commissioning Plan based on Joint Strategic Needs Assessment o development of winter plan in the Autumn o response to the Mental Welfare Commission report on S13ZA and AWI discharges – action plan and training is required. 	Heads of Adult Care, Head of Strategic Planning and Performance
SSR08 links to A	Equalities - service are not delivered in a way that addresses inequalities.	Service users are put at unnecessary risk of harm and people with poorer life chances may have their health and wellbeing impacted. Groups with protected characteristics may be perceived to be impacted unfairly.	4 - Likely	3 - Moderate	HIGH 12	<ul style="list-style-type: none"> oEqualities Outcomes Framework in place oEqualities impact considered as part of IJB decision making oEquality Impact Assessment are carried out for all service changes including Transformation and Savings Plans with agreed process to revert back to IJB. oCommunication with service users as part of implementation of service change using engagement and communication strategies. oAdjustments to implementation plans are actioned where appropriate to mitigate any potential negative impact. oService changes are not implemented where this would constitute unlawful discrimination. oEQIAs all published on websites of parent bodies 	3 - Possible	3 - Moderate	MEDIUM 9	<ul style="list-style-type: none"> o Need to evidence EQIAs better and update them as required 	Chief Officer
SSR09 links to B,C,D,E,F,I,J	Scottish Government Policies - risk of further legislative, policy developments or change which impacts on the IJBs ability to deliver on the Strategic Plan, examples include Independent Review of Adult Social Care, Continuing Care, the Living Wage, the Carers Act, and other future policy developments.	Inability to deliver SG policies alongside the Strategic Plan and IJB's agreed objectives and the impact of additional unfunded cost pressures.	5 - Almost Certain	4 - Major	VERY HIGH 20	<ul style="list-style-type: none"> oHorizon scanning for policy developments through partners and SMT network groups oRegular liaison with senior officers in the Scottish Government and through Cosla Groups oRespond to Scottish Government information requests on impact of future policies oEarly impact assessment locally for national policies, including any impact in budget outlook/Implement and adopt innovative ways of implementing policies oRole of Elected Members and IJB members to influence Scottish Government decision making through political routes 	4 - Likely	3 - Moderate	HIGH 12	<ul style="list-style-type: none"> o Carers Act officer in post and working on plans to implement the objectives of the Carers Act o engagement continuing through professional networks to respond to IRASC o strengthen relationships with Cosla through using our Board representatives 	Chief Officer

Risk Ref and xRef to Strategic Objectives	Description Of Risk	Consequence	Gross Risk			Mitigations/ Control Measures 2020/21	Residual Risk			Proposed New Control Measures	Risk Owner(s)
			Likelihood	Impact	Risk Rating /Score		Likelihood	Impact	Risk Rating /Score		
SSR10 links to B,C,E,H,I,J	Workforce Recruitment and Retention - inability to recruit and retain the required workforce because of national workforce challenges and local challenges particularly in remote and rural areas and for clinical specialties. This leads to increased costs from reliance on medical locums and agency staff, not only for the IJB but also for commissioned service providers.	Service users needs may not be met if workforce is not in place.	5 - Almost Certain	5 - Extreme	VERY HIGH 25	oJoint Workforce planning - Strategic Workforce Planning Group to ensure overall visibility of recruitment, retention and development challenges across HSCP oDevelopment and roll out of community team standards oContingency plans for clinical posts to reduce reliance on medical locums oService re-designs to plan for changes to services in line with workforce capacity oTargets for new Modern Apprentices to reduce average age of workforce oSupport commissioned service providers with recruitment and retention, for example supporting implementation of Living Wage o Medical Workforce Productivity workstream led by NHS Highland assisting with hard to fill medical vacancies and recruitment o links with Open University assisting recruitment of students	4- Likely	4 - Major	HIGH 16	oDevelop overall Workforce Plan to support Strategic Plan oRoll out of iHub work in Oban to other localities oExplore further opportunities for Growing our Own, and supporting CPD oAction planning informed by Sturrock Report, legislation on safe staffing o Continue to seek reduced reliance on reduced reliance on locum and agency staff o greater joined up recruitment across public sector to increase attractiveness to families and addressing housing shortages	Head of Customer Support Services
SSR11 links to B,E,F,J,K	Communications and Engagement with Communities - risk of inadequate arrangements in place to communicate with wider communities and partners as a result of gaps between the IJB requirements and strategic direction and the expectation of service need from communities.	Could result in failure to gain community support for service changes and ineffective partnership working with communities.	5 - Almost Certain	4- Major	VERY HIGH 20	oCommunication and Engagement Strategies delivered but require to monitor practice through assurance frameworks. oOpenness and transparency of publicly available information Communications events and information widely available to engage stakeholders in conversations about service changes and the need for change. oEngagement with politicians to ensure the Argyll and Bute position is shared and understood. oLocality Planning Groups and other forums are used to communicate with communities and explore new ways of getting the IJB message across (including MH advocacy groups, carers centres etc). oCommunication plans developed as part of implementation of service changes oPlanning for further consultation	5 - Almost Certain	4- Major	VERY HIGH 20	oSupport local ownership of communications and engagement oContinue roll out of social media use at a local level oOngoing review of Communications and Engagement Strategy. Take stock following review of Annual engagement plan at IJB in June o deliver communication and engagement plans within guidelines. Ensure conforms to SG guidance "Planning with People"	Associate Director Public Health, Communications team
SSR12 links to B,E,F,J,K	Workforce Shift - risk that there is not appropriate engagement with staff groups, particularly over the need for service changes and the requirement to work in a different way. There may be professional concerns about inter-disciplinary working and cultural barriers will prevent effective integration.	This would result in poor morale and the failure to gain staff support for the workforce shift and culture change required. Resistance from the staff group would in turn limit the flexibility required to deploy the workforce in line with changed models of care, full integration will not be achieved and teams will be disjointed. Ultimately impacting on the service provided to communities.	4 - Likely	4 - Major	HIGH 16	oJoint Partnership Forum and Staffside Liaison facilitate communications and information flow between management to staff side and Trade Unions oCommunications plan for each service change project, including staff as stakeholders oSupport from staffside partnership to support staff with new ways of working with an integrated partnership approach. oCompliance with terms and conditions of employment for both staff groups oIndividual staff development plans and training programmes oWorkforce Planning oStaff surveys used to inform targeted improvement work with individual teams o Action plan in response to Sturrock and 6 local culture workstreams set up and progressing oStrengthened communication and cascade of information from Chief Officer	4- Likely	4- Major	HIGH 16	oClarity over role and function of teams working in our communities. This will be progressed through the Adult Planning and Implementation Group. Where necessary and where teams are struggling with role, OD support will be offered to Area Managers to support teams. o ongoing work of the 6 culture workstreams o implementation of the Once for Scotland policies and training in these o production of annual and 3 year workforce plans to be completed o increased focus required on progressing with redeployments of staff who are supernumerary	Chief Officer

Risk Ref and xRef to Strategic Objectives	Description Of Risk	Consequence	Gross Risk			Mitigations/ Control Measures 2020/21	Residual Risk			Proposed New Control Measures	Risk Owner(s)
			Likelihood	Impact	Risk Rating /Score		Likelihood	Impact	Risk Rating /Score		
SSR13 links to B,C,D,E,J	Service Delivery - ineffective leadership and management of services and resources	Patients and service users receive poor service. Fail to meet agreed performance levels.	4-Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> o Clinical and Care Governance Framework and Committee in place to hold to account the quality of existing services o Professional representation at SMT and the IJB o Role of Chief Social Work Officer o Performance management framework and service delivery plans ensure a focus on performance and achievement of strategic objectives with regular reporting to IJB. 	3 - Possible	3 - Moderate	MEDIUM 9	o New Integrated Performance Management regime in process of delivery	Chief Officer
SSR14 links to A,B,H,J	Safety of Services - inability to maintain the safety of services due to demographic changes, financial pressures, the ability to recruit to clinical posts and the changes to the workforce profile.	This may result in harm to service users or patients, the failure to provide appropriate care and reputational damage to the IJB and partners.	3 -Possible	5 - Extreme	HIGH 15	<ul style="list-style-type: none"> oClinical and Care Governance Committee oRisk Management Strategy recently updated and operational risk management arrangements oClinical and professional leadership oTriggers for service re-designs including ensuring clinical safety is not compromised oPrioritisation of need frameworks in place to determine need for access to services oDevelop and implement contingency arrangements for localities and services 	2-Unlikely	4- Major	MEDIUM 8		Lead Nurse/Chief Social Worker
SSR15 links to A,B,H,I	Waiting Times -failure to meet waiting times taargets and treatment times guarantees for treatment in specialities in NHS GG&C and outreach clinics in Argyll and Bute. Waiting timeshave already increased due to Covid-19 pandemic. Further increase may be due to the operation of clinics no longer being affordable or sustainable and the impact of SLA negotiations with NHS GG&C.	This would result in a poor level of service for patients, the potential to have to travel further for appointments, and is not in line with the anticipatory and preventative approach to care.	4-Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> o Continued engagement with NHS GG&C to agree a strategic jointly planned approach to outreach services o Monitoring and reporting of waiting times o Development of new delivery models such as specialist nurses, tele-consultation and direct or follow up referral to primary care or AHP professionals o Offer alternative sites to patients o Plans for use of Waiting List initiative funding 	3 - Possible	3 - Moderate	MEDIUM 9	oInclusion in NHS Highland Remobilisation plan of request for additional funding to redesign services and address backlog over next 2 years. Initiatives include increasing virtual clinics/services, digital and appointment modernisation, enhanced role of AHPs and waiting times initiatives additional clinics. Cover mental health, CAMHS, Acute and AHPs	Heads of Service
SSR16 links to A,B,C,D,E,F, G,H,I,J,K	Support Services - risk that support services do not adequately support integrated front line service delivery. Inability to integrate support services which are not fully delegated to the IJB, including IT, HR, Finance, Governance, Communications, Improvement & Performance, Procurement and Commissioning, Legal Services etc. Continued reliance on two systems, processes and approaches may lead to confusion and ongoing inefficiency. Risk that partners will not support any changes to current arrangements.	Could adversely affect services experienced by patients and service users if support services cannot fully support front line services	4-Likely	4- Major	HIGH 16	<ul style="list-style-type: none"> oRange of system workarounds in place to ensure business as usual oCo-location of staff underway in place in some locations oSome IT systems integrated and further plans to review this and to facilitate access to joint systems oRollout of MS Teams very fast in March 2020 - IT services are much improved as a result o Committee support arrangements in place o in general arrangements are well embedded and working well except in relation to HR recruitment 	4- Likely	3 - Moderate	HIGH 12	oReplacement programmes for new systems Social work, Hospital Telecoms, and portal (link systems) funded and in place.	Heads of Service
SSR17 links to A,B,C,D,E,F, G,H,I,J,K	New General Medical Services Contract - risk that the HSCP are not in a position to appropriately support the implementation of the new GP contract as a result of the availability of funding and capacity for the HSCP to deliver services transferred from GPs. Higher risk of implementation specifically across remote and rural areas.	Could adversely affect services experienced by patients as gaps in service may arise. Potential for negative impact on relationships with Primary Care - who are key to delivery of services within our local hospitals	4-Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oOngoing collaboration between the HSCP and Primary Care to support practices oNationally agreed extension of 1 year for delivery oPrimary Care Modernisation Board with priorities established and Programme Manager in place until Autumn 2021 oBoard has recommended post Covid with revised schedule of more frequent meetings and timelines established oRegular updates on progress to Transformation Board and the IJB, constructive progress being made pharmacotherapy, physiotherapy and mental health workstreams 	3-Possible	3 - Moderate	MEDIUM 9	oNew Head of Primary Care being recruited which will add capacity.	Associate Medical Director

Risk Ref and xRef to Strategic Objectives	Description Of Risk	Consequence	Gross Risk			Mitigations/ Control Measures 2020/21	Residual Risk			Proposed New Control Measures	Risk Owner(s)
			Likelihood	Impact	Risk Rating /Score		Likelihood	Impact	Risk Rating /Score		
SSR18 links to A,B,C,D,E,F, G,H,I,J,K	Business Continuity risks including responding to Emergencies, Impact from EU Exit	Adversely affecting service delivery and waiting times performance, and ability to deliver planned transformation	4 - Likely	5 - Extreme	VERY HIGH 20	<ul style="list-style-type: none"> oRegular testing of emergency scenarios oRecent outage of SWAN network affecting IT systems for large part of area oResponse to Covid-19 pandemic 	4-Likely	4- Major	HIGH 16	Digital / IT & Telecoms infrastructure enhanced 2021/22 - Additional SWAN network and replacment hospital telephone system by June 2021	Associate Director of Public Health; Head of Strategic Planning & Performance
SSR19 links to A,B,C,D,E,F, G,H,I,J,K	Covid-19 - risks of further waves of infection	Adversely affecting service delivery and waiting times performance, and ability to deliver planned transformation	4-Likely	5 - Extreme	VERY HIGH 20	<ul style="list-style-type: none"> o there is an effective vaccination programme in place and we follow public health guidance and evidence that. o experience and project planning of previous mobilisation from first and second waves 	4-Likely	4-Major	HIGH 16		All Directors and Heads of Service
SSR20 links to A,B,C,D,E,F, G,H,I,J,K	Culture - risks from impact of negative reports around organisational culture following Sturrock report	Adverse impact on reputation and ability to recruit. Also impacts on service delivery if teams are unhappy or short staffed as a consequence	4-Likely	5 - Extreme	VERY HIGH 20	<ul style="list-style-type: none"> o Culture Oversight Board and local A&B Culture Group in place with 6 workstreams o Whistleblowing process in operation o Guardian Service in operation - independent and confidential o extensive roll out of courageous conversations training 	3 - Possible	3 - Moderate	MEDIUM 9	<ul style="list-style-type: none"> o continued work of A&B Culture Group and 6 associated workstreams o need to ensure that it covers whole of HSCP including social care 	Chief Officer

Note : Cross references under column A link to strategic objectives - see first tab

Group 1 Notes

Judy Orr	Head of Finance & Transformation
Julie Lusk	Head of MH, LD &LLT
Fiona Thomson	Head of Pharmacy
Cllr Robin Currie	Council Leader & IJB Board Member
Cllr Kieron Green	Vice Chair IJB
Nicola Schinaia	Asst Dir of Public Health
Fiona Campbell	Clinical Care & Governance Manager

FEEDBACK/CHANGES TO SRR

Risk	Feedback / Changes
SRR03	Note the impact of Feeley which will affect the Strategic Needs Assessment. Much of the risk needs to be tolerated as we have little control. We can however address the consequences in terms of how we respond in terms of recruitment challenges
SRR06	Feeley may have consequences in terms of changing ownership of assets. We need the HSCP to plan more about what it needs in terms of assets for the future. There should be a strategic mapping of assets to needs resulting in a medium term plan for new or updated assets which can then be discussed with the parent bodies. Too reactive just now Noted that Council Leader met with NHS-H CEO and discussed inter generational buildings/ campus type approach when they met on Islay recently.
SRR07	Risk remains high – even mitigated risk should be 5 in terms of likelihood (almost certain). Care home death information being released today. Some of proposals re care homes are already known to be controversial even whilst these are still at options appraisal / initial scoping stage. Providers have significant concerns on financial sustainability and the proposals for support from June are to be discussed at Cosla Leaders on Friday. Proposals are for reduction in levels of support. Note that care at home providers and care home providers have a range of concerns all of which affect their financial sustainability. Additional mitigation required is the development of winter plan in the Autumn, and a further piece of work to respond to the Mental Welfare Commission report on S13ZA and AWI discharges – action plan and training is required.
SRR11	The mitigated impact should increase to 4 Major, and likelihood to 5 almost certain. There is significant concern that LPGs haven't been effective (paused due to pandemic, only restarting in Sept 21), and conversation cafes did not work very well. There is also new SG guidance "Planning with People". Noted that the annual engagement plan is on agenda for June IJB and is a key piece of work to mitigate the risk. Need to take stock of this and then see what more should be done to mitigate the risk. Also noted that there are a number of clear pathways for engagement through MH advocacy services, MH hubs, carers centres etc
SRR15	Need to recognise that waiting times have already increased due to the pandemic. Patients are presenting sicker and there is more unmet need. More money is being invested. We are very reliant von NHS GG&C.

	Need to describe the risk more precisely in terms of failure to meet waiting times targets and TTGs (treatment time guarantees)
SRR16	Recognise that support services adapted very quickly to working from home during the pandemic and IT facilities improved significantly. There are some specific challenges mainly around HR/ recruitment – these should reflect escalations from operational risk registers. In general, the arrangements work well and everyone is used what is in place.
SRR20	Need to be specific about what this risk means Concern expressed that this is overly focussed on NHS part of HSCP and Council side is at risk of being left out as the leadership is predominantly from North Highland/ Health, but we have a local group too. We don't yet know the impact of the actions identified
New	Add a risk re uncertainties from the Feeley Review – may be picked up by SSR09?
New	Add a risk re failure to comply e.g. with data protection, Stat & Mand Training, whistle blowing standards. Generally thought to sit with parent organisations
General	Risk guidance to pick up flow from operational risk registers to SRR. Ensure SLT reviews them every 6 months. Can they be aligned to committees also? Can SLT pick up any Red risks from ORRs? CO is responsible to take to IJB every 6 months.

Group 2 Notes

Liz Higgins AND
Rebecca Helliwell DMD
Caroline Cherry HoS
Takki Sulaiman TSI
Jean Boardman NED
Susan Ringwood NED

FEEDBACK/CHANGES TO SRR

Risk	Feedback / Changes
SRR01	<p>Risk Description too wordy and not person centred. Need more about direct impact on people rather than an inability to deliver SP</p> <p>Current mitigation- more of a list than actions. Should include reference to the value of coproduction which leads to engagement rather than just reference engagement strategy.</p> <p>Needs to be more succinct and less operational but also need to be understood by the reader</p> <p>New mitigation 1)- more robust input from prof and clinical leads at all Committees and with process. 2) A method of review and evaluation of services delivered (? whether the annual plan does this)</p> <p>No change to scoring</p>
SRR10	No idea how we did it but we missed this one- must have scrolled on too far

	My thoughts- Current mitigation should include OU students New mitigation- Return to practice programme and I think something about supporting CPD and is there also something about housing for this one?
SRR13	The group felt the language in the descriptor was unhelpful and not accurate. Need to link to patient/service users experience. Mitigations - CG Committee in itself not a mitigation- CG functions are. Needs rewritten as out of date references to Highland Quality approach
SRR14	Big statement and not accurate. What is telling us that these identified issues are making our services unsafe?- don't believe there is evidence of that. The risk before mitigation is too high – need to change from likely to possible. Needs complete rewrite if we still feel it is a risk. I see it is my name against this one- I didn't write this but happy to work with Julie to review
SRR17	No changes- happy with this one
SRR18	Very broad and risk not defined needs to be expanded – can't comment further in present iteration
SRR19	Needs to be based on a Pandemic response and learn lessons from service disruptions during Covid 19. Needs work to beef it up as not useful in current format
Other points	Specific risk could be linked to and monitored by individual committees Combining Columns DEF and HIJ to read – e.g. 3 x5 = 15 HIGH would streamline the presentation

Group 3 Notes

Linda Currie	Lead AHP/carers
Betty Rhodick	A service user representative
Fiona Davies	Chief Officer
David Forshaw	Principal Accountant
Sarah Compton-Bishop	Chair
Margaret McGowan	Provider rep from Scottish Care
Laurence Slavin	CIA

FEEDBACK/CHANGES TO SRR

Risk	Feedback / Changes
SRR02	Risk Description Change to Delivery of Strategic Objectives - Lack of resources to deliver transformational change could lead to a failure to deliver on strategic outcomes and priorities in the Strategic Plan and the targets and expectations from the Scottish Government. The pace of change to re-design services might not keep up with the demographic pressures of an ageing population and the progress with the shift from institutional and acute care will impact on resources available for re-designed services.

SRR02	<p>New Consequence Column</p> <p>Inability to convince the workforce and communities of the need for change could lead to reputational damage and the increased fragility of health and social care services.</p>
SRR02	<p>Mitigations Column</p> <p>First BP – ref to locality planning groups. Accept that we do have locality planning groups and they did a lot pf work pre-COVID however COVID has put this work back and there is a need to rebuild - need to consider a new control measure to reflect this.</p>
SRR02	<p>Mitigations Column</p> <p>No reference to the Service Transformation Board. .</p>
SRR02	<p>Mitigations Column / Proposed Control Measures</p> <ul style="list-style-type: none"> ○ The third last one about developing clearer links between performance and financial information refers to the integrated performance regime which is still being developed and is actually referenced in the proposed new control measures - it should be removed as a mitigation <p>The proposed control measure needs a date for the rollout.</p>
SRR02	<p>Mitigations Column / Proposed Control Measures</p> <ul style="list-style-type: none"> ○ The second last one is worded in a way that it could be interpreted as something we should be doing rather than we are doing – is that just a semantics thing or is it an improvement action rather than a mitigation. IN general the language for this bullet point is quite woolly regardless of whether it is a mitigation or an improvement action
SRR02	<p>Mitigations Column / Proposed Control Measures</p> <p>The last bullet point about further review of technologies sounds more like an action to be done so should it move into the proposed control measures box.</p> <p>Need to be far more specific in the control measures box about what we are doing in relation to technologies and who we are looking to apply learning from COVID. And who was looking at this.</p>
SRR02	<p>Mitigations Column General Feedback</p> <p>Very little (or no) mitigations about the resource part of the risk bar reference to budget planning and savings plans. The mitigations mainly refer to the transformational element of the risk.</p> <p>Is resource (i.e. cash, staff, other assets) covered elsewhere in risk register? Does there need to be a standalone risk for lack of resources and this one focuses on transformation agenda only?</p>
SRR02	<p>Proposed Control Measures</p>

	There should be a proposed control measure relating to a need to improve links between the Transformation Board, Strategic Commissioning Group and other relevant groups – this is something that should be built into the review of Corporate Governance referenced at SRR04.
SRR04	Risk Description Change to Governance and Leadership - IJB arrangements are not conducive to effective working and lead to poor decision making and lack of strategic direction.
SRR04	New Consequence Column This could lead to lack of confidence in the ability of the IJB and reputational damage.
SRR04	Mitigations Column Should refer to regular engagement with the Standards officer
SRR04	Mitigations Column Reference to IA review of governance arrangements in itself does not provide mitigation – when was it, what was the outcome, were improvement actions agreed and implemented?
SRR04	Mitigations Column Remove reference to 2020 revision of integrated mgt structure
SRR04	Proposed Control Measures Fiona has started some work around standardisation of meeting structures, lengths of meetings, trying to avoid duplication and gaps etc – this should be referenced in the proposed control measures.
SRR04	Proposed Control Measures Need new one to reflect recent IJB development session (last week in April?) and actions coming out of that session.
SRR04	Proposed Control Measures Needs reference to ongoing review/redesign of mgt structures and focus on ensuring professional leadership.
SRR04	Proposed Control Measures Timescales for action
SRR05	Risk Description Change to

	<p>Partnership Working - lack of clarity around roles and responsibilities and the ability of the IJB to articulate commissioning intentions for all services might result in inadequate partnership arrangements with all partners including the Council and Health Board and commissioned service providers including NHS GG&C for acute services, the third sector and other commissioned providers.</p>
SRR05	<p>New Consequence Column</p> <p>This may lead to duplication of effort, poor relationships and the inability to effectively negotiate the IJB's position. The partnership may be viewed as failing or not achieving objectives, leading to reputational damage and loss of confidence in IJB and all partners.</p>
SRR05	<p>Proposed New Control Measures</p> <p>New action required around providing training and development for board members to maximise their understanding and impact they can have. There has been Board turnover and whilst there is induction this not sufficient going forward. .</p>
SRR05	<p>Proposed New Control Measures</p> <p>New action required around providing greater clarity to smaller ogsns around funding levels to facilitate longer term security and planning for service delivery.</p>
SRR05	<p>Proposed New Control Measures</p> <p>Timescales needed for actions and the actions need to be far clearer about what is being done, by who and when. Too vague just now.</p>
SRR08	<p>Risk Description</p> <p>Change to</p> <p>Equalities - service are not delivered in a way that addresses inequalities.</p>
SRR08	<p>New Consequence Column</p> <p>Service users are put at unnecessary risk of harm and people with poorer life chances may have their health and wellbeing impacted. Groups with protected characteristics may be perceived to be impacted unfairly.</p>
SRR08	<p>Mitigations Column</p> <p>Third bullet point refers to Equality Impact Assessments will be carried out rather than 'are carried out' - possibly just semantics but are we comfortable that they are carried out?</p>
SRR08	<p>Proposed New Control Measures</p>

	<p>Is this an action – it reads more like an aspiration. How are we going to ensure this happens? It needs more detail and timescales.</p>
SRR09	<p>Risk Description</p> <p>Change to</p> <p>Scottish Government Policies - risk of further legislative, policy developments or change which impacts on the IJBs ability to deliver on the Strategic Plan (i.e. Continuing Care, the Living Wage, the Carers Act, IRASC and other future policy developments.</p>
SRR09	<p>New Consequence Column</p> <p>Inability to deliver SG policies alongside the Strategic Plan and objectives and the impact of additional unfunded cost pressures.</p>
SRR09	<p>Proposed New Control Measures</p> <p>No reference to capture the work to reflect on and respond to the IRASC or Carer's Act</p>
SRR09	<p>Proposed New Control Measures</p> <p>Question over whether there could be more work done to enhance the relationships between the IJB and elected representatives to ensure we have a voice representing us at the national table.</p>
SRR12	<p>Risk Description</p> <p>Change to</p> <p>Workforce Shift - risk that there is not appropriate engagement with staff groups, particularly over the need for service changes and the requirement to work in a different way. There may be professional concerns about inter-disciplinary working and cultural barriers will prevent effective integration.</p>
SRR12	<p>New Consequence Column</p> <p>This would result in poor morale and the failure to gain staff support for the workforce shift and culture change required. Resistance from the staff group would in turn limit the flexibility required to deploy the workforce in line with changed models of care, full integration will not be achieved and teams will be disjointed. Ultimately impacting on the service provided to communities.</p>
SRR12	<p>Proposed New Control Measures</p> <p>Need reference to work underway around the response to the Sturrock report – the culture workstreams (is there 6 of them)?</p> <p>Action shouldn't just focus on completing the Sturrock actions but also looking beyond that and the next steps.</p>

SRR12	<p>Proposed New Control Measures</p> <p>Possibly new action to focus on ongoing development in relation to workforce planning - there has been material changes in workforce planning in terms of how it is managed and also the implementation of the 'Once for Scotland HR Policies' and implications of the Health and Staff Care Planning Act.</p> <p>Redeployment of staff is an issue requiring improvements.</p>
GENERAL	<p>Question whether there is a need for an overarching risk relating to compliance with various strands of legislation (i.e. whistleblowing, statutory training, DPA etc) All the things we need to do be law and the associates risk if we don't do them –</p> <p>Requires a wider discussion and further consideration.</p>



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item:

Date of Meeting:

Title of Report: Integration Joint Board- Performance Report (June 2021)

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

The Integrated Joint Board is asked to:

- Consider the current Covid19 activity within Argyll & Bute, NHS Highland and Greater Glasgow and Clyde
- Consider the HSCP performance progress regarding remobilisation of activity in line with NHS Highland performance target for 2021/22 agreed with Scottish Government to 70%-80% of 2019/20 activity

1. BACKGROUND

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 Covid19 pandemic operating context.

This report therefore provides the IJB with an update on the impact on service performance with regards to Covid19 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 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 Covid19 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 positive COVID19 cases for the last 7 day period (8-14th may 2021) The data is shown by Local Authority and Health Board areas to illustrate prevalence, the overall Scotland wide data provides the national backdrop.

	Latest 7 Day Total	Last 7 day rate per 100,00 population	Total
Scotland	1903	34.8	229,774
NHS Highland	18	5.6	5178
Argyll & Bute	1	1.2	1453

(Data Source- PHS COVID19 Data 8- 14th May)

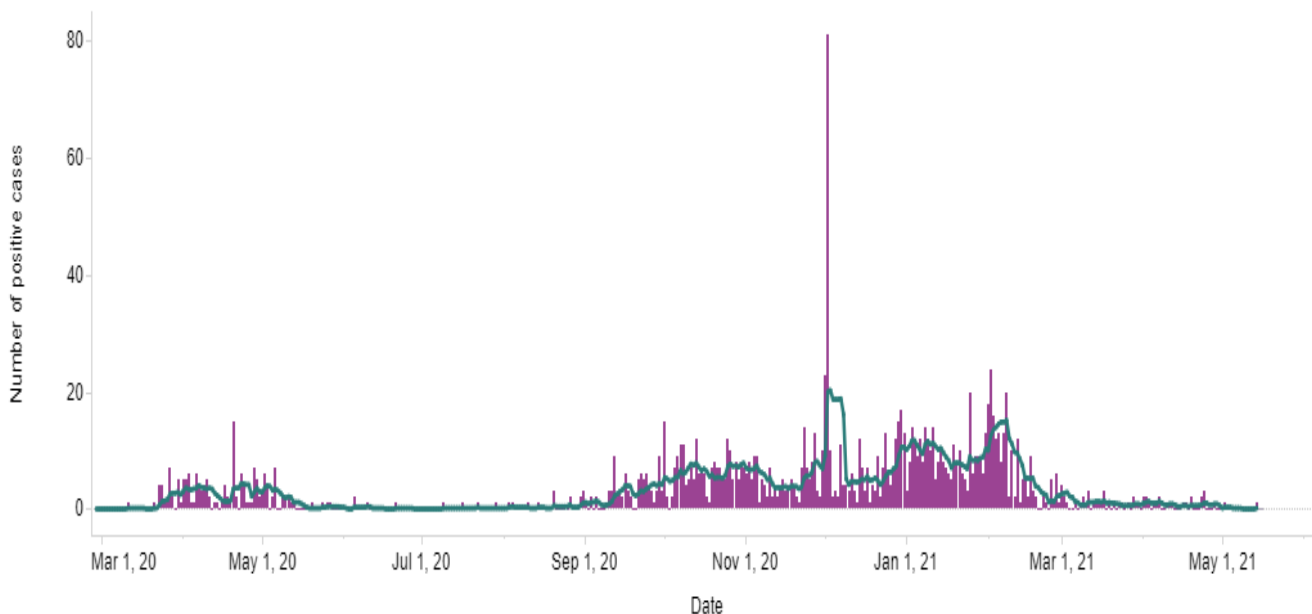
The Argyll & Bute trend analysis with regards to positive COVID19 cases for May 2021 identifies a continued reduction in the 7 day moving average with a number of days reporting no infections, overall numbers remain very low.

What information would you like to see? Select location:

Positive cases Argyll & Bute

■ Daily figure ■ 7 day moving average
Most recent data incomplete

Positive cases by specimen date in Argyll & Bute



(Data Source- PHS COVID19 Data -March 2020- May2021)

3.1 Immunisation Performance

The graph below identifies the estimated percentage of people in Argyll & Bute who have had Dose 1 and Dose 2 as a percentage of the population data for each age band. Public

Health Scotland (PHS) continue to work on data completeness and quality assurance at source and the focus is on identifying the general percentage trends in order to view overall progress. There are a number of variables which will affect data counts and the table below offers a snapshot for the period the 25th May.

Trends identify good progress with regards to the percentage who have received both doses in 65- 80+years' age groups. Progress is being made alongside this with Dose1 across the 50-64 years age groups with an increasing trend in Dose 2 recipients.



(Data Source-NHS open data. COVID-19 Vaccination in Scotland - Datasets - Scottish Health and Social Care Open Data (nhs.scot) Accessed 25th May 2021)

4. REMOBILISATION PERFORMANCE

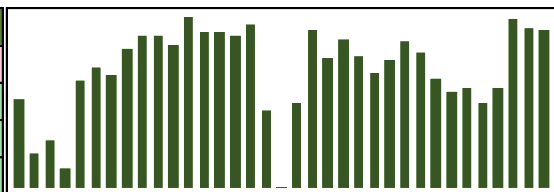
The tables below summarises and illustrates the HSCP service remobilisation performance against agreed SGHD target (70-80%) across Health and Social care showing significant progress being made.

Argyll and Bute HSCP Remobilisation Cumulative Performance to 2nd May 2022

	April Cumulative (to W/E 2nd May)			Weekly Activity Trend (6 Sep 2020 to 2nd May 2021)
	Target	Actual	%Var	
TTG				
TTG Inpatient & Day Case Activity (All Elective Admissions)	40	31	-23%	
REFERRALS				
Total Outpatient Referrals	803	732	-9%	
Total Urgent Suspicion of Cancer Referrals Received	28	47	68%	

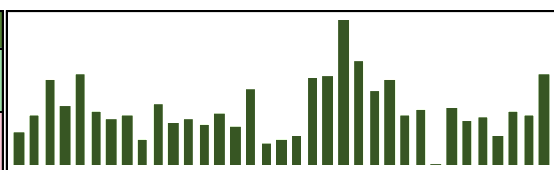
OUT PATIENTS
Total New OP Activity Monitoring
Total Return OP Activity Monitoring
Total AHP New OP Activity Plan
Total AHP Return OP Activity Plan

Target	Actual	%Var
652	593	-9%
904	1260	39%
556	791	42%
1312	2508	91%



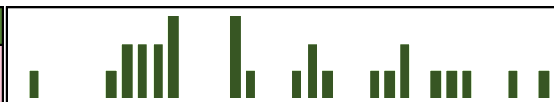
DIAGNOSTICS
Total Endoscopy Activity Monitoring
Total Radiology Activity Monitoring

Target	Actual	%Var
50	67	34%
462	449	-3%



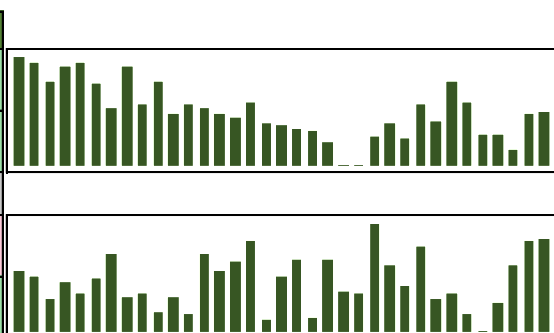
CANCER
Total 31 Days Cancer - First Treatment Monitoring

Target	Actual	%Var
9	2	-78%



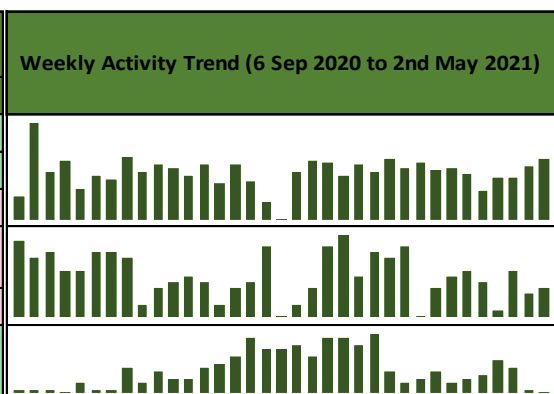
UNSCHEDULED CARE
Total A&E Attendances Monitoring (LIH)
Total A&E Attendance (AB Community Hospitals)
Total % A&E 4 Hr (LIH)
Total Emergency Admissions IP Activity Monitoring (LIH)
Emergency Admissions IP Activity Monitoring (AB Community Hospitals)

Target	Actual	%Var
408	592	45%
1244	1754	41%
165	157	-5%
148	167	13%



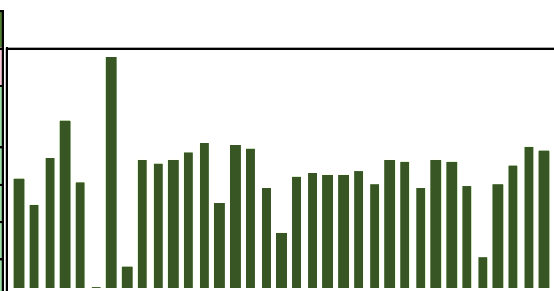
ADULT SOCIAL CARE
Total Number of Adult Referrals
Total Number of UAA Assessments
Total Adult Protection Referrals
Total New People in Receipt of Homecare
Total New Care Home Placements
Total No of Delayed Discharges

April Cumulative (to W/E 2nd May)		
Target	Actual	%Var
716	916	28%
224	258	15%
24	22	-8%
36	26	-28%
16	14	-13%
10	9	-10%



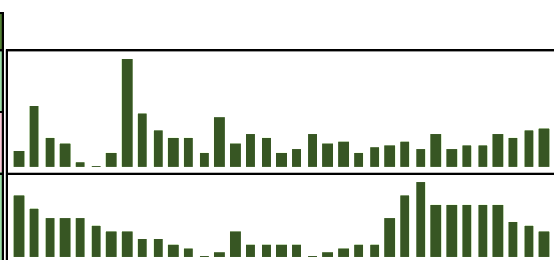
COMMUNITY HEALTH
Total Mental Health – New Episodes
Total Mental Health – Patient Contact Notes
Total DN – New Episodes
Total DN – Patient Contact Notes
Total AHP - New Episodes
Total AHP - Patient Contact Notes

Target	Actual	%Var
80	47	-41%
584	797	36%
92	118	28%
4032	4203	4%
276	321	16%
2523	2735	8%



CHILDREN & FAMILIES SOCIAL CARE
Total Number of Child Request for Assistance Referrals
Total Number of New Universal Child Assessments
Total Number of Children on CP Register

Target	Actual	%Var
196	231	18%
88	80	-9%
38	31	-18%



(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)

Assessment:

The information presented shows good progress with regards to the scale of mobilisation of our services in the HSCP with increasing activity across our health and care system. Some points to note

- Improvement in delayed discharge performance as at 2 May
- 15% increase in performance against target with regards to new Universal Adult Assessments
- Increasing emergency activity in A&E and admissions in our hospitals
- Outpatient referral rates remain lower than our activity plans

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 14th April 2021

Performance against the February 2021 position shows

- 9.3% reduction in percentage 12 week breaches for Consultant Outpatient activity,
- Mental Health breaches are down 3.8%, however still remain high with regards to breaches overall performance.
- Overall number of people on the Outpatient Waiting List notes a 5% reduction for this month against February position.

All Specialties	Total on List	% Breaches	% of Referrals Booked	% of Referrals Unvetted
Main Specialty				
Consultant Outpatient	1088	26.5%	40.3%	5.2%
Scopes *	121	34.7%	42.1%	0.0%
MSK **	788	59.1%	21.7%	2.3%
AHP	495	30.1%	34.7%	4.4%
Mental Health	754	73.2%	8.1%	0.7%
Nurse Led Clinics	120	19.2%	58.3%	0.0%
Other/Non MMI	670	17.6%	23.9%	4.5%
TOTAL OPWL	4036			

A breach is classed as waiting over 12 weeks

* Scopes breach is over 6 weeks

** MSK breach is over 4 weeks

(Data Source- Outpatient Waiting List Breaches as at 14th April 2021)

5.2 Virtual New & Return Outpatient Performance

The table below illustrate the scale of virtual new and return consultant outpatient performance for Lorn & Islands Hospital and Community Hospitals in Argyll and Bute.

Month End Virtual Consultant Outpatient Activity				
Reporting Period	Lorn & Islands Hospital New	Lorn & Islands Hospital Return	Community Hospitals New	Community Hospitals Return
Cumulative as at 2 nd May	593	1260	220	443
Cumulative as at 30 th May	981	1841	392	657
Variance	+ 388	+581	+172	+114

(Data Source- NHS Highland Remobilisation Plan Data- Virtual New and Return Outpatient Activity/May 2021)

With regards to Inpatient and Day Case Treatment Time guarantee performance in the Lorn & Island Hospital the graph in appendix 1 shows a continued reducing trend in the percentage of people waiting more than 12 weeks for their Treatment

HSCP Waiting Times Performance Assessment:

As part of our remobilisation planning, services are working hard to reduce waiting times and ensure return patients are being followed up within timescales. Additional remobilisation funding has been secured and will significantly help by allowing Waiting List initiative clinics to be organised and provide additional appointments across all specialities.

This has seen in summary:

- Inpatient /Day Case Treatment Time Guarantee(TTG) performance notes an overall 11.1% reduction in total percentage breaches this month compared with the previous month, data at the 8th April noted 17.3% total breaches dropping to 6.2% at the 6th May
- Inpatient /Day Case (TTG) performance notes a 44% reduction in the in total current and future breaches over 12 weeks from 8th April to the 6th May
- Inpatient /Day Case (TTG) notes 100% reduction in un-booked patients at 6-7 weeks and 8-12 weeks for the period 8th April to 6th May

Across the HSCP our main priorities are:

- Increasing the amount of local eye injection clinics for Ophthalmology patients.
- Utilising Advanced Physio Practitioners to support our Orthopaedic service and reduce the waiting times for patients.
- Working in Partnership with local Community Optometrist to provide shared care with the NHSGGC Consultant Ophthalmology service and develop a virtual Ophthalmology service fit for the future.
- Creating a centralised appointing service to improve patient pathways and ensure equity of access to care across all our hospital sites.
- Create a “Clean room” with sufficient airflow within LIH to repatriate ENT services back to Argyll and Bute as these were stopped due to Covid19 risk of aerosol generating procedure required for Naeso Endoscopes.

5.1 Greater Glasgow & Clyde Outpatient and Treatment Times Guarantee Activity Performance-

NHS GG&C have reported the following progress against their remobilisation plan for the patients referred to its hospitals as at the end of March 2021 and is summarised in Table below:

	Actual Activity (July 2020 to March 2021)	Target (July 2020 to March 2021)	Difference	Status
New Outpatient Referrals received	230,229	258,455	-28,266	-10.9%
New Outpatient Activity	154,993	139,065	15,928	11.5%
TTG Inpatient/Day Case Activity	32,732	32,561	171	0.5%

(Data Source- GG&C Phase 2 Remobilisation Performance Report April 2021)

NHS GG&C are undertaking a range of service review and design actions to progress their mobilisation plans similar to NHS Highland and Argyll and Bute notably:

- **Clinical Prioritisation** – Focus on Priority 1 and 2 patient care for all specialty patients. Full clinical review of longest waiting P2 patients with active plan developed to accommodate. P2 orthopaedic care is being supported in part at Golden Jubilee National Hospital
- **Remote Consultation** –approximately 50% of new outpatient appointments are carried out remotely at present. Building on the success of this is a key aim whilst accepting that face-to-face consultations will continue to be required for a range of patients. “Near Me” consultations also continue to be undertaken.

5.3 NHS Scotland Health Board KPIs Remobilisation Performance

The graph in Appendix 2 illustrates the national position on Outpatient Waiting times for NHS Boards as at May 2021.

Assessment: NHS Highland Board have 48% proportion of Outpatients waiting more than 12 weeks as at May 2021, statistically this is below the overall proportion for Scotland at 50%

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

NHS Highland remobilisation plan has received additional funding from the Scottish Government and this includes direct funding to the HSCP.

6.2 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 Covid19 restrictions as part of our mobilisation plans.

6.3 Clinical Governance

Clinical Governance and patient safety remains at the core of prioritised service delivery in response to the pandemic and subsequent remobilisation.

7. EQUALITY & DIVERSITY IMPLICATIONS

Service delivery has been impacted by the Covid19 pandemic and ongoing and EQIA will be required to be undertaken.

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Data use and sharing is daily via national Scottish Government and Public Health Scotland websites meeting GDPR requirements.

9. RISK ASSESSMENT

Risk assessments are in place across the HSCP to ensure staff and service user safety within Covid19 guidance and tier restrictions

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Public and user updates are available nationally at the Scottish Government COVID 19 website as well as HSCP and NHS Highland communications

11. CONCLUSION

The remobilisation of services and has made good progress operating within a Covid19 compromised operating context.

The IJB are asked to consider and note this update on the impact of the Covid19 pandemic on the HSCP performance and its subsequent remobilisation of services.

12. DIRECTIONS

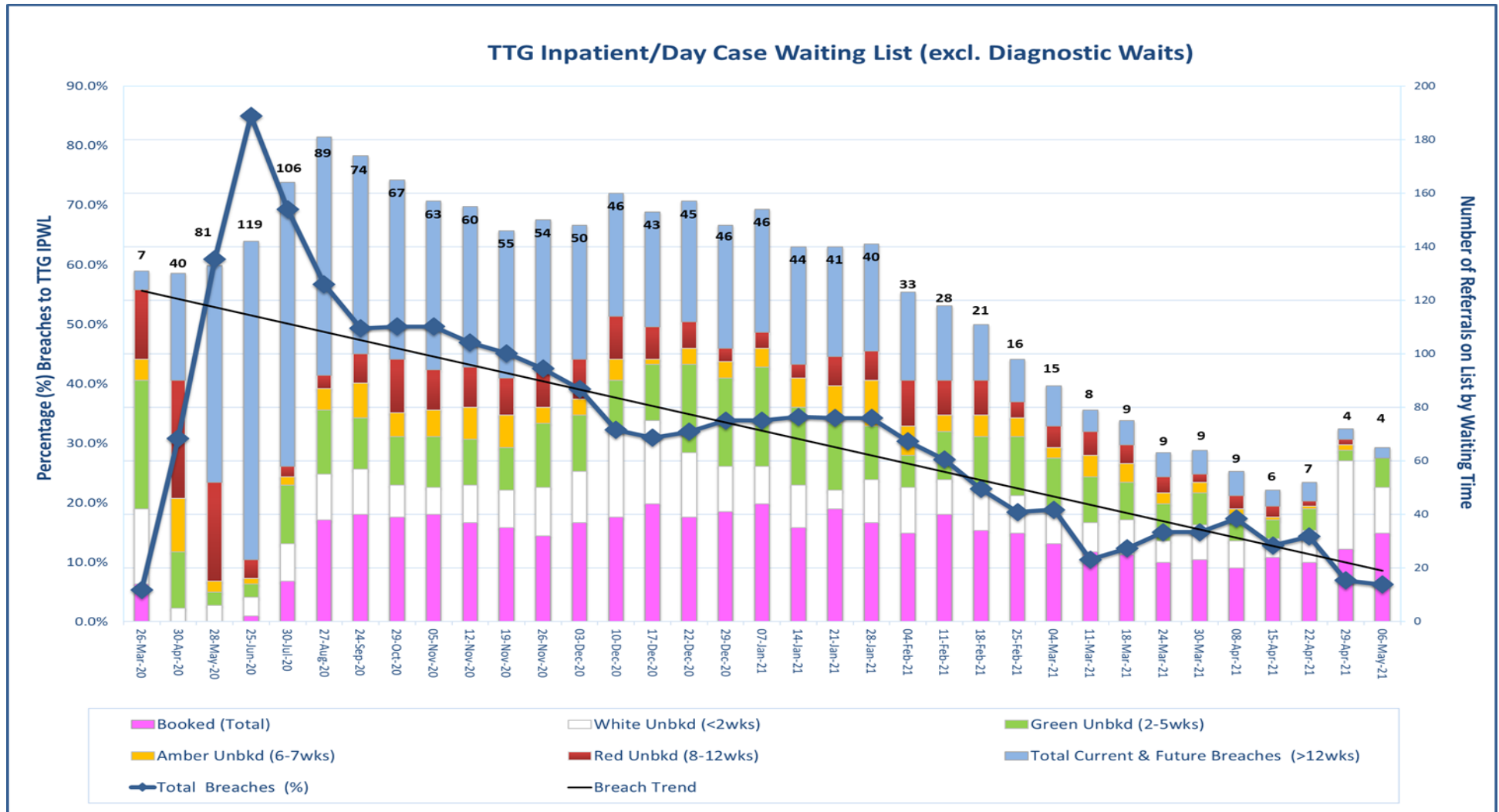
Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

Author Name: Stephen Whiston

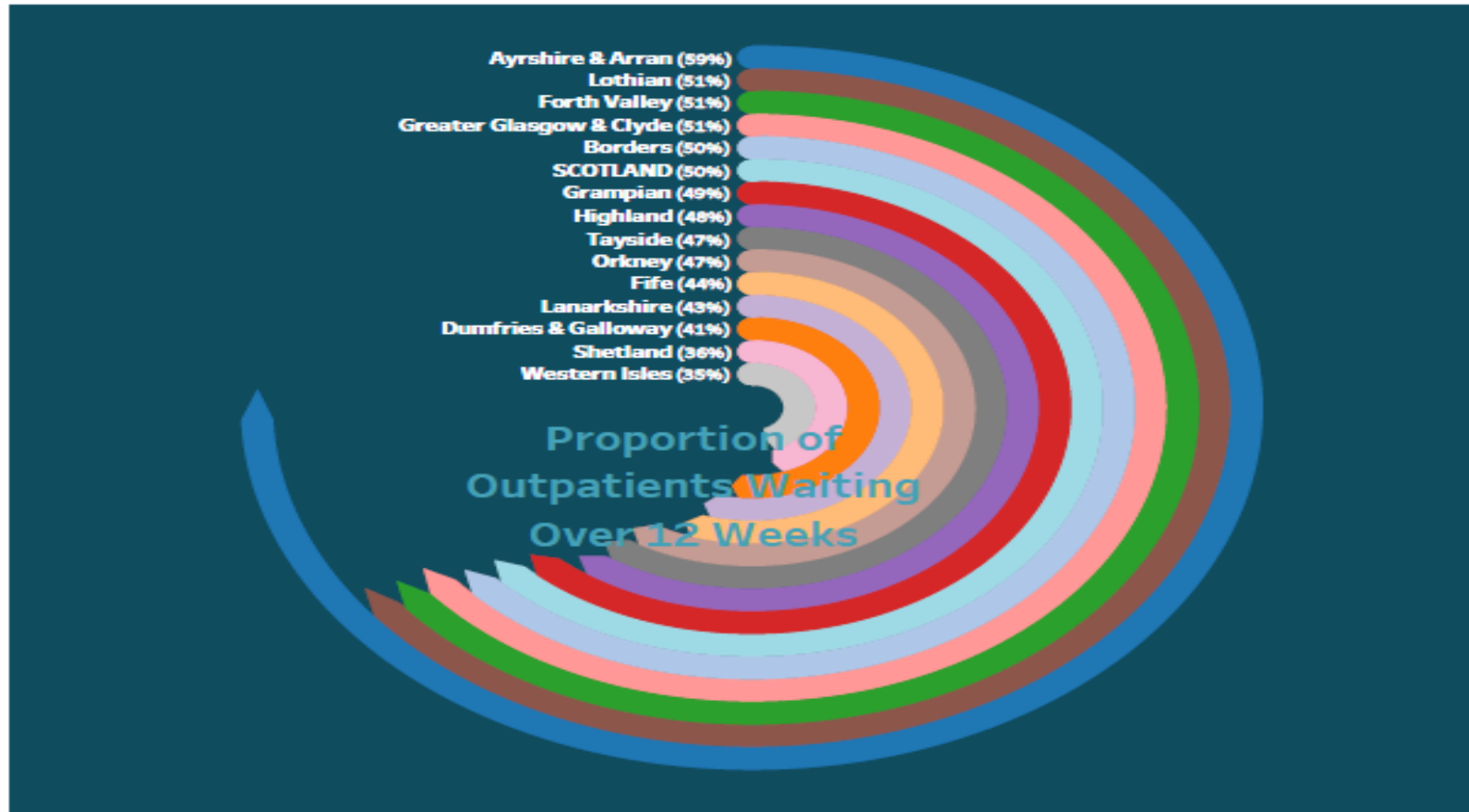
Email: stephen.whiston@nhs.scot

Appendix 1- Lorn & Islands Hospital –Inpatient/Day Case Waiting Lists Summary – to 6th May 2021



Appendix 2

NHS Scotland Board Level Outpatient Waiting times Key Performance Indicators- May 2021



**Integration Joint Board****Agenda item:****Date of Meeting: 16th June 2021****Title of Report:** Equalities Outcome Framework Report**Presented by:** Alison McGrory, Health Improvement Principal**The Integrated Joint Board is asked to:**

- Note the HSCP's duty as a public authority to publish a report on the mainstreaming of equalities in spring 2021
- Consider the good practice examples of mainstreaming equality across the HSCP in the accompanying report.
- Approve the report for publication.
- Note the requirement to have a new Equalities Outcome Framework 2021-2025 and approve the proposed outcomes.

1. EXECUTIVE SUMMARY:

This paper outlines the HSCP's duties in relation to equalities and progress made since 2016. As a public authority Argyll and Bute HSCP has a general equality duty to:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

These three duties apply to every function within the organisation – planning and delivering services, commissioning and procurement.

Additional “Scottish specific” duties for public authorities in Scotland also apply. This includes a requirement to produce a set of equality outcomes every four years to achieve the duties of the Equality Act 2010 and report on the “mainstreaming” of these outcomes every two years.

This report provides an update on progress made with regards to Argyll and Bute HSCPs Equalities Outcome Framework 2016-2020. Full details and previous reports are published here: [Argyll & Bute HSCP Equality Impact Assessments \(scot.nhs.uk\)](https://www.scot.nhs.uk/argyll-bute-hscp/equality-impact-assessments/)

There is considerable evidence that discrimination of people with protected characteristics exists and this negatively impacts health, particularly mental

wellbeing. This contributes directly to inequalities in life opportunities and health outcomes.

NHS bodies were given an extension of 12 months on their publishing requirements due to the Covid-19 pandemic. Publication is now required. This extension means the mainstreaming report covers five years and not the usual four year period.

This report also provides information on the updated Equalities Outcome Framework 2021-2025. These equality outcomes have been updated in accordance with the outcomes of NHS Highland and Argyll and Bute Council to improve consistency. Different reporting cycles is a barrier to completely aligning the outcomes across all three statutory bodies.

Governance of the HSCP's equalities mainstreaming is achieved by:

- Oversight and leadership from the Strategic Leadership Team.
- Governance and discharging of statutory responsibilities via the Strategic Planning Group.
- Professional advice and support from the Public Health Department.
- Publication of the HSCP's equality impact assessments via the NHS Highland website.
- Equality responsibilities incorporated into the corporate induction programme
- Board paper templates requiring a section to be completed on equality and diversity.
- Reporting of equality activity via the HSCP's annual performance report.

2. INTRODUCTION:

2.1 Legal Requirements

The Equality Act (2010) became law on 1 October 2010 and replaced previous anti-discrimination laws with a single Act. It simplified the law to ensure everyone who is protected from discrimination, harassment or victimisation is afforded the same level of legal protection. There are nine protected characteristics under the Equality Act 2010, these are:

- Age
- Disability
- Sex
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sexual orientation
- Marriage and civil partnership (this only applies to employment)

From April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, came into force in Scotland. The new duty places a legal responsibility on public

bodies, including HSCPs to 'pay due regard' to how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. Public bodies will also be required to publish written assessments showing how they have fulfilled the duty.

2.2 Role of Integration Joint Board

The IJB has responsibilities to improve the health and wellbeing outcomes of people living in Argyll and Bute and to deliver health and social care services. The mechanism for doing this is to implement a formally agreed Strategic Plan.

Equalities commitments for the IJB published in the 2016 Equalities Outcome Framework state:

- The IJB upholds the rights of all people, regardless of protected characteristics, to lead healthy and fulfilled lives and to have appropriate health and care services available when they need it.
- The IJB firmly believes that by integrating health and social care services there is potential to improve health and social care outcomes for the whole population and narrow the gap between the better off and worse off in Argyll and Bute.
- The IJB will provide strategic leadership for equalities and work toward consistent approaches in the parent organisations. It will also act as a role model to partners in Argyll and Bute.
- The IJB recognises the importance of equality being embedded in day to day service delivery.
- The IJB has to report annually on the progress of the implementation of the Strategic Plan. Equalities will be one element of the report.
- The IJB will be sighted on the impact of service changes on people with protected characteristics and will require heads of service to carry out EQIA's. Existing reporting arrangements for NHS and Council equality activity will remain in place. The IJB will not duplicate existing activity, rather it will add value and ensure consistency across the two organisations.

2.3 Position in Argyll and Bute Council and NHS Highland

Both Argyll and Bute Council and NHS Highland have published outcomes frameworks for equalities and they are available here:

1. NHS Highland Equality Outcomes - [Equality and diversity \(scot.nhs.uk\)](http://scot.nhs.uk)
2. Argyll and Bute Council Equality Outcomes - [Equality legislation and reporting \(argyll-bute.gov.uk\)](http://argyll-bute.gov.uk)

Partnership working takes place via the equality leads in both organisations and via Argyll and Bute's Equality Forum, which is a sub group of the Community Planning Partnership.

3. DETAIL OF REPORT:

3.1 Equality Outcomes for Argyll and Bute Health and Social Care Partnership

The approach to the 2016-2020 framework was to map high level outcomes and to identify a realistic number of achievable actions and objectives. This list was not exhaustive. The objective to deliver the outcomes were to be monitored over time and added to, where appropriate.

Argyll and Bute HSCPs Equalities Outcome Framework 2016-2020 includes the following themes:

- Theme: 1. Improve health and wellbeing outcomes for people with protected characteristics
- Theme: 2. Empowering people with protected characteristics to have an influence on how services are delivered
- Theme: 3. Increasing access to services for the people with protected characteristics
- Theme: 4. Improving experience of services for people with protected characteristics

An accompanying report provides examples of equalities activity that progresses these four themes.

3.2 New Equality Outcomes for 2021 - 2025

The Equalities Outcome Framework must be updated for 2021 - 2025. Work with Argyll and Bute Council and NHS Highland has contributed to this updated framework to ensure outcomes are as congruent as possible whilst recognising geographical and/or organisational differences. Collaboration takes place via Argyll and Bute's Equality Forum (part of the Community Planning Partnership) and joint working with Public Health equality leads. It is not possible to fully align the outcomes across all three bodies due to the difference reporting timescales.

The proposed new outcomes for the HSCP are:

1. People from identified groups, such as those with protected characteristics, will have improved access to the resources needed to support their health and wellbeing.
2. People from identified groups, such as those with protected characteristics, will be empowered to have an influence on how services are delivered, including when changes are made to services.
3. People from identified groups, such as those with protected characteristics, will have improved experiences of services.

4. RELEVANT DATA AND INDICATORS:

A previous mainstreaming report was published in 2018. Equality issues are also reported in the HSCP's Annual Performance Report.

5. CONTRIBUTION TO STRATEGIC PRIORITIES:

The implementation of the Equality Framework Outcomes underpins the Vision, Mission and Values of the HSCP Strategic Plan 'Working together'.

6. GOVERNANCE IMPLICATIONS:

Financial Impact – no direct resource requirements, however, equality and diversity issues will be key in consideration of financial and policy decisions with committees supporting scrutiny and recommendation to the IJB

Staff Governance – Equality and diversity should be embedded into clinical governance, particularly patient experience, complaints, recording of protected characteristics where relevant, and patient safety. However, the HSCP does not directly employ staff so this is discharged via the NHS board and local authority.

Clinical Governance - The equality and diversity agenda will support the HSCP in providing high quality services with person centred care whilst ensuring patient safety. The point above about the HSCP not being an employer applies here, however, the IJB can be assured that statutory equality responsibilities are incorporated into Strategic Planning Group business and equalities has also been incorporated into the HSCP's corporate induction programme.

7. PROFESSIONAL ADVISORY

The Strategic Leadership Team has management responsibility for discharging statutory duties and the Strategic Planning Group provides governance of equalities in the strategic planning of service delivery.

8. EQUALITY & DIVERSITY IMPLICATIONS

The purpose of this report is to promote equality and diversity throughout all HSCP functions, aiming to increase fairness for both patients and staff. Also to meet the statutory requirements placed on the IJB to ensure equality to all service users and no detriment is found to any persons with protected characteristics. The HSCP's Equality and Diversity Impact Assessment guidance was updated in 2019 as an integrated assessment process, incorporating the Island and Fairer Scotland duties. Full information is provided here: [Argyll & Bute HSCP Equality Impact Assessments \(scot.nhs.uk\)](https://www.scot.nhs.uk/argyll-bute-hscp/equality-impact-assessments)

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE:

Confidentiality of individual protected characteristics is essential and there are sensitivities of enquiring about these. All equalities duties are conducted in accordance with GDPR legislation and this activity does not include the recording of individuals with protected characteristics. There is recognition that recording characteristics in small populations in Argyll and Bute may lead to people being identified.

10. RISK ASSESSMENT:

There is a legal requirement to comply with legislation and compliance under the Equality Act 2010 and non-compliance will result in action being taken by the Equalities and Human Rights Commission.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT:

There is scope to undertake further consultation with people affected by our services in accordance with the HSCP’s Engagement Framework (this is in the process of being updated in line with new Scottish guidance). All board papers must complete this section and demonstrate how they are conducting effective engagement with relevant stakeholders.

12. CONCLUSION:

The IJB has a legal duty to demonstrate a planned approach to reducing inequalities. Inequalities in service provision and access to services amongst people with protected characteristics are known to result in a disparity in health and wellbeing outcomes. Therefore, further investment in improving equality of provision has the potential to improve population health outcomes.

DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Author Name: Alison McGrory, Health Improvement Principal
 Email: alison.mcgrory@nhs.scot

Equality Outcomes and Mainstreaming Report 2016 - 2021



CONTENTS

- 1 INTRODUCTION
- 2 BACKGROUND AND LEGAL CONTEXT
 - 2.1 The Equality Act
 - 2.2 Scotland Specific Equality Duties
 - 2.3 Integration Joint Board Argyll and Bute
 - 2.4 Position in Argyll & Bute Council and NHS Highland
- 3 PROGRESS- MAINSTREAMING THE EQUALITY OUTCOMES FOR ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP
 - 3.1 HSCP Outcomes
 - 3.2 Theme 1 Improve health and wellbeing outcomes for people with protected characteristics
 - 3.2.1 Strategic Plan
 - 3.2.2 Older People's Strategic Group
 - 3.2.3 Mental Health Strategy
 - 3.2.4 Covid-19 Social Mitigation Strategy and Action Plan
 - 3.3 Theme 2 Empowering people with protected characteristics to have an influence on how services are delivered
 - 3.3.1 Engagement Framework 2019 & Annual Action Plan
 - 3.3.2 Updated Equality Impact Assessment
 - 3.4 Theme 3- Increasing access to services for people with protected characteristics
 - 3.4.1 Caring for People during Covid-19 Pandemic (comms, shielding, food access, emotional support and digital inclusion)
 - Caring for People communications plan
 - Caring for People Emotional Support Service
 - Caring for People Access to food during the pandemic
 - Shielding
 - 3.4.2 Child Poverty Plan
 - 3.4.3 Suicide Prevention Plan

- 3.4.4 Alcohol and Drug Strategy
- 3.4.5 Near Me and Technology Enabled Care
- 3.5 Theme 4 Improving experience of services for people with protected characteristics
 - 3.5.1 Joint Health and Wellbeing Plan
 - 3.5.2 Living Well Strategy
 - 3.5.3 Homelessness Support
 - 3.5.4 Sexual Health Services
 - 3.5.5 Public Health Screening Engagement 2018-2020
- 4 NEXT STEPS- EQUALITY OUTCOMES 2021-2025
- 5 CONCLUSION

DRAFT

Equality Outcomes and Mainstreaming Report 2016 - 2021

1. Introduction

This report outlines how Argyll and Bute Health and Social Care Partnership (HSCP) has mainstreamed equalities since the publication of Equality Outcomes in June 2016. The HSCP is a partnership between NHS Highland and Argyll & Bute Council and delivers services in accordance with a Strategic Plan 2019 – 2022:

[5.1\(ii\) AB HSCP Draft STRATEGIC PLAN 2019-2022v22.pdf \(scot.nhs.uk\)](#)

The HSCP is the identified public authority reporting on equalities outcomes and mainstreaming for the purposes of the Scottish specific duties of the Equalities Act 2010 and governed by the Argyll & Bute Integration Joint Board. The IJB upholds the intention of health and social care services to both protect people with protected characteristics and to improve the outcomes of people with protected characteristics.

This report covers a 5-year period from 2016 to 2021 and provides an overview of underpinning equalities work delivered in Argyll and Bute during that time. The equalities framework is aligned to the approaches in both NHS Highland and Argyll & Bute Council.

The following report is demonstrative of some of the key activity inherent in ensuring equality of opportunity in the review period. The information follows a narrative style and describes highlighted outputs. The challenge of effectively measuring the outcomes of equality work is acknowledged; it is not always possible to relate an improvement in outcome with a specific intervention due to overlapping service delivery and the wider social context of how people live.

The final section of this report outlines the new Equalities Outcomes for the period 2021 – 2025. An interim report on these outcomes will be published in 2023 in accordance with the Scottish specific duty. An attempt has been made to unify the HSCP's new outcomes with the outcomes of NHS Highland and Argyll & Bute Council, for example via partnership working at the joint Equality Forum, but this is not wholly achievable due to different reporting timescales across the three bodies.

2. Background and Legal Context

2.1 The Equality Act

The public sector equality duty, referred to as the 'general equality duty,' is set out in the Equality Act 2010. The Equality Act brings together the areas of race, disability, sex, sexual orientation, religion and belief, age and gender reassignment into one piece of legislation. It also clarifies the approach that should be taken to ensure fair

treatment with regards to marriage and civil partnership, pregnancy and maternity. In the exercise of its functions Argyll and Bute HSCP must:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not, by tackling prejudice and promoting understanding

These are the three fundamental elements of the general duty which applies to the following nine protected characteristics:

- Age
- Disability
- Sex
- Sexual orientation
- Marriage and civil partnership (for which only the first duty applies)
- Gender reassignment
- Pregnancy and maternity
- Religion or belief
- Race, this includes ethnicity, colour and national origin

2.2 Scotland Specific Equality Duties

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force in May 2012. These specific duties are designed to help public sector organisations meet the general duty effectively. The key legal duties are that Argyll and Bute must:

- Report on mainstreaming the equality duty
- Publish equality outcomes and report progress

This report is evidence of the HSCP meeting the requirement to report progress on mainstreaming equalities into core service delivery.

In April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, came into force across Scotland. The new duty places a legal responsibility on public bodies, including HSCPs to 'pay due regard' to how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. Public bodies are required to publish written assessments showing how they have paid due regards to this duty. The HSCP incorporates this responsibility into an integrated equality impact assessment process further described in section 3.3.2.

This integrated impact assessment process also includes the statutory responsibilities of the Island (Scotland) Act 2018. This requires public bodies, including HSCPs, to ensure islands receive equitable and fair treatment and that policies and strategies are tailored to the unique circumstances of island living.

2.3 Integration Joint Board Argyll and Bute

In April 2016 the Integration Joint Board (IJB) of Argyll and Bute's Health and Social Care Partnership was formed by NHS Highland and Argyll and Bute Council. The IJB has responsibilities to improve the health and wellbeing outcomes of people living in Argyll and Bute and to deliver health and social care services. The

mechanism for doing this is to implement a formally agreed Strategic Plan. The IJB is committed to ensuring equality is “mainstreamed” in our business and that everyone in Argyll and Bute has equal opportunities regardless of their status.

There is considerable evidence that discrimination and harassment negatively impact health, particularly mental wellbeing, and contribute directly to inequalities in life opportunities and health outcomes. The IJB also recognises individuals, groups and communities who routinely face such disadvantages also experience inequalities in how they access and experience health and social care services. We are committed therefore to making a real and lasting contribution to creating a fairer Argyll and Bute, and to reducing inequalities in health, access and opportunity for our whole population.

The IJB does not directly employ staff therefore employee information and gender pay gap information is published by the employing organisations and not the IJB. Information relating to staff employed by NHS Highland and Argyll & Bute Council can be found within their respective equalities mainstreaming reports.

Mainstreaming equalities commitments from 2016 include:

- The IJB upholds the rights of all people, regardless of protected characteristics, to lead healthy and fulfilled lives and to have appropriate health and care services available when they need it.
- The IJB firmly believes that by integrating health and social care services there is potential to improve health and social care outcomes for the whole population and narrow the gap between the better off and worse off in Argyll and Bute.
- The IJB will provide strategic leadership for equalities and work toward consistent approaches in the parent organisations. It will also act as a role model to partners in Argyll and Bute.
- The IJB recognises the importance of equality being embedded in day-to-day service delivery.
- The IJB will be sighted on the impact of service changes on people with protected characteristics and will require heads of service to carry out EQIA's. Existing reporting arrangements for NHS and Council equality activity will remain in place.

2.4 Position in Argyll & Bute Council and NHS Highland

Both Argyll & Bute Council and NHS Highland have published outcomes frameworks for equalities and they are available here:

1. NHS Highland Equality Outcomes - [Equality and diversity \(scot.nhs.uk\)](http://scot.nhs.uk)
2. Argyll and Bute Council Equality Outcomes - [Equality legislation and reporting \(argyll-bute.gov.uk\)](http://argyll-bute.gov.uk)

Partnership working to align equality outcomes and mainstreaming reporting between the HSCP, the NHS board and local authority takes place, for example via Argyll and Bute's Equality Forum.

3. Progress – Mainstreaming the Equality Outcomes for Argyll and Bute Health and Social Care Partnership

3.1 HSCP Outcomes Published in 2016

The Argyll and Bute HSCP Equalities Outcomes Framework and Mainstreaming report 2016-2020 can be accessed here alongside the interim report from 2018 - [Argyll & Bute HSCP Equality Impact Assessments \(scot.nhs.uk\)](https://scot.nhs.uk)

The approach taken in 2016 when developing the 2016-2020 outcome framework was to map high level outcomes and to identify a realistic number of achievable actions and objectives, this included:

- Theme 1. Improve health and wellbeing outcomes for people with protected characteristics
- Theme 2. Empowering people with protected characteristics to have an influence on how services are delivered
- Theme 3. Increasing access to services for people with protected characteristics
- Theme 4. Improving experience of services for people with protected characteristics

Governance of the HSCP's equalities mainstreaming is achieved by:

- Oversight and leadership from the Strategic Leadership Team.
- Governance and discharging of statutory responsibilities via the Strategic Planning Group.
- Professional advice and support from the Public Health Department.
- Publication of the HSCP's equality impact assessments via the NHS Highland website.
- Equality responsibilities incorporated into the corporate induction programme
- Board paper templates requiring a section to be completed on equality and diversity.
- Reporting of equality activity via the HSCP's annual performance report.

3.2 Theme 1 Improve health and wellbeing outcomes for people with protected characteristics

3.2.1 Strategic Plan

Argyll and Bute HSCP's Strategic Plan sets out the vision, strategic priorities and high-level strategic intentions with regard to how health and social care services are shaped and describes the transformation required to achieve the vision and priorities. The current Joint Strategic Plan (2019-2022) has been developed with full engagement and is informed by an awareness of equality and diversity.

The new Joint Strategic Plan (JSP) for the period 2022-2025 will build on success to date. The JSP intention will be to continue to improve outcomes for people with protected characteristics and to continue to empower people to actively engage in services. There will be full engagement with people to inform the plan and any barriers to engagement for those with protected characteristics will be removed to ensure there is active participation, including access through existing groups. A Joint Strategic Needs Assessment was conducted in 2019 to inform the JSP, this will be updated in 2022.

The Joint Commissioning Strategy (JCS) is being produced for the period 2022-2025. The JCS will be outcome focussed and will be informed by people using and delivering services. A steering group and working group were set up in 2020 to direct this activity and they include a range of representatives, for example carers, to ensure a wide range of perspectives are considered.

A full EQIA was carried out for the JSP in 2019. The JSP and EQIA are published here: [About Argyll & Bute \(scot.nhs.uk\)](https://www.scot.nhs.uk/about-argyll-and-bute/)

3.2.2 Older People's Strategic Group

A review of Dementia redesign proposals throughout 2019 led to the development of specific consultation and engagement in early 2020. The new Strategic Lead for Dementia took advice from Healthcare Improvement Scotland, Public Health and Alzheimer Scotland in February 2020 and developed engagement plans to inform a period of consultation from February to the end of March 2020.

Key feedback on the new dementia service model was analysed across each area, however key themes within service gaps noted that there was good attendance from service users and carers in each locality.

Many of these themes will link with developments around older adult care and the development of the Enhanced Community Dementia Team. It is hoped that a reference group will be established as part of agreed and sustained engagement soon.

In the past 18 months' work has been underway to review planning and engagement structures for older people and people with dementia, some but not all of whom will be using a range of services primarily within communities. Due to the pandemic the embedding of ongoing community engagement has not taken place but will do in terms of the Locality Planning Groups and we hope via a reference group for older adults and dementia.

During the pandemic in 2020, a Care Home Task Force was established to support all 17 care homes in Argyll and Bute in partnership with Public Health, Social Work, Health Protection Team, Scottish Care, Care Inspectorate & Finance colleagues. The group primarily focused on care home managers but this forum became the

vehicle by which the voice of residents and families was heard in terms of visiting restrictions and the impact of Covid-19 on care homes.

Care Homes and Housing transformational work stream was re-established in 2021. The engagement with local communities is ongoing and continues to be the driving enabler to ensure that any transformation work meets the needs of local communities and those who are directly impacted by any proposals.

This renewed focus will ensure that we continue to build trust and that plans are shaped and developed through active engagement.

3.2.3 Mental Health Strategy

Key achievements within mental health during the period of this report include:

- Development and launch of the primary care mental health service in January 2021, to increase access to residents in Argyll and Bute HSCP with common mental health conditions with a priority focus on referrals for perinatal and veteran care. Specialist OTs are part of the primary care team and have a focus on employability/disability and mental health and wellbeing. This aligns to action 37 of the national MH Strategy.
- Increased access/assessment within 14 days for those with a first episode/presentation of psychosis. We engaged in a national scoping exercise as one of two accelerator sites in collaboration with Healthcare Improvement Scotland and Scottish Government. This aligns with action 26 of the national strategy. Phase 1 report published here: <https://ihub.scot/media/8111/20210316-eip-report-v21.pdf>
- Pilot improved outcomes for those with co-morbidity and alignment to the rapid rehousing workstream, development and test of a homelessness, addiction and mental health practitioner in partnership with the local housing department. This aligns to action 28 of the national strategy
- Proposal submitted, to support associate DBI programme in Argyll and Bute HSCP until March 2023 to support those in distress across Argyll and Bute. This aligns to action 15 of the national strategy.
- Engagement with physical health screening pilot for patients living with mental health challenges in collaboration with public health. This aligns to action 15 of the national strategy.

3.2.4 Covid-19 Social Mitigation Strategy and Action Plan

The HSCP recognises those who have experienced long-standing social inequities such as poverty will be disproportionately affected by Covid-19 and the unintended consequences of lockdown. In response to the wider population health and wellbeing consequences of the pandemic, NHS Highland has prepared a Covid-19 Social Mitigation Strategy and Action Plan. The plan targets support to those most in need and aims to mitigate the adverse impacts of the pandemic. This involves work focused on a number of key areas, including:

- Income maximisation
- Reducing child poverty
- Fair Work Practice in employment and recruitment
- Mental health improvement
- Improving equality of opportunity and inequalities sensitive practice

The strategy and action plan has been developed in partnership with Argyll and Bute HSCP Public Health team and links to Argyll and Bute HSCP work. Work is ongoing with the Argyll and Bute Health Improvement team, and local partners, such as the Community Planning Partnership.

3.3 Theme 2 Empowering people with protected characteristics to have an influence on how services are delivered

3.3.1 HSCP's Engagement Framework 2019 and annual action plan

The HSCP adopted an improved approach to community engagement during 2018-19. This has culminated in the following documents being developed:

- Engagement Framework ratified by the IJB in 2019
- Annual Engagement Action Plan
- Engagement Quality Standards September 2019

The Framework sets out the importance of effective engagement with all stakeholders, including the public, people who use health and care services, carers, partners, and staff. It provides detail and guidance on how effective engagement will be achieved, for example in accordance with best practice. The Engagement Framework set out clear standards for how the HSCP will conduct engagement activity.

An annual action plan for engagement is compiled in order to map the range of engagement activity taking place across the HSCP. This includes activity for corporate services, adult services, children and families, primary care, and public health. Service managers have been supported in delivering their engagement activity by input and training from the Public Health Department.

Managers plan their engagement activity using a toolkit which identifies the purpose of the engagement, the target audience, methodology and the reporting of findings. An internal audit of these engagement processes was conducted in 2019 and this resulted in a review of governance processes around the use of the findings from engagement activity. The HSCP recognised the importance to informing stakeholders about how their views are being incorporated into service planning and follow a *“you said: we did”* philosophy. Managers must ensure a range of engagement methods are developed to ensure optimal participation, for example, paper, digital and face-to-face. The use of third party advocates is often utilised to gather views in a partnership manner.

Full details of the HSCP's engagement processes can be found here: [Public Engagement in Argyll and Bute \(scot.nhs.uk\)](#)

Oversight of engagement activity and professional expertise was provided by a joint partnership called the Strategic Engagement Advisory Group. This comprised officers and partners including the Third Sector Interface, the Scottish Health Council, an IJB representative, and a community representative.

3.3.2 Updated Equality Impact Assessment

Over the course of the period covered by this mainstreaming report, considerable work has been done to review and improve the processes for conducting equality impact assessments. This has been driven by both new statutory requirements such as the Fairer Scotland duty and also a need to work towards a unified approach within the HSCP. The NHS and local authority have very different impact assessment processes which can cause problems for integrated services meeting their statutory responsibilities.

A new impact assessment process was developed in 2019 which aligns with Argyll & Bute Council's process. The HSCP is a member of Argyll and Bute's Equality Forum which is a Community Planning Partnership sub-group. Development of the HSCP's updated process took place in consultation with this group. Subsequent to the launch of the new impact assessment process, a series of briefings took place in a range of fora to ensure managers were supported to meet their responsibilities.

Publication of the HSCP's impact assessments and all the impact assessment guidance and information can be viewed here - [Argyll & Bute HSCP Equality Impact Assessments \(scot.nhs.uk\)](#)

3.4 Theme 3 Increasing access to services for people with protected characteristics

3.4.1 Caring for People during Covid-19 Pandemic (comms, shielding, food access, emotional support and digital inclusion)

A Caring for People response is required by Scottish Government resilience planning guidance. In March 2020 a steering group was formed in Argyll and Bute between the NHS, local authority and third sector to support the community during lockdown. This resulted in wide ranging activity described below.

- ***Caring for People communications plan***

The Covid pandemic response required a comprehensive and accessible communication strategy to ensure the public knew how and where to access support they needed. Access to shopping and medicines etc. were vital in supporting individuals to adhere to the lockdown rules introduced by the Scottish Government. In partnership with Argyll & Bute Council and Argyll and Bute Third Sector Interface,

NHS Highland (Argyll and Bute) Public Health Team developed a communications plan and accessible resources. This included:

- Hosting Covid specific information on the Argyll & Bute Council website which conforms to accessibility guidelines.
- Developing an accessible information leaflet promoting the single point of contact number and helpful information for those requiring it. This was posted to all homes in Argyll and Bute in 14 font using simple language and shared with partners who support vulnerable groups. Easy read and customised formats were produced and shared with partners such as those working with travelling communities, children and young people, and people with a learning disability.
- Bespoke guidance for volunteers and volunteering groups to ensure Covid-19 safe working practices within communities.
- Practical support customised for travelling communities.
- Animations produced with voice over and subtitles, promoting the single point of contact number, and services provided through that number.
- Poster and short video produced for social media with subtitles and voice over to promote adult and child protection services.
- Promotion of national campaign information in British Sign Language.

- ***Caring for People Emotional Support Service***

The HSCP launched an emotional support telephone helpline in May 2020. The helpline was busy during the first few weeks of operation and feedback from users was positive. Callers were signposted to a range of local and national support services including chaplaincy, palliative care, Cool2Talk, Argyll and Bute Rape Crisis, Breathing Space and the Samaritans. However, calls numbers declined in June 2020 and the helpline was suspended due to lack of use over the summer. Other third sector organisations reported similarly low levels of use of telephone support services. Reflections with partners on this service provision led to engagement with people who had unmet mental health needs to review what support is required. This engagement took the form of online survey and focus groups and community conversations with users of third sector partners.

These findings have been shared with the Commissioning and Market Facilitation Steering Group described in section 3.2.1. This will ensure mental health needs are incorporated into the commissioning of equitable services throughout Argyll and Bute.

- ***Caring for People – Access to food during the pandemic***

In March 2020 the effects of Covid-19 led to panic buying and shortages of key household items. With the introduction of the medical shielding the scarcity of some household goods increased dramatically. The project was set up to target three priority groups: individuals who were shielding; individuals considered vulnerable

(due to age, low income, health conditions); and individuals living in very remote rural areas.

The project delivered a holistic service by providing targeted parcels for catering to group requirements:

- Fresh food parcels to those who were shielding to supplement the ambient national parcels they received from the Scottish Government. This took account of dietary requirements.
- Fresh and ambient food parcels to vulnerable residents (including free school meals households).
- Frozen meals to those shielding and vulnerable and lacking the ability to prepare meals for themselves.

The project distributed over 45,000 food parcels over the project cycle. The majority of respondents to the evaluation survey noted that the main success of the project was delivering its key aim of food parcel distribution to those in need during a national health crisis.

- **Shielding**

During the pandemic the Scottish Government directed Local Authorities to provide support to those who required to 'shield'. The HSCP worked closely with Argyll & Bute Council to implement the shielding programme. From March to August 2020, 3275 people were supported to shield, key outcomes included:

- 733 were signed up to national food parcels
- 1019 were provided with local food assistance
- 348 received pharmacy delivery assistance
- 1617 were provided with other forms of support (from dog walking to isolation help).
- 2699 were assisted to access standard council services such as bin uplifts, council tax and benefits
- 439 were signed up to supermarket priority access

Argyll and Bute Council proactively contacted those on the shielded list to identify these needs. A Scottish Government data exercise shows that 99% of those who were shielding, were in touch with Argyll and Bute Council.

- **Digital Inclusion**

A project aimed at providing vulnerable households with access to digital devices in order to combat digital exclusion was developed. Donated devices were refurbished and distributed to priority families.

3.4.2 Child Poverty Plan

Argyll and Bute published its first Child Poverty Action Plan in June 2019 and will publish a review every year until 2030. A multi-agency Child Poverty Group was formed prior to the pandemic and chaired by the HSCP Chief Officer. This group

has successfully coordinated and developed work that targets the most vulnerable.

Some examples of this include:

- Automating free school meal and school clothing grant benefits.
- Flexible food fund which provides additional financial support to vulnerable families and links them to financial advice.
- A project providing school clothing banks for all schools.
- Support for the food forum which coordinates the work of food banks and other organisations.
- Tiered child poverty training for staff including Money Counts, to enable staff to ask difficult money question.

Links to Argyll and Bute's Child Poverty Action Report and 2019 / 2020 Review:

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

[https://www.argyll-](https://www.argyll-bute.gov.uk/sites/default/files/child_poverty_action_plan_review.pdf)

[bute.gov.uk/sites/default/files/child_poverty_action_plan_review.pdf](https://www.argyll-bute.gov.uk/sites/default/files/child_poverty_action_plan_review.pdf)

3.4.3 Suicide Prevention Plan

A multi-agency steering group oversees suicide prevention in Argyll and Bute chaired by the HSCP Chief Officer. The following short-term priorities were set during 2020:

- Mental health improvement of people requiring formal mental health services by proactively providing support for those with poor mental wellbeing (staff and the public).
- Utilising the opportunity to train staff in mental health, suicide prevention and trauma awareness while they are operating under capacity.
- Building upon improved joint working practice established to put in place new long-term operating systems.
- Support put in place for those at most risk based on evidence such as mental health clients, those who self-harm, those experiencing domestic abuse, the economic impact of the Covid-19 pandemic, etc.

In addition to the above, Argyll & Bute is continuing to work towards evidencing itself as a suicide safer community through the Living Works Suicide Safer Communities Award.

The Suicide Prevention Action Plan was updated in line with Cosla's priorities and is congruent with inequalities sensitive practice. Actions include:

- Communications plan including social media
- Support available for those bereaved by suicide
- Distress Brief Interventions (DBIs) and trauma informed staff
- Engagement with local communities and stakeholders
- Gap analysis of services
- Embed needs of children and young people in the action plan

3.4.4 Alcohol and Drug Strategy

Argyll and Bute Alcohol and Drug Partnership (ADP) is a multi-agency group tasked by the Scottish Government with tackling alcohol and drug issues through partnership working and strategy development. The partnership underwent a review in 2018 with refreshed membership and strategic planning. Place is at the heart of the ADP's work and every opportunity has been taken to learn from locality data; drug and alcohol deaths as well as the near misses.

Argyll & Bute Council Education Department receive funding from the ADP to engage local services to provide support in secondary schools in Argyll and Bute for children who are experiencing issues with substances use, mental, emotional and physical health that affect them, families and friends. In addition, two part time posts extend the counselling service introduced by the Scottish Government into Primary Schools for P6 and P7 pupils.

Recovery Orientated Systems of Care (ROSC) work has significantly widened the range of partners, enabling people with protected characteristics to be equally represented. Recovery Communities and Cafes have been established throughout Argyll and Bute to bring people in recovery together, show the wider community that recovery happens and that there is life beyond addiction. These communities provide support and assist people to access a range of services including job seekers, financial support, housing services and alcohol & drug treatment and support services.

The latest ADP annual report is published here: [Item 14 appx a AB ADP Annual Report October 2020.pdf \(scot.nhs.uk\)](#)

3.4.5 Near Me and Technology Enabled Care

The dispersed geography of Argyll and Bute has prompted trailblazing remote working practices. One of these technologies is Near Me which provides medical consultations as close as possible to home. During the Covid-19 pandemic reliance on Near Me to deliver remote services has been crucial in order to minimise the risk of infection for staff and patients. The Near Me team has developed a local guide to support staff when including BSL or language interpreters, along with guidance for BSL interpreters and patients who are deaf on how to access Near Me appointments. These have been made available on the Near Me webpage along with translated materials in multiple languages.

<https://www.nhshighland.scot.nhs.uk/NHSNearMe/Pages/Welcome.aspx>

An innovative pilot project is underway in partnership with a rural community council which aims to make Near Me accessible to people who may be otherwise digitally excluded. The project involves the community council providing access to digital devices, training and support members of their community who may require support to access Near Me services.

Technology Enabled Care (TEC) advances in Argyll and Bute have seen:

- Loaning library set up - worked with 3rd sector colleagues to loan iPads or WIFI extenders to ensure digital inclusion
- Partnership working with LiveArgyll to offer online classes
- Community hubs - 1st one created in Cairndow community hall with a local on call service for 24-hour access to include 24hr availability to OOH or Near Me appointments.

3.5 Theme 4 Improving experience of services for people with protected characteristics

3.5.1 Joint Health and Wellbeing Plan

The HSCP launched a Joint Health Improvement Plan (JHIP) in 2017 covering a 5-year period. The intention of this plan was to continue partnership working to improve health and wellbeing outcomes and work in a preventative way to minimise and anticipate health problems. The JHIP included four strategic intentions: getting the best start in life, working to ensure fairness, focussing on wellness not illness, and connecting people with support in their communities. The fairness objective stated: *health inequalities continues to be a priority. One of the best ways to improve health is to increase income levels. Other areas of fairness include: race, religion, disability, age, gender, sexual orientation, marital status and pregnancy. Our rural geography can also be a barrier to fairness here.*

This strategic intention was enacted in an area wide public health plan and local community plans in eight Health and Wellbeing Networks. This was supported with grant funding for community based projects. This activity was reported annually, one example of which is published here: [FINAL-Health-and-Wellbeing-Annual-report-2017-18-FINAL.pdf \(healthyargyllandbute.co.uk\)](#)

3.5.2 Living Well Strategy

The Living Well strategy was launched in September 2019 by the IJB following extensive community engagement. This strategy further develops the intentions of the JHIP to support people experiencing long term health conditions and to reduce their occurrence.

The Living Well Implementation plan aligns to the HSCP strategic intentions and includes the following four themes:

- People – enabling and informing to ensure healthy living and self-management of long-term health conditions
- Community – joined up approaches to support for health living within communities
- Leadership – high level commitment within the HSCP to ensure investment in prevention of health and social care problems
- Workforce - supporting and educating frontline health and social care professionals to anticipate and prevent problems before they arise

- **Living Well grants**

Annual investment in community led activity supports the implementation of the Living Well Strategy. Successful bids include social support for people who are lonely, physical activity classes for falls prevention and coping strategies for health conditions such as tai ch'i and mindfulness. Small youth grants of £500 were awarded to 12 groups in October 2020 to provide activities for young people not normally accessing activities.

- **Self-management**

Partnership working with third sector organisations has resulted in digital solutions to self-management resources being developed to allow continued access to self-management tools during lockdowns. A series of pain sessions in March were held virtually to support people to access tools to better manage their pain.

- **Physical activity**

There has been significant work on physical activity with the Living Well physical activity group working closely with third sector organisations and HSCP staff. Virtual exercise sessions by Live Argyll and other organisations such as Versus Arthritis have supported people who are frailer to increase and or maintain their activity.

- **Living Well networks**

Eight Living Well networks across Argyll and Bute continue to be key to engagement and sharing information with and from third sector organisations working in local communities. These organisations are varied and many are working with people with protected characteristics.

3.5.3 Homelessness support

The HSCP works closely with Argyll & Bute Council to support the needs of homeless people. There are two gypsy/travellers sites at Duncholgan and Bayview. Consultation is ongoing with residents to determine the scope of works and funds have been made available by the Scottish Government to carry out these improvement works. In addition, the Housing Service has employed a full time Housing Occupational Therapist to work within the housing service to ensure needs are met both within new build Registered Social Landlord (RSL) properties and adaptation referrals for Private Sector Housing Grant.

During the Covid Lockdown, it was necessary to source temporary accommodation across Argyll and Bute. As a result, a small number of families with children were housed in the short term in unsuitable accommodation. These cases are all now resolved, and all families with children who are residing in temporary accommodation are in self-contained accommodation. Housing Services also set up a Flexible Emergency Fund which enable housing support providers to access grants so that they could support people at the point of crisis. Housing Services continue to operate a 24hr, 365 days a year housing information and advice service, to enable equality of

access to services and also to be able to assist disadvantaged groups who may be suffering from housing related issues.

3.5.4 Sexual Health Services

Across Argyll and Bute there is a multi-partner approach to sexual health services. These are provided via GP surgeries, a service level agreement with NHS Greater Glasgow and Clyde, and a direct contract with Waverley Care who specialise in providing support to young people, LGBT communities and education. This multi approach is designed to reduce inequalities within service provision.

Waverley Care provide education programmes in schools, Online education - targeting those that specifically work with young people who face particular barriers to accessing sexual health services. They are also working with LGBT Youth Scotland and Saga are also both keen to address the lack of sexual health resources for LGBTQ+ young people in Argyll and Bute.

3.5.5 Public Health screening engagement 2018-2020

During 2017 the health improvement team identified the need to better target public health screening programmes to ensure a more equitable uptake across the whole population. This resulted in a funding award to employ an officer to address screening inequalities. The project, which ran from November 2018 until October 2020, supported informed participation in NHS cancer screening programmes.

The project officer increased the number of opportunities to engage with and deliver screening awareness training to professionals, front line staff and volunteers who were in a position to support and encourage informed participation in screening, particularly focusing on those who have clients in the five areas of highest deprivation in Argyll and Bute.

The initial project led to a further funded project for 2021 which aims to:

- Investigate knowledge and practice in relation to disease screening interventions in one-to-one consultations
- Identify and tackle inequalities in access to screening services
- Increase front line workers knowledge and understanding of signposting to screening services
- Highlight risks of not undertaking screening programmes
- Ultimately reduce health inequalities in cancer/health outcomes

4. Next steps - Equality Outcomes 2021-2025

Equality outcomes should further one or more of the following needs: eliminate discrimination, advance equality of opportunity and foster good relations. Action taken towards progressing an equality outcome should result in positive change for individuals, communities and society at large.

NHS Highland and Argyll & Bute Council both have their own equality outcomes. Both sets of outcomes were developed in collaboration/consultation with either the public, key partners, colleagues or managers across the organisations, and informed by available evidence.

NHS Highland equality outcomes 2021-2025:

- Outcome 1 - In Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing.
- Outcome 2 - In Highland, all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it.
- Outcome 3 - In Highland, people from identified groups will have more control over the care and services they receive

Argyll & Bute Council equality outcomes 2019-2023:

Workforce:

- We support our workforce, encouraging participation across all age groups
- We promote diversity across occupational groups

Engagement:

- We have improved engagement with protected groups

Services:

- People with protected characteristics have improved experiences of services
- We take the views of people from protected groups into account when we change our services.

Education:

- We do not tolerate bullying and harassment of people from protected groups.
- The gap in educational attainment between people with and without protected characteristics is reduced.

Argyll and Bute HSCP new equality outcomes

During 2021-2025, Argyll and Bute HSCP will align its outcomes where possible with Argyll & Bute Council and NHS Highland. Consultation with a wider group of stakeholders will be carried out during 2021 to develop, inform and identify contributions to the equality outcomes across Argyll and Bute.

1. People from identified groups, such as those with protected characteristics, will have improved access to the resources needed to support their health and wellbeing.
2. People from identified groups, such as those with protected characteristics, will be empowered to have an influence on how services are delivered, including when changes are made to services.
3. People from identified groups, such as those with protected characteristics, will have improved experiences of services.

4. Conclusion

Work across Argyll and Bute has seen a steady increase in the awareness of and consideration for inequalities in all work streams. The Covid pandemic introduced new ways of working that in many instances were of great benefit to previously disadvantaged groups e.g. Near Me for remote access to medical appointments.

Building on the gains made post pandemic and moving forward over the coming years, we will ensure the benefits for disadvantaged groups continue until they are mainstream in the services provided across the area.

Work needs to continue on the great strides made to raise understanding of all inequalities and give a higher profile to engaging with all sections of the community to ensure services are truly reflective of the people that use them.

The HSCP is already in a good position due to the challenges of rurality to build on the knowledge and progressive actions achieved to date. Joined up working across our communities with all public sector colleagues and third sector partners has proven to be of great benefit during the pandemic e.g. Caring for People and this will continue to be mainstreamed as business as usual.



Integration Joint Board

Agenda item:

Date of Meeting: 16 June 2021

Title of Report: Annual Communications Planning

Presented by: David Ritchie, Communications Manager

The Integration Joint Board is asked to:

- **approve the Annual Communications Plan**

1. EXECUTIVE SUMMARY

The attached Annual Communications Plan sets out how the HSCP will continue to build on and strengthen how it communicates with staff, partners, stakeholders, people who use health and social care services and the wider public.

2. INTRODUCTION

The Plan outlines how the HSCP communicates timely, relevant and accurate information about a range of current issues and services. This involves maintaining a strong and consistent identity for the HSCP; articulating the organisation's policies, decisions and procedures where appropriate; engaging and motivating the workforce and building trust with the public, staff, service users and partners.

3. DETAIL OF REPORT

3.1 The Plan focuses on communication principles; protocols; communication channels; the key audiences; key messages; roles and responsibilities.

3.2 It also includes a 'look forward' section which details some of the key priorities for the organisation over the coming months.

3.3 The document also provides information on how the communications activity is monitored and evaluated.

4. RELEVANT DATA AND INDICATORS

A number of appendices are also included within the Plan to highlight examples of press releases and stakeholder briefings.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Effective communication is fundamental to all strategic and service planning.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

There are no financial implications identified in the report.

6.2 Staff Governance

Communications is an important element within staff governance and a wide range of activity is carried out to ensure that the organisation communicates and engages

with staff to keep them well informed. This includes the use of all staff emails, information on the Council Hub/NHS intranet, staff briefings, social media messaging, information on staff noticeboards and team meetings.

Staff surveys are carried out on a regular basis and a “Listening and Learning” survey is being carried out during June to provide a baseline of how staff feel about work, what works well and what the organisation needs to focus on. This survey will be repeated on a regular basis to track progress against the baseline.

6.3 Clinical Governance

There are no clinical governance implications identified in the report.

7. EQUALITY & DIVERSITY IMPLICATIONS

Equality and diversity will be evaluated in terms of the reach of communications activity, the channels used and through the HSCP’s Engagement Strategy. It is also important that a wide range of communications channels are utilised to ensure that the HSCP targets all sectors within our local communities to meet the relevant equality and diversity requirements.

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Any data use and sharing will comply with GDPR guidelines.

9. RISK ASSESSMENT

The Annual Plan mitigates the risk of the IJB not meeting the communications requirements contained within the Strategic Plan.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The Annual Communications Annual Plan enables the IJB to be assured that stakeholders will be well informed and engaged in relation to the expected standards for internal and external communications.

A range of proactive communications activities are utilised to ensure that local communities are well informed. These include social media messages during IJB meetings to highlight key agenda items; stakeholder briefings to elected members and key partners; and regular public health messages and public information in relation to COVID cases and the vaccination programme.

11. CONCLUSIONS

The Plan supports the IJB in meeting the Scottish Government’s Communications requirements.

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	

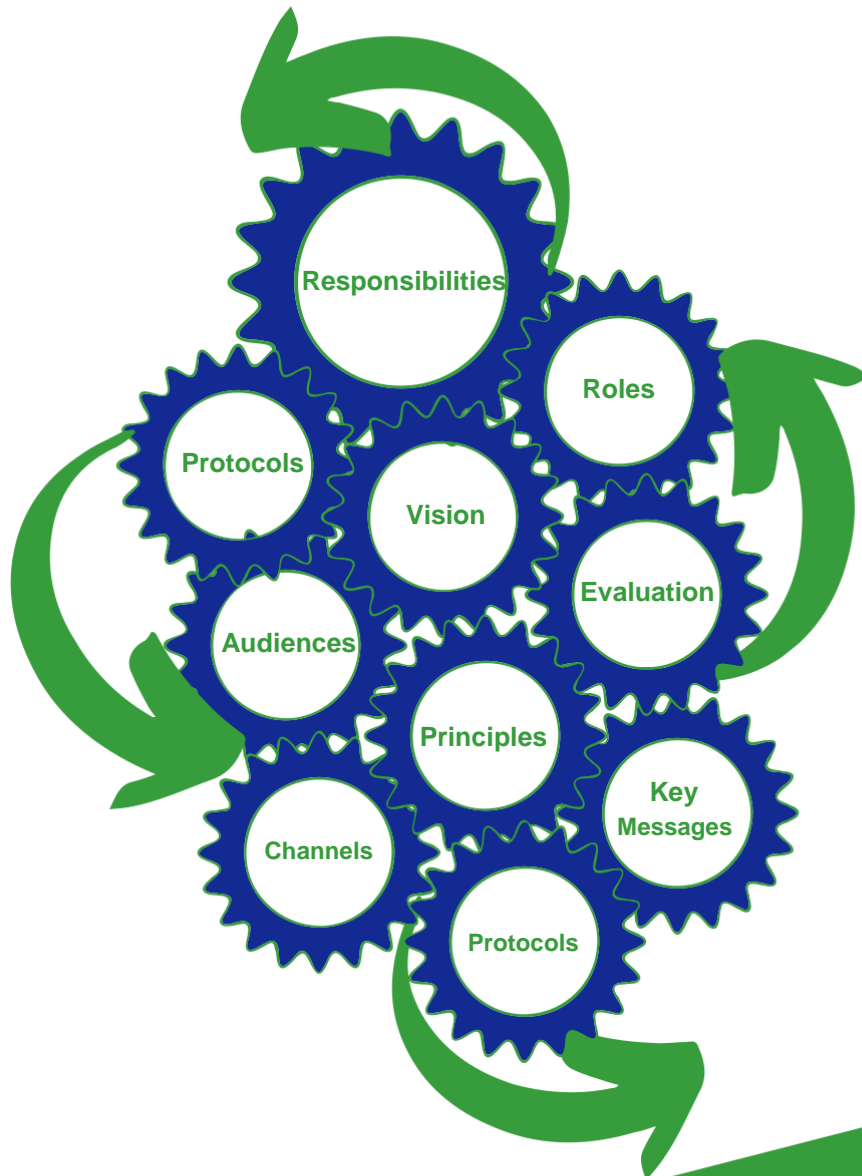
REPORT AUTHOR AND CONTACT

Author Name: David Ritchie

A&B | Transforming HSCP | Together

Argyll & Bute Health & Social Care Partnership

Communications Plan



1. Introduction

Good communications helps an organisation to achieve its priorities and should aim to achieve measurable outcomes often in terms of influencing behavioural change or driving efficiencies.

It is also essential to anticipate barriers to behavioural change and where possible overcome these with appropriately targeted communication. This involves researching the target audience, choosing the appropriate communications channel and message and evaluating and learning from the results.

This Annual Communications Plan sets out how Argyll and Bute Health and Social Care Partnership (HSCP) communicates with staff, partners, stakeholders, people who use our services and the wider public. It includes a monitoring and evaluation section that can be used to 'look back' on the communications activities of the last year as well as a 'look forward' section concentrating on some of the key priorities for the next year.

The Plan outlines how the HSCP communicates timely, relevant and accurate information and how this links in with the HSCP's visions and priorities for health and social care services. This also involves maintaining a strong and consistent identity for the HSCP; articulating the organisation's policies, decisions and procedures where appropriate; engaging with the workforce and building trust with the public, staff, the people who use our services, our local communities and partners.

The communications activity links very closely with the HSCP's engagement activity and Figure 1 highlights that as well as communicating and engaging our message to the targeted audience it is also important that this audience has an opportunity to feed back their thoughts, views and suggestions to the HSCP.

Lastly, it is also important to highlight that communication is 'everyone's business' and this Plan outlines a wide range of communications activity carried out across the HSCP and is therefore not focused solely on the work of the Communications Team.

Figure 1



2. Communication Principles

Key principles that guide HSCP communications activity are about being:

- honest, open and accurate
- clear, simple and user-friendly
- timely, current, consistent and relevant
- two-way, engaging and listening

It is also a key principle that the HSCP's communications activity and messages are tailored and targeted to the appropriate audience and a wide range of communication channels are utilised to achieve this aim.

3. Governance Protocols

To ensure that the HSCP follows the principles outlined in Section 2 there are governance protocols in place whereby all HSCP communications is approved by the relevant senior manager and if appropriate by the Chief Officer.

All media enquiries received by staff must be directed to the communications team for action and they will then liaise with the relevant senior manager to provide a statement, if required, and this will be signed off by the manager, the communications team, and if necessary by the Chief Officer. These protocols are essential to protect the reputation of the organisation.

4. Key Audiences

It is important to determine the appropriate audience for any messages to ensure that the content of our communication, as well as the appropriate channel, is tailored and targeted accordingly. The list below details some of the key audiences that the HSCP communicates with on a regular basis. This is not an exhaustive list and the target audience is reviewed on an issue by issue basis.

Key Audiences
Staff (NHS & Council)
Integration Joint Board members
Elected Members (councillors, MPs, MSPs)
People who use our services, patients, carers and the public
Scottish Government
The media
Community Planning Partners
Third Sector
Independent Sector
Community Councils
Local community groups

5. Communication Channels

A wide range of communication channels are utilised in order to meet the needs of different target audiences and to ensure that the messages are disseminated as widely as possible whilst at the same time tailoring them for the relevant audience. Detailed below are some of the main channels.

5.1 Webpages

A website is where people often go first to find out more about an organisation and an HSCP web presence is essential to ensure that stakeholders, including the public, can access a range of relevant information quickly at any time of the day.

The HSCP has a number of dedicated webpages hosted on the NHS Highland and Argyll and Bute Council websites. The information on these pages includes details of the IJB, such as membership and reports, key public health messages, including on COVID, and a wide range of information on the various health and social care services provided locally in Argyll and Bute.

There is currently a web infrastructure development programme being progressed by NHS Highland with a plan to tender for a new website and recruit a web manager. The HSCP Communications Team has requested that the organisation be included

in the initial tender process so that further investigation can be undertaken as to the feasibility of creating a standalone website.

This is an opportunity for the HSCP to have its own online presence but resources would need to be targeted towards this project to ensure that the best use is made of this dedicated website. The web manager, when recruited, would be able to support the management and administration of the website however it would be expected that they would also upskill and train HSCP staff to assist with the day to day running of the site.

5.2 Surveys & Consultations

The HSCP undertakes surveys and consultations as and when required to obtain views and feedback on issues that will help inform strategy, plans and service developments/reviews.

The HSCP Communications Team provides support to staff and departments in relation to design and content and will also assist with the distribution and communication of any survey information.

5.3 General Media Enquiries

The HSCP welcomes media enquiries and these are received from a variety of sources including print, broadcast and online media. The way that the public consume their news has changed over the last few years and it is now directed more towards online news rather than print. The news outlets have therefore had to adapt and many of the print media outlets now have a dedicated online presence, including social media, which in some cases is given priority over their print edition.

The Communications Team is the first point of access for the media and maintains a log of all enquiries. They will prepare a response, if required, in discussion with the relevant manager and once approved this will be provided to the media either from an HSCP spokesperson or a named HSCP individual where this is appropriate.

It is also important that the Communications Team deals with journalists confidently and helpfully and ensures that there is a timely and effective response to enquiries. The media is also monitored on a daily basis and the Team will ensure that any inaccuracies are clarified and strongly rebutted if necessary. This is essential for reputational reasons and is a key element in the communications function of the organisation.

HSCP staff/senior managers will also on occasion receive media enquiries and they are aware that these should be redirected to the Communications Team for any response.

5.4 Proactive Media Articles

Media releases and features are routinely issued to the local press and, depending on the specific topic, they will be issued to all media or targeted to a particular media outlet. An example of a press release relating to key public health advice and COVID vaccination information is highlighted in Appendix 1.

The releases also include messages about the HSCP's vision and priorities, information about the role and remit of staff, achievements, public health messages and engagement activities. The Communications Team maintain a monthly proactive planner which links in with this activity and an example of this can be viewed in Appendix 2.

The Team also work closely with colleagues, such as public health, in the production of adverts for the local press and provide advice on style, language and design. A recent example was the 'Quit Your Way' stop smoking campaign and a copy of the advert can be viewed in Appendix 3.

There are obvious cost implications in the use of adverts and they are used very sparingly for specific projects and targeted audiences such as the aforementioned 'Quit Your Way' campaign.

5.5 Digital Media

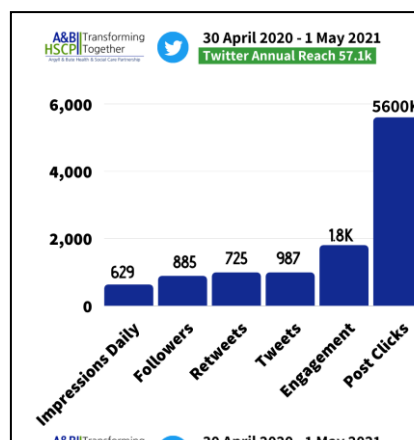
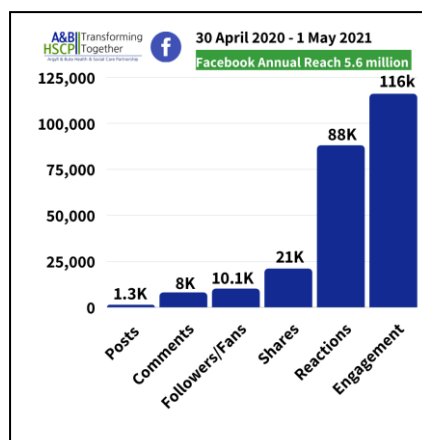
The HSCP's digital media footprint has been significantly developed to ensure that the organisation is using as many different channels as possible to communicate with our key audiences. We now have Facebook, Twitter, Instagram and Youtube pages which have proved to be an effective two-way method of communicating with the public and staff in a speedy and timely manner.

Social media has also helped to increase the visibility of the organisation within our local communities and is used for a wide range of messages including: job opportunities; health improvement/self management advice and support; local events; service developments; performance highlights; and stories from staff and our communities.

During the COVID-19 pandemic social media has been a real asset for the organisation as it provided an opportunity to promote key public health messages very quickly, and to a large audience, and it also provided a platform to publicise attendance at vaccination clinics that had been arranged at short notice. Figures 2 and 3 below highlight the reach of social media over the last year.

The HSCP's messages are also widely shared and distributed by partners, the general public and staff through their own social media networks and the HSCP also makes use of online networks (community social media pages) to engage with the public. It is also key that the HSCP message lends itself to this sharing of information and trackable hashtags, such as #abhscp, #abplace2b, #closerthanyouthink are utilised to direct the social media community to relevant newsfeeds.

Figures 2&3



Facebook
 Posts - public messages posted to page
 Comments - no of messages on page
 Followers/fans - people who follow page
 Shares - info from page shared
 Reactions - users share emojis
 Engagement - users interacted with post

Twitter
 Impressions - no of times tweet seen
 Followers - people following the page
 Retweet - reposting of tweet
 Tweet - messages posted to page
 Engagement - no of interactions by users
 Post clicks - no of people clicking on tweet

5.6 Internal Communications

Good and effective internal communications is essential for any organisation as it helps keep staff well informed and feel valued for what they do and can encourage them to be an ambassador for the HSCP. This is especially relevant within a remote and rural area such as Argyll and Bute where the vast majority of staff also live and work within the HSCP's boundaries.

Internal communications is 'everyone's business' and a wide range of methods are utilised including:

Internal Communication Methods
Chief Officer messages
Departmental/HSCP Newsletters
HSCP all staff email
NHS Highland/Argyll and Bute Council all staff email
NHS Highland intranet/Argyll and Bute Council hub
Staff briefings
Team meetings
Posters
Social media
Integration Joint Board papers
Connections sessions
Staff surveys

As well as communicating and engaging with our staff it is also important that they can feed back their thoughts, views and raise any issues they may have. This can be done through a variety of methods such as at Team Meetings, via their line manager, at Connections events and to their Trade Union representative.

Staff surveys are also carried out on a regular basis and in September 2020 staff participated in the Everyone Matters Pulse Survey and the results from this were presented to the IJB meeting in January 2021.

A "Listening and Learning" staff survey is being carried out across the HSCP during June to provide a baseline of how staff feel about work, what works well and what the organisation needs to focus on. This survey will be repeated on a regular basis to track progress against the baseline.

5.7 Briefings

Briefings are issued on a range of key topics such as COVID vaccinations/cases, senior management changes and emerging issues with services within our local communities. The target audience for these briefings can include staff, elected members and Integration Joint Board members.

One of the regular briefings issued is a weekly stakeholder update to elected members to keep them informed on a range of activity such as the COVID case numbers and the progress of the vaccination programme. This has been well received by elected members and has also reduced the number of enquiries they have submitted to senior managers. An example of a recent briefing is included in Appendix 4.

6. Key Messages

Communicating messages from the HSCP to our target audiences is a key element in the communication that the organisation has with staff, partners, stakeholders, the people who use our services and the wider public. Some of these key messages are listed below.

6.1 About the Health and Social Care Partnership

One of the main aims is to increase public recognition and awareness of the HSCP, outline the vision and priorities of the organisation and highlight the range of health and social care services that are provided.

At the same time it is also important to promote the role and remit of the Integration Joint Board and make local communities aware that the IJB convenes meetings in public whereby anyone can attend to observe proceedings. Board meeting dates and times are also advertised on the HSCP web pages and papers are published on the website a week in advance of meetings.

Due to COVID the meetings have been held virtually for over a year and we will ensure that when they recommence in public that communications are issued to inform our local communities and stakeholders.

Alongside the organisational vision, values and practices, the HSCP also has a logo to emphasise the HSCP 'brand' which is an important element in communicating internally and externally. The logo is utilised on reports, service information, correspondence, press articles and other communication channels.

6.2 Organisational Vision, Values & Practices

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

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

This vision was developed through a range of workshops and survey processes involving staff, service users, carers and the wider public. All communications activity should where possible link in to the Strategic Plan and the aims and visions contained within.

6.3 Performance and Improvement

The HSCP has in place a Planning and Performance Management Framework. Reporting to the Board takes place with a performance scorecard normally being presented on a regular basis to the IJB on the National Health and Wellbeing Outcome Indicators. Reporting against these indicators has been affected by the pandemic and normal reports ceased from April to December 2020.

The IJB received a report on performance at its meeting of 27 January 2021. The IJB noted and approved the suspension of reporting against the HSCP Health and Wellbeing Outcome Indicators, and a change in focus of the performance reporting to Covid-19 activity and remobilisation of health and social care services (resuming normal services from an emergency only footing) in Argyll and Bute.

The IJB noted that as at December 2020 the HSCP performance progress regarding remobilisation of activity was in line with NHS Highland's performance target for 2020-21 agreed with Scottish Government of 70%-80% of 2019-20 activity.

The HSCP continues to publish its Annual Performance Report with the 2020-21 report due to be published in 2021-22. This will be delayed again this year under the provisions of the Coronavirus (Scotland) Act 2020 Schedule 6, Part 3 to November 2021 and will focus on remobilisation of services and the HSCP's response to the pandemic emergency during 2021.

The Communications Team will continue to work closely with colleagues within the Planning and Performance team to promote the remobilisation of services and the associated performance and improvement frameworks that are linked with this. Communications activity may include the use of case studies and 'storytelling' features so that the general public can relate to the outcomes from the HSCP's performance and improvement agenda.

6.4 Transformation Agenda

The HSCP has put in place a "Transforming Together" programme with a number of work streams to strengthen and build on our achievements to date and to continue the changes required to meet our vision, priorities and objectives. These have been detailed in the HSCP 3 year Strategic Plan, with priorities for service change detailed for years 1, 2 and 3.

Each of these service transformation work streams are expected to involve significant change in services over the period of the HSCP Strategic Plan and the leads are encouraged to work closely with the Communications Team to shape messages around the transformation agenda and to ensure that the people who use our services are engaged and informed.

6.5 Culture

The HSCP Communications Team is continuing to work closely with senior managers across the HSCP and within NHS Highland to promote the range of activities that are ongoing as part of the culture agenda across the organisation.

These include working to promote the Guardian Service, participating in the work of the Argyll and Bute Culture Group and working with HR to assist in the creation and distribution of staff surveys.

There are also regular communications to staff, through a variety of channels, including information on the Connections sessions, Courageous Conversation training and Chief Officer updates.

6.6 Public Health – COVID

During the COVID-19 pandemic there has been a significant increase in the messaging required from colleagues within the HSCP's Public Health Team and the Health Protection Team in Inverness. The HSCP's social media pages have played a key role in this messaging and social media posts targeted at specific localities

have been very effective in encouraging eligible individuals within our local communities to attend vaccination clinics that were arranged at very short notice.

The Communications Team has also been working very closely with the Scottish Government and national/local health and wellbeing support service networks on a range of key COVID-19 messages including briefings, press releases, social media campaigns and media interviews.

7. Key Projects

The Communications Team is represented at the HSCP'S Strategic Leadership Team, attends the Integration Joint Board and provides advice to senior managers and IJB members on a regular basis.

The Team are also engaged in a range of key projects, both within the HSCP and across NHS Highland, and they provide advice, guidance and support when required. A recent example of a project is the support that the team provided to recruitment colleagues in Inverness through upskilling them in the use of social media for targeted recruitment campaigns and providing them with advice on the design and layout of job adverts for a range of clinical and other posts.

Detailed below are some examples of these projects.

Key Projects
Microsoft 365
Suicide prevention
Recruitment
Argyll and Bute Culture Group
COVID vaccination programme
Drone innovation project
Caring for People
Living Well Networks
Mental Health
Technology Enabled Care
Support for Carers
Early Intervention Psychosis
Cowal GP redesign
Connections sessions

8. Monitoring and Evaluating Communications

Regular monitoring and evaluation of the communications activity carried out by the HSCP is an essential element in ensuring that from a communications perspective we continue to meet the needs of the public, staff, the people using our services and our partners.

There are two key elements within communications, outputs and outcomes, that can be measured and evaluated to provide evidence as to whether specific communications activity has been effective at achieving the objectives that have been set for that particular piece of work.

Outputs relate to the communications channel used by the HSCP, such as a website or social media, and the evaluation measurement linked to this could be for example the number of hits on the website or the number of engagements on social media. Table 1 outlines a range of outputs and the suggested measurement to be used for evaluation.

Outcomes still relate to the specific communications channel that is been utilised by the HSCP but the evaluation measurement is different and relates to for example whether there has been an increase in the number of people attending a vaccination clinic following a social media post or the number of staff attending HSCP events has increased due to publicity through internal communications channels. Table 2 provides further examples for information.

Table 1

Outputs - Monitoring and Evaluating Communications	
<i>Outputs</i>	<i>Evaluation</i>
Webpages	Webpage analytics
Surveys/Consultations	Responses to surveys
Proactive Media	Number of articles in local media
Social Media	Number of posts, level of engagement
Internal Communications	Number of staff reached
Stakeholder Briefings	Number of elected members reached

Table 2

Outcomes - Monitoring and Evaluating Communications	
<i>Outcomes</i>	<i>Evaluation</i>
Webpages	Documents downloaded from website
Surveys/Consultations	Change in service as a result of feedback
Proactive Media	Increase in public participation in public health campaign
Social Media	increase in attendance at advertised vaccination clinics
Internal Communications	Increase in staff engagement at events
Stakeholder Briefings	Reduction in elected member enquiries

9. Looking Forward

Since early 2020 the priority for the HSCP has understandably been its COVID-19 response and communications has been a key element in this from a public health and public information point of view.

Now that we are starting to gradually move out of lockdown there is an opportunity for the communications resource to be redirected towards a range of other key priorities for the organisation (listed below), many of which link in with the HSCP's Strategic Plan and the associated aims and vision.

Some of these projects will have their own specific communications and engagement plan and the Communications Team will provide support, advice and training to help the various project teams take these plans forward. Appendix 5 highlights an example of a plan for the culture survey launch and this can be used as a template for specific projects.

A series of actions have been included with each of the projects and these will be evaluated and monitored throughout the year and a report will be included in next year's Annual Communication Plan.

Proactive Media - A greater emphasis will be targeted towards increasing the level of public awareness of the HSCP, the services it provides and our Strategic Plan. This will include an increase in press releases and targeted features with the local media.

Action - *An increase of 10% in the level of press releases and targeted features. It is important that these are linked to the Strategic Plan and the aims and vision of the organisation.*

HSCP Website - We are currently investigating the possibility of creating a standalone HSCP website which would host a wide range of relevant information for the public. This could include details of the services provided by the HSCP, access to IJB papers and minutes and details of the senior team, IJB members and the organisation's visions and priorities. Appropriate resources would need to be made available and targeted towards this project and a decision will be made early autumn as to whether this is feasible.

Action - *A decision is taken by September 2021 as to the feasibility of a separate HSCP website.*

Support for Transformation Agenda - As the transformation agenda continues to be developed across the HSCP it is essential that adequate communications resources are allocated to this programme to ensure that there are concise and consistent messages which can be tailored to the relevant audiences across Argyll and Bute. As transformation is expected to deliver significant changes to health and social care services it is important that our local communities are kept informed and fully engaged and communicated with throughout this process.

Action - *The Communications Team will continue to work with each of the transformation work streams to further develop their communication and engagement plans*

Internal Communications - Well informed and engaged staff are an asset to any organisation and it is essential therefore that the HSCP continue to engage with colleagues on a regular basis. A range of communications channels, such as all user emails, Chief Officer messages and posters, should be used to ensure that all staff have access to any relevant messages.

Action - *The Communications Team will work with staff, managers and the Joint Partnership Forum to review the effectiveness of the current internal communications channels and to investigate the opportunities for further development of other channels.*

HSCP Strategic Plan and vision - The Strategic Plan highlights that the vision for the organisation is that: *"People in Argyll and Bute will live longer, healthier, independent lives"*. This was developed through a range of workshops and survey processes involving staff, service users, carers and the wider public.

Action - *To further develop communications activity linked to the Strategic Plan and vision through the introduction of specific communications material and images to link in with each of the three strands of the vision and to ensure that communications activity is closely aligned to each of these strands.*

Culture - The Culture agenda within Argyll and Bute remains a key priority for the HSCP and continues to be a high profile topic both in the media and with key stakeholders such as elected members. The organisation is also carrying out a “Listening and Learning” staff survey during June to provide a baseline of how staff feel about work, what works well and what the organisation needs to focus on.

Action - *This survey will be repeated on a regular basis to track progress against the baseline from the initial survey in June.*

Digital Media - Our digital media presence will continue to be developed through building public awareness of the HSCP’s current social media platforms such as Twitter and Facebook while investigating others such as LinkedIn.

Action - *An increase of 10% in engagement across our existing digital media channels.*

Training - One of the elements within the Communications Team’s work plan is to provide training to staff and managers in areas such as graphic design, social media and the development of communications plans.

Action - *A training schedule will be developed for the coming year to link in with the requirements of staff and managers and will include areas, such as those identified above, as well other areas identified as needing additional support.*

10. Roles and Responsibilities

10.1 Integration Joint Board Members

It is the role of Board members to be the ‘face’ of the HSCP and to actively promote and to drive forward the delivery of the Strategic Plan. There is an established media protocol which was approved by the IJB which outlines that Board members should direct any media enquiries to the HSCP communications team. However, if the need arises that a Board member is required to respond directly, then they can receive advice and support from the Communications Team.

10.2 Senior Leadership Team

The Senior Leadership Team (SLT) has a key role in developing and overseeing the implementation of the Communication Plan and clearly communicating both operational and IJB decisions and the strategic thinking behind them. Furthermore, the SLT also work with the Communications Team to respond to reactive media queries and planning proactive communication opportunities.

10.3 Health and Social Care Staff

The HSCP’s Communications Team is the key contact between the partnership and the media and if the media directly approaches an individual member of staff they should refer enquiries to the Communications Team for appropriate action.

All HSCP staff are ambassadors for the Partnership and have a role to play in upholding its reputation. They should be aware of this in both their personal and professional media interactions including social media engagement. Staff should at all times comply with their employing organisations policies and protocols.

10.4 HSCP Communications Team

The HSCP has a dedicated Communications Team which supports the Integration Joint Board, Senior Leadership Team and HSCP staff whilst ensuring that the traditional and digital methods of communication adopted are appropriate, relevant and timely.

They work closely with communication colleagues, both in NHS Highland and Argyll and Bute Council, and link in on a regular basis with the Scottish Government, other HSCPs and partners such as Police Scotland.

The Communications Team is a specialist resource that is the first point of contact for all media enquiries and for staff in relation to advice on communications issues.

They also have a role in supporting and up-skilling staff to develop local proactive communication approaches including the use of local social media platforms and integrated apps in many of the localities.

Communications Team contact details:

David Ritchie, Communications Manager, david.ritchie5@nhs.scot

Elaine Booth, Communications Officer, elaine.booth3@nhs.scot

Appendix 1



MEDIA RELEASE

USE: Immediate

ISSUE DATE: Monday 18 January 2021

CONTACT: David Ritchie, 0777 6480406

COVID Vaccination Programme Continues in Argyll and Bute

NHS Highland is continuing with its vaccination programme across Argyll and Bute and in line with national guidance, has been targeting the priority groups including care home residents and staff, health and social care staff working directly with COVID or suspected COVID patients, GPs and vaccinators. All care homes in Argyll and Bute have already been visited by our vaccination teams.

We have also now started to vaccinate people in our community aged 80 and above and this element of the programme is being led by GPs and their local teams. Many of our GPs already have vaccination clinics scheduled, with more to be added, and we would remind patients that there is no need for them to contact their Practice as they will contact you when it's your time to get the vaccine.

Joanna Macdonald, Chief Officer for Argyll and Bute Health and Social Care Partnership, said:

"I am really pleased that we are continuing with the vaccination programme in Argyll and Bute and I would like to thank all of our staff, including GPs and their teams, for their hard work and commitment in ensuring that we are moving forward with the vaccinations as quickly as we can.

"We are currently working our way through the priority groups as per the national guidance and I am delighted to say that our vaccination teams have already visited all care homes in Argyll and Bute, which is really good news. We are now also starting to vaccinate people aged 80 and over and your GP will be in touch when it's your turn to be seen.

"Finally, I would remind the public of the importance of continuing to follow national guidance on social distancing, self-isolation and mixing indoors and that they should stay at home and only leave the house for essential purposes."

Note for editors: If you, or someone you live with, develops symptoms then adhere to the national advice and stay at home. You can contact 111 if you are concerned about your condition or your symptoms worsen. Further information and advice on COVID-19 can be found at www.nhsinform.scot

Appendix 2



Argyll and Bute HSCP Proactive Media Communications Planner, July 2021

Date	Comms Messages	Communications Channel	Issued
Thursday 1 July	Beating The Blues	Local media Social Media	
	Oral Health Improvement	Local media Social Media	
	Unpaid Carers Assessments	Social Media	
	New Helensburgh lead nurse	Local media Social media	
Friday 2 July	Stop Smoking Advisors	Local media Social Media	
	Ask Twice – Suicide Prevention	Social Media	
Saturday 3 July	<i>National Bereaved Parents Awareness Day</i>	Social Media	

Date	Comms Messages	Communications Channel	Issued
	Walking – Paths for All	Social Media	
	Tick Bite Self-Care / Lyme Disease	Social Media	
Sunday 4 July	Keep Hydrated	Social Media	
	Carers UK Helpline	Social Media	
	<i>#GladtoCare Awareness Week</i>	Social Media	
Monday 5 July	Missing COVID19 Appointment form	Social Media	
	Know your moles	Social Media	
	Eating Healthier / Five a day	Social Media	
Tuesday 6 July	Eyecare – Sun Protection	Social Media	
	<i>National Hygiene Week</i>	Social Media	
	HIV / HEP C Free Tests – Waverley Care	Social Media	
	SAMH / Mental Health Foundation	Social Media	
Wednesday 7 July	COVID Vaccination Programme /LFDs / Testing Stations	Social Media	
	Welfare Rights Officers / Benefit Checks	Social Media	
	Sexual Health Clinics Services /	Social Media	

Date	Comms Messages	Communications Channel	Issued
	AB Wish Website		
	Childline Helpline	Social Media	
	Travel health and vaccinations	Social Media	
Thursday 8 July	Silver Cloud - TEC	Local media Social Media	
	Carers Short Breaks & Respite	Social Media	
	Screening Services	Social Media	
	Patient Travel Service Getting help to get to appointments	Social Media	
Friday 9 July	Domestic Violence National Helpline / AB DV contact centers	Social Media	
	Together, let's care for your mental health Campaign	Social Media	
	Avoiding Germs Outdoors and keeping safe	Social Media	
	We'll keep you right Campaign	Social Media	
Saturday 10 July	<i>National BBQ Week – NHS BBQ Food Safety</i>	Social Media	
	Loneliness / Isolation – AB Befriender Services and Silverline Helpline	Local media Social Media	

Date	Comms Messages	Communications Channel	Issued
	Living well with COPD – British Lung Foundation	Social Media	
Sunday 11 July	National Wellbeing Hub Website	Social Media	
	ACUMEN – self care plan	Local media Social media	
	Hay fever – Self-Care	Social Media	
	One Stop Physio Contact Services	Social Media	
	Social Work Out of Hours Emergency Contact Details	Social Media	
Monday 12 July	Missing COVID19 Appointment form / Vaccine Programme Update / Testing Stations	Social Media	
	Near Me	Local media Social media	
	<i>National Simplicity Day – Leave TEC at home and enjoy nature</i>	Social Media	
	Sunscreen / Skin Cancer	Social Media	
	Mens Talk – Living Miserably Campaign / Mens Forum / Website and Body Image	Social Media	
Tuesday 13 July	Early Intervention Psychosis	Local media	

Date	Comms Messages	Communications Channel	Issued
		Social Media	
	With OT You Can Campaign	Social Media	
	We'll keep you right Campaign	Social Media	
Wednesday 14 July	COVID Vaccination Trials / Helpline Number / Missed Appointments Online Contact Form	Social Media	
	Adult and Young Peoples Protection Team contact details	Social Media	
	School counselling service	Local media Social media	
	COVID Vaccination programme / Self-Isolating Grant/ Self-Isolation Note for Employers/Caring for People Service and Helpline	Social Media	
Thursday 15 July	National Wellbeing Hub	Social Media	
	<i>Good Care Awareness Month (NHS Duty of Candour Promotion)</i>	Social Media	
	Welfare Rights / Benefit Assessment – long term conditions	Social Media	

Date	Comms Messages	Communications Channel	Issued
Friday 16 July	Ready Steady Scotland – Hot Weather	Social Media	
	Home Fire Safety Checks	Social Media	
	COVID19 Guidance - FACTS	Social Media	
	Patient Rights (Scotland) Act 2011.	Social Media	
	LAAS Advocacy Service	Social Media	
Saturday 17 July	Active Lifestyles / Health Benefits	Social Media	
	Benefits of Relaxation / NHS Inform Meditation Videos	Social Media	
	Benefits of Swimming	Social Media	
	Beat stress at work	Social Media	
Sunday 18 July	Living Well with COPD / British Lung Foundation	Social Media	
	Macmillan Cancer Support / AB Drop Ins	Social Media	
	Falls risk screening – NHS Inform	Social Media	
	Recruitment	Social Media	
Monday 19 July	Missing COVID19 Appointment form / Programme Update	Social Media	

Date	Comms Messages	Communications Channel	Issued
	AB Maternity Classes / Online groups	Local media Social Media	
	Alzheimers Scotland Helpline	Social Media	
	The Charter of Patient Rights and Responsibilities	Social Media	
	Gluten-free Food Service	Social Media	
Tuesday 20 July	Allergies / Hay Fever (self-Care and Pharmacy 1st	Social Media	
	<i>GBS infection Awareness Month</i>	Social Media	
	Living Well with Diabetes – Diabetes Courses / Diabetes UK Helpline	Social Media	
	Roll Up Your Sleeve Campaign / Missing Appointment Contact Form	Social Media	
	COVID Vaccination Side Effects / NHS Inform what to expect at your appointment	Social Media	
Wednesday 21 July	Mental Health Team – What we do / Contact details	Social Media	
	Get checked early Campaign (Cancer Prevention)	Social Media	

Date	Comms Messages	Communications Channel	Issued
	Diabetes UK Helpline	Social Media	
Thursday 22 July	Florence – TEC Relaxation Protocol	Local media Social Media	
	How to contact our OTs	Social Media	
	Free Eye Tests	Social Media	
	Ready Steady Baby – Baby Box, Grants and RSB packs	Social Media	
	<i>Sarcoma Awareness Month</i>	Social Media	
Friday 23 July	Balance Challenge (Super Six Campaign) – Falls Prevention	Social Media	
	Your mental health and wellbeing after birth	Social Media	
	LFD Ordering / Being a responsible traveller	Social Media	
	Exercise for depression – NHS Inform	Social Media	
Saturday 24 July	Silverline Helpline – Breathing Space and Samaritans	Social Media	
	Coronavirus (COVID-19): Drug use	Social Media	
	Adjusting to life with a heart condition – British Heart	Social Media	

Date	Comms Messages	Communications Channel	Issued
	Foundation		
Sunday 25 July	<i>Samaritans Awareness Day – Helpline and Website Resources</i>	Social Media	
	Recruitment	Social Media	
	Getting it right for every child (GIRFEC)	Local media Social Media	
	<i>National Schizophrenia Awareness Day</i>	Social Media	
Monday 26 July	Missing COVID19 Appointment form	Social Media	
	Dental Check Ups and promotion of Oral Health	Social Media	
	Realistic medicine	Social Media	
	Information for carers using NHS services	Social Media	
Tuesday 27 July	Jeans Bothy Mental Health Hub Monthly Schedule	Local media Social Media	
	<i>Deafblind Awareness Week</i>	Social Media	
	How the NHS handles your personal health information	Social Media	

Date	Comms Messages	Communications Channel	Issued
Wednesday 28 July	COVID Vaccination Programme	Social Media	
	Understanding your health and weight: Body mass index (BMI)	Social Media	
	Allergic rhinitis	Social Media	
	Register for SHARE to help save lives (NHS research programmes)	Social Media	
Thursday 29 July	Carers Centers Contact Details / Adult and Young Carer Assessments / SDS	Social Media	
Friday 30 July	LGBTQ Helpline	Social Media	
	Childrens Pre-school Vaccinations	Social Media	
	Second Hand Smoke	Social Media	
	Insect bites and stings	Social media	
Saturday 31 July	Breathing Space / Samaritans	Social Media	
	Postpartum psychosis	Social Media	



Being smoke free improves your health and that of family and friends exposed to second hand smoke, but did you know it can improve the health of your wallet too!

If you give up 10 cigarettes per day...



SAVE
£150
per month*

=

SAVE
£1850
per year*

=

SAVE
£9125
over 5 years!*

* Approximately.

Calculate how much YOU can save by not buying cigarettes, and what you've already spent on cigarettes, at

www.canstopsmoking.com/tools/cost-calculator

Other benefits you can gain when you stop smoking:

- reduced lost earnings. Smokers are more likely to absent from work than non-smokers.
- reduced redecorating costs as you no longer have to cover up yellow staining on walls, ceilings and paintwork.
- more favourable insurance premiums - some insurance companies charge smokers more for Life and Critical Illness, Home and Car Insurance.
- reduced spend on air fresheners etc,

You are FOUR TIMES more likely to stop smoking when supported by a Stop Smoking Advisor so don't delay that quit any longer!

If you would like to talk to someone directly, contact your local advisor for Helensburgh and Lomond,

Kathy Graham on tel. 07972678923

Alternatively, contact Smoke Free Highland on: 08457573077 if you'd like to stop smoking or complete the online form at: bit.ly/Smoke-Free-Highland and your local advisor will get in touch with you.

Appendix 4



6 May 2021

COVID cases

On 5 May we had 26 new cases. The infection rate is 8.7/100,000 across the NHS Highland area: 2.3/100,000 in Argyll and Bute and 11/100,000 in North Highland.

We have a total of one patient in ITU, one other COVID inpatients in Raigmore, and none in Argyll and Bute.

There have been 169 recorded deaths in the NHS Highland area since the start of the pandemic: 98 in Highland and 71 in Argyll and Bute. These are deaths within 28 days of a confirmed positive test and represent no change for five weeks.

The National Records of Scotland also publishes deaths where COVID-19 is mentioned on the death certificate, either as the underlying cause or a contributory cause. These include deaths where 'suspected' or 'probable' COVID-19 appears on the death certificate. There has been no change in these figures in the last five weeks.

Vaccination

We have vaccinated 66.3% of over 16 year olds with their first dose, compared to a Scottish average of 62.7%.

We continue to offer 'mop up' appointments to anyone over 50 who has not yet received a first vaccination.

Clinics for 40-49 years olds are being scheduled. Please ask people aged 40-49 not to contact their GP about vaccination appointments as practices are experiencing a high volume of calls at a time when they are already very busy. Patients will be contacted as soon as appointments are available.

Information is on the [NHS Highland website here](#) and you can view progress on the national [vaccination programme online here](#).

Feedback

If you have comments or queries please contact nhshighland.feedback@nhs.scot

Appendix 5

Culture Survey Launch Communications (draft)

Background

The Culture baseline survey, entitled 'Listening and Learning', will open on 1 June and run for three weeks. A communications campaign is required to encourage maximum participation across NHS Highland and Argyll & Bute HSCP colleagues. The survey is positioned under the umbrella of the wider culture programme, 'Listening, learning and living our values' and will be badged with the icon developed to represent the value of 'openness, honesty and responsibility'.

Strategy

Previous surveys, such as iMatters, have had lower take up than we would have liked, due to participants concern at their responses being attributable to them; lack of time to fill it in; and a feeling that feedback will not be acted upon. This campaign will therefore address these issues by explaining that results are completely anonymous, keeping the survey brief and making it accessible by smartphone or other internet-enabled device, and offering reassurance of how feedback will be used.

As the survey covers colleagues in both NHS Highland and Argyll & Bute HSCP (who may be employees of Argyll & Bute Council), it will refer to both organisations throughout and use an icon which refers to the overall culture programme rather than the logo of either organisation.



This icon represents the value of 'openness, honesty and responsibility' and will reference in a visual way the wide cultural programme and strategy, emphasising the importance of two-way communications to improvement.

Tactics, channels and messages

The campaign will use a wide range of communications channels to reach all colleagues, with top-level messages included across all channels and colleagues directed to the intranet for further detail.

Top-level messages are:

- Please fill in the Listening and Learning survey and help shape the future of your organisation.
- The survey will take just 10 minutes – you can fill it in online, on any internet-enabled device.
- Listening and Learning is entirely anonymous. Managers won't see results for teams smaller than 10. For larger teams they will only see the consolidated team scores, not comments.
- Results will allow us to offer support and advice to areas of the organisation that might need it. We will also feedback to you what the results were. The organisation running the survey offers lots of ideas for teams to improve, depending on what their results show.
- Visit the culture nugget on the intranet for more information [include link]
- Any issues? Let us know at NHSH.Listening@nhs.scot

The campaign needs to use multiple internal and external channels but also include events and activities as well as physical promotion materials.

- Manager cascade pack / briefing
- Info shared with A&B Council for their internal channels
- Individual email to all staff with a work email address
- Inclusion in weekly round-up
- Posters / flyers (PDF emailed to areas with noticeboards) with QR code linking to survey
- FAQs on intranet
- Ask Me Anything event
- A&B Connections event
- Social media with QR code linking to survey
- Media release / local press advertising
- Info shared with Staffside and trade unions

Action plan

w/c 24 May	w/c 31 May	w/c 7 June	w/c 14 June	w/c 21 June	July
<p>Friday weekly round-up: survey trailed, including mention of AMA event</p> <p>Separate email invite to Ask Me Anything session</p> <p>Media release / ads approved</p> <p>Manager cascade finalised and approved</p> <p>FAQs finalised and approved</p> <p>Ask Me Anything event booked</p> <p>Posters / flyers designed and approved</p> <p>Board and IJB briefed</p>	<p>Info shared with A&B Council</p> <p>Info shared with Staffside / TUs</p> <p>Individual email sent</p> <p>Manager cascade sent, including posters / flyers</p> <p>Ask Me Anything session</p> <p>Intranet nugget up to date with FAQs</p> <p>Media release / ads out</p> <p>Social media out</p> <p>Listening address monitored for issues</p>	<p>A&B Connections event publicised in A&B</p> <p>Social media repeated</p> <p>AMA session link available on intranet</p> <p>Reminder email to colleagues who haven't filled in survey</p>	<p>A&B Connections event</p> <p>Social media repeated with update on take up so far</p> <p>Possible media release with update on take up so far</p> <p>Reminder email to colleagues who haven't filled in survey</p> <p>Approach managers in any specific areas with low take up for support in encouraging teams to fill in the survey</p>	<p>Final reminder email to colleagues who haven't filled in survey</p> <p>Friday weekly round-up thanks to colleagues and update on take up and what happens next</p>	<p>High level results available on intranet</p> <p>Case studies in weekly round-up and on intranet and social media of managers who have used the survey feedback to make improvements</p>

This page is intentionally left blank



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Date of Meeting: 16 June 2021

Title of Report: Child Poverty Action Plan Review 2020-21

Presented by: Fiona Davies/Mandy Sheridan

The IJB is asked to:

- Note the work taking place to address child poverty locally
- Consider the Child Poverty Action Plan Review 2020 - 2021

1. EXECUTIVE SUMMARY

In 2019 the Argyll and Bute Child Poverty Action Group was formed to oversee the implementation of the local Child Poverty plan, review it annually and find ways to best use existing resources and develop new initiatives. Members of the group included Councillor Currie, Senior Managers from the HSCP, Employability, The Food Group, Education, Benefits, Advice Services, Housing and the Third Sector; the Lead on child poverty work was taken by the Chief Officer for the HSCP.

The Covid19 pandemic and the first lockdown prevented meetings for a period as group members were called away to other work but were continued later in the year. This was reflected across Scotland and the Government's review of the Every Child Every Chance Report was not released until August. Local area plans were also delayed and Argyll and Bute completed theirs in November.

However the Scottish Government wanted to get reviewing back on track, hence there will be a shorter time between reviews this year, with the next being required by the end of June or as soon as possible after this date. The second review report 2020 – 2021 will go to the Community Services Committee on 10/06/2021, the IJB on 16/06/2021 and the CPP on 30/06/2021. Following consideration and publication there is an obligation for it to go to Scottish Government.

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. The Act introduced a new requirement for local authorities and each relevant Health Board to jointly prepare a Local Child Poverty Action Report and to review it on an annual basis through to 2030.

The Scottish Government publishes a national child poverty report, “Every Child Every Chance” which sets out the national measures taken to address the issue and this too is reviewed annually.

3. DETAIL OF REPORT

Of particular relevance to the duties under the Child Poverty (Scotland) Act are Parts 1 and 3 of the Children and Young People (Scotland) Act 2014. Part 1 requires public authorities to publish, as soon as practicable after the end of each 3 year period, a report of what steps it has taken in that period to secure better or further effect within its areas of responsibility of the UNCRC requirements. Of particular relevance to the issue of child poverty are the following articles:

- Article 3 (best interests of the child)
- Article 6 (life, survival and development)
- Article 12 (respect for the views of the child)
- Article 26 (social security)
- Article 27 (adequate standard of living)

The Child Poverty Action Plan and the Children’s Rights Report are closely linked and should in turn be linked to key Council and Health Board strategies and plans, for example the Children and Young People’s Service Plan 2020 – 2023. It should be noted that child poverty and children’s rights are issues not limited to Children’s Services or the HSCP but are a wider responsibility that Council departments and partners need to be cited on.

The Plans also link to the Fairer Scotland Duty. This is an overarching strategic duty on public bodies (including local authorities). It has interactions with the Equality Act 2010 and Scotland Act 2016; and came into force on 1 April 2018.

The Duty requires that: “An authority to which this section applies must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage.”

In ensuring that this obligation is met, Equality and Socio-Economic Impact Assessments (EQSEIA’s) must be carried out when new plans and strategies are being developed. Children’s rights obligations call for a similar process to be carried out and Child Rights and Wellbeing Impact Assessments (CRWIA’s) to be completed. Work is currently taking place in Argyll and Bute to integrate these two assessment documents into one process.

The 2017 Act set 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 and these targets now represent a challenge given the impact of Covid19.

- Less than 18% of children are in relative poverty
- Less than 14% of children are in absolute poverty
- Less than 8% of children are in combined low income and material deprivation
- Less than 8% of children are in persistent poverty

Child Poverty Figures for Argyll and Bute:

Data from research by the charity “End Child Poverty” in October 2020, which includes the child poverty data published by the Department for Work and Pensions in March 2020 and housing cost data from the Valuation Office Agency and income data from the Understanding Society survey found the following.

Children Living in Poverty below 60% median income before housing costs (BHC) and after housing costs (AHC) in Argyll and Bute.

2014/2015 AHC – 20.7%

2018/2019 BHC - 17.3%

2018/2019 AHC – 23.4% - (3056 children)

New Scottish Government figures for Argyll and Bute released on 19/05/2021:

2019/2020 AHC - 23.3% (3000 children).

Figures to be released next year will reflect the impact of the pandemic economic impacts of EU exit and are likely to be higher.

4. RELEVANT DATA AND INDICATORS

The Child Poverty Action Plan is reviewed on an annual basis with multi agency reporting, linkages are noted with other relevant reporting, legislation and impact on governance.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Supports planning and delivery of services to the whole population.

6. GOVERNANCE IMPLICATIONS**6.1 Financial Impact**

None identified in this paper

6.2 Staff Governance

None identified in this paper

6.3 Clinical Governance

This paper notes impact on need and delivery of the plan due to the pandemic and ongoing considerations are given to any service changes.

7. PROFESSIONAL ADVISORY

No specific professional advisory required for this review. Children's rights impacts are being considered in ongoing delivery planning.

8. EQUALITY & DIVERSITY IMPLICATIONS

This is a key underpinning aspect of this area of work. Further planning will be given on meeting requirements across children's planning and delivery.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

No specific issues identified in this area.

10. RISK ASSESSMENT

The Strategic children's group will manage the ongoing review of risk in delivery of the plan.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Ongoing consultation takes place through the delivery of plan activity.

12. CONCLUSIONS

In conclusion the review of activity is recommended to the IJB prior to submission to the Scottish Government.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Author Name Mandy Sheridan

Email mandy.sheridan@argyll-bute.gov.uk

Appendix 1

Links to Argyll and Bute's Child Poverty Action Report 2019 and the 2019 / 2020 Review:

<https://www.argyll->

[bute.gov.uk/sites/default/files/child_poverty_action_plan_0.pdf](https://www.argyll-bute.gov.uk/sites/default/files/child_poverty_action_plan_0.pdf)

<https://www.argyll->

[bute.gov.uk/sites/default/files/child_poverty_action_plan_review.pdf](https://www.argyll-bute.gov.uk/sites/default/files/child_poverty_action_plan_review.pdf)

Link to Council's Challenge Poverty Website:

<https://www.argyll-bute.gov.uk/challenge-poverty>

Link to Argyll and Bute's Children's Rights Report:

<https://www.argyll->

[bute.gov.uk/sites/default/files/childrens_rights_report_2020_final.pdf](https://www.argyll-bute.gov.uk/sites/default/files/childrens_rights_report_2020_final.pdf)

Scottish Government's UNCRC Guide for Children and Young People

<https://www.gov.scot/publications/un-convention-rights-child-guide-children-young-people-2/>

Appendix 2

Description of measure:

Relative poverty - the proportion of children living in households with incomes below 60% of the median (middle) UK income in the current year.

Absolute Poverty - The number of children living in households below 60% of the median UK income in 2010/11, adjusted for inflation.

Combined Low Income and Material Deprivation - The number of children living in households with incomes below 70% of the median UK income AND going without certain basic goods and services (such as a warm winter coat, a holiday away from home, money to replace worn out furniture etc.).

Persistent Poverty - The number of children who have lived in relative poverty in 3 or more of the last 4 years.

This page is intentionally left blank

Child Poverty Action Plan Review 2020 – 2021

June 2021

Introduction:

Welcome to the second annual review of Argyll and Bute's Child Poverty Action Plan 2020 - 2021. We have all experienced the impacts of Covid19 over the last few months and now more than ever it is important to show how we are working to address child poverty in Argyll and Bute and what progress we are making despite the increased challenges.

It is already clear that low income families – who reported lower levels of financial resilience coming into this crisis – are at risk of deepening insecurity. In the months ahead, increased pressure from the withdrawal or disruption of care services puts parents and carers at risk of long-term reductions in earnings, or of being pushed out of the labour market altogether. This presents a significant threat to women's equality in Scotland's labour market.

IPPR Scotland's report on Financial Insecurity in Scotland

<https://www.ippr.org/files/2020-10/weathering-the-winter-storm-oct20.pdf>

The Argyll and Bute Child Poverty Action Group recognises that it is vital that the Council, Health Board, the third sector and communities work together to tackle child poverty. Argyll and Bute's people demonstrated their ability to come together and support each other and the most vulnerable amongst us during the pandemic. Between 27th of March and 26th of July 2020 the Caring For People Group answered 4080 different requests for assistance. By the 7th of May the Third Sector Partnership, working on behalf of the group, had registered 963 volunteers across our communities. Council, Health, Social Care and Education staff also stepped up, assuming new roles, longer hours and different ways of working.

Measures were quickly taken to ensure that those being shielded would be supported and food made available to children and families during lockdown. There was a shared understanding of the pressures that lockdown created and School and Education Psychology staff kept in touch with pupils and parents, offering support and advice. As well the Violence against Women and Girls Partnership worked to give advice and support to women experiencing domestic abuse; for example Women's Aid worked with the Housing Consortium to support women and children fleeing violence.

This review applauds the determination of Argyll and Bute's people to protect its families and communities, to ensure that no child is left behind and that it is understood that poverty is not the fault of those experiencing it. This is more than ever the case with young people struggling to find work and many families working long hours in low paid jobs; some facing the additional challenges of living remote and rurally. We may not all be in the same boat as some face additional challenges but we can all pick up a paddle and make sure that everyone's boat stays afloat.

Despite all of the challenges and changes that Covid19 and EU exit have brought to tackling child poverty, our vision remains:

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.

Children's Rights:

Article 27 of the UNCRC states that Article 27(1) – States 'Parties recognise the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development'. While this is the most relevant article of the UNCRC when thinking about child poverty, there are many other articles that are important.

The Scottish Government has committed to putting the United Nations Convention on the Rights of the Child (UNCRC) at the centre of decision making both politically and legally. The UNCRC (Incorporation) (Scotland) Bill was introduced to the Scottish Parliament on 1st September 2020 and was passed unanimously on 16th March 2021.

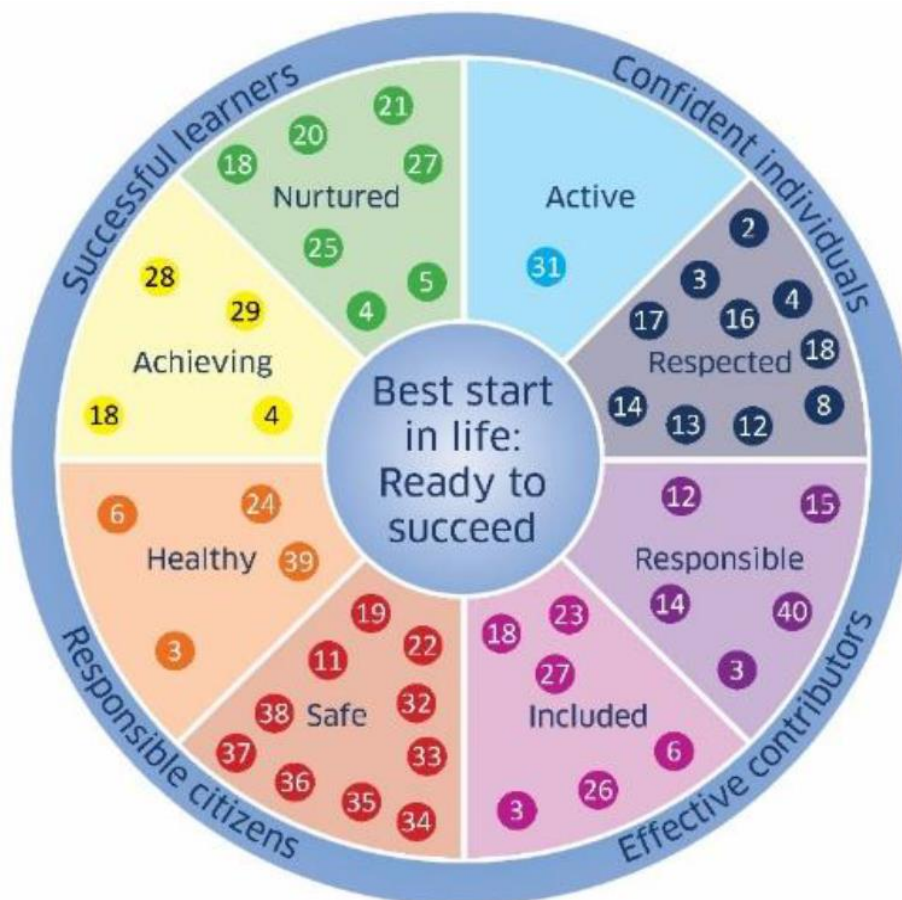
In 2020 Argyll and Bute produced its own Children's Rights Report 2020 - 2023 and will use its principles when tackling child poverty. This demonstrates a commitment to the articles of the UNCRC and delivering them through The Getting it Right For Every Child (GIRFEC) assessment approach (SHANARRI), 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. The National practice model incorporates the 8 well-being indicators into planning, decision-making and practice, and endorses the Articles of the UNCRC.

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/>

A multi-agency group has been formed to look at how the Council and its partners can work together to achieve the integration of the UNCRC into services and practice. It will also look at how to engage with children and young people on children's rights and how they need to be supported to understand and embrace this change. Other issues to be looked at will include staff training on children's rights, UNCRC and how this impacts on the law. Links to community groups and media posts will be used to keep people informed of progress.

The UNCRC Articles that apply to the Wellbeing Indicators:



Links to Argyll and Bute’s Child Poverty Action Report and 2019 / 2020 Review:

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

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

Link to Council’s Challenge Poverty Website:

<https://www.argyll-bute.gov.uk/challenge-poverty>

Link to Argyll and Bute’s Children’s Rights Report:

https://www.argyll-bute.gov.uk/sites/default/files/childrens_rights_report_2020_final.pdf

Scottish Government’s UNCRC Guide for Children and Young People

<https://www.gov.scot/publications/un-convention-rights-child-guide-children-young-people-2/>

Reasons for this Child Poverty Review:

First and foremost the reason for this review is to show how we are addressing child poverty. Argyll and Bute's Chief Officer for the Health and Social Care Partnership leads our local Child Poverty Action Group, a multi-agency group whose members include the Council Leader, Heads of Adult and Child Services, Health Managers and key people from: Employability, Benefits, The Food Group, Education, Public Health, Housing, Community Planning Partnership and the third sector. This group ensures that child poverty is prioritised and there is cooperation that encourages new ideas and initiatives.

This review also exists because 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 2017 Act set 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 and these targets now represent a challenge given the impact of Covid19.

- Less than 18% of children are in relative poverty
- Less than 14% of children are in absolute poverty
- Less than 8% of children are in combined low income and material deprivation
- Less than 8% of children are in persistent poverty

Sustainability:

There are areas of work such as those tackling period poverty, school clothing, food and others which offer an opportunity for poverty actions and sustainability actions to be more closely aligned in a way that helps to tackle stigma while enabling dignity and choice for those in need. This is a future area of development that will be given further consideration in future plans and actions.

The Picture in Argyll and Bute:

Child Poverty.

Data from research by the charity “End Child Poverty” in October 2020, which includes the child poverty data published by the Department for Work and Pensions in March 2020 and housing cost data from the Valuation Office Agency and income data from the Understanding Society survey found the following.

Children Living in Poverty below 60% median income before housing costs (BHC) and after housing costs (AHC) in Argyll and Bute.

2014/2015 AHC – 20.7%

Note: This new data include previous years from 2014/15. Due to a small technical adjustment in the official figures, past data are slightly different from those published previously.

2018/2019 BHC - 17.3%

2018/2019 AHC – 23.4% - (3056 children)

New Scottish Government figures released on 19/05/2021 show a very small decrease in child poverty figures for Argyll and Bute

2019/2020 AHC - 23.3% (3000 children)

Figures to be released next year will reflect the impact of the pandemic and are likely to be higher.

The Scottish Index of Multiple Deprivation is a relative measure of deprivation across 6,976 small areas (called data zones). If an area is identified as ‘deprived’, this can relate to people having a low income but it can also mean fewer resources or opportunities. SIMD looks at the extent to which an area is deprived across seven domains: income, employment, education, health, access to services, crime and housing. They do help with regards to understanding where deprivation exists but it needs to be remembered that there will be families and individuals who experience deprivation but live out with these areas. This will particularly be the case given the impact of Covid19 on employment and businesses.

The Results for Argyll and Bute from the SIMD 2016 shows:

- 4 data zones in the 10% most overall deprived data zones
- 11 data zones in the 20% most overall deprived data zones
- 9 data zones are in the 20% most income deprived data zones.
- 6 data zones are in the 20% most employment deprived data zones
- 6 data zones are in the 20% most health deprived data zones
- 10 data zones in Argyll and Bute in the 15% most overall deprived data zones.
- 8 data zones are in the 15% most employment deprived data zones.
- 12 data zones are in the 15% most health deprived data zones.
- 41,738 people live in the 53 data zones (38%) that are amongst the 15% most access deprived data zones.
- 13 of Argyll and Bute's data zones, more than 10%, are in the 1% most access deprived data zones.

These figures looked at by Ward show that our most deprived areas are; Bute, Dunoon, Helensburgh Central, South Kintyre and Oban South and the Isles (SIMD 2020V2).

Employment.

In Argyll and Bute we face challenges presented by being the second largest local authority in Scotland geographically 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 includes 23 inhabited islands. Whilst this brings benefits, recognised by the many tourists who flock to our area, it also means that we have fewer jobs in manufacturing and finance than is the Scottish national average and higher than average employment in the Public Sector, tourism, forestry and fisheries. The top 3 employment sectors in Argyll and the Islands are accommodation & food services (15.0%), human health and social work (15.0%) and wholesale and retail (13.3%). Together they account for around 13,000 jobs across the area. 13,750 people are employed in the sectors most exposed to the economic effects of COVID-19 (46%) of total employment - higher than the average regionally (39%) and nationally (37%).

Jobs at Risk.

Analysis based on estimated share of jobs furloughed by sector in April 2020

The share of jobs in sectors most exposed to COVID-19 is higher in Argyll and the Islands than regionally and nationally. Argyll and Bute is ranked 21st out of Scotland's 32 local authorities on share of jobs in exposed sectors

Argyll and Bute is ranked 1st out of Scotland's 32 local authorities for jobs at risk.

The Impact of Covid19 on the Highlands and Islands; Sub-
regional analysis; HIE 2021

NOMIS figures for January 2020 – December 2020 show that 77.2% of people in Argyll and Bute were economically active compared with 76.8% in Scotland. However wages are noted to be lower in Argyll and Bute.

Earnings by Place of Residence 2020

	Argyll and Bute Pounds	Scotland Pounds	Great Britain Pounds
Gross Weekly Wage			
Full Time Workers	553.6	595.0	587.1
Male Full-Time Workers	606.7	626.3	622.9
Female Full-time Workers	477.1	562.5	544.3
Hourly Pay – Excluding Overtime			
Full-Time Workers	14.64	15.63	15.18
Male Full-time Workers	15.60	15.87	15.64
Female Full-time Workers	13.54	15.31	14.42

Source: ONS annual survey of hours and earnings - resident analysis

Notes: Median earnings in pounds for employees living in the area.

The impact of the pandemic on incomes has been substantial with significant numbers losing their jobs or being furloughed. the Department of Work and Pensions reporting that In February 2021, there were 212,600 Universal Credit claimants in Scotland, an increase of 3,900 (1.9 per cent) over the month and an increase of 100,300 (89.3 per cent) over the year. (Economy and Labour Market: A National Statistics Publication for Scotland; Scot. Gov. March 2021).

In Argyll and Bute DWP noted that in December 2020 the live caseload for Universal Credit was 6,126 cases at 10 December 2020 before the most recent lockdown. 40%

of these claimants are searching for work and a further 37% are working with or without requirements.

The impact of the pandemic on families with children in Argyll and Bute can be seen in figures for those claiming Crisis Grants. In the period 1 April to 31 December 2020 there was an increase of 19% in the volume of applications received and awards made and a 50% increase in their value. 357 claims are from households with children. 213 of these claims were successful thereby supporting 404 children in these households. This represents a 53% increase in the number of households with children being supported by Crisis Grant between 2019/2020 and 2020/2021 and a 56% increase in the number of children supported by the grant for this period of the year.

In the period 1 April 2020 to 31 March 2021 there was an increase of 14% in the volume of applications received in Scottish Welfare Fund from 2,314 to 2,627 and expenditure in the fund increased from £459,000 in 2019/2020 to £658,000 this year an increase of 43% year on year.

In the period 1 April 2020 to 31 March 2021 there was an increase of 17.52% in the volume of applications for Community Care Grants from 812 to 968 with the expenditure of grants increasing by 41.95% from £387,284 in 2019/20 to £549,733 in 2020/21.

Spend and committed spend on the Discretionary Housing Payment (DHP) fund at March 2021 sits at £852,000 but this will be subject to yearend adjustments still to be processed. Last year 2019/2020 £656,000 was spent, therefore there has been a 30% increase in spend year on year.

It is young people who are experiencing the most severe downturns in employment and employment opportunities. From August 2019 youth unemployment rates in Argyll and Bute rose to 525 in August 2020, an unemployment rate of 12%. This was above the Highlands and Islands (9.5%) and the national (9.7%) rates, suggesting barriers for young people wishing to enter the labour market.

The Impact of Covid19 on the Highlands and Islands; Sub-
regional analysis; HIE 2021

In January – December 2020, the employment rate for young people (16 to 24 year olds) in Scotland was 51.9 per cent, 6.0 percentage points lower than a year ago (57.9 per cent), which represents a statistically significant change. The employment rate for 16 to 24 year olds is now the lowest since the series began in 2004. The employment rate for young people had been gradually increasing since 2013 but has decreased over the last year, the largest decrease seen in a single year.

It does appear that unemployment rates for young women are increasing faster than for young men. In January – December 2020, the employment rate for young men (16 to 24 year olds) in Scotland was 4.9 % lower than a year ago. The employment rate for young women (16 to 24 year olds) in Scotland was 7.1 % lower than a year ago. (Economy and Labour: Scot Gov. March 2021).

On 20/04/2021 the ONS announced that In Scotland, there were 2.567m people aged 16-64 in employment, with 120,000 people in that age range being unemployed.

The tourist and hospitality sectors that traditionally employ large numbers of young people are badly affected and this is of concern to areas such as Argyll and Bute. It remains to be seen how tourist areas will bounce back following the ending of lockdown restrictions.

Lone parents may also be 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). As with the rest of Scotland, women in Argyll and Bute have been particularly impacted on by the pandemic:

Women find it harder to escape poverty and are more likely to experience persistent poverty than men. There is a particularly high risk of poverty among disabled women, Black and Minority Ethnic (BME) women, lone parents, and refugee women due to the additional barriers to economic resources and support services they face. A key factor to this is the gender pay gap, occupational segregation and women's over-representation in lower paid work which puts them at a greater risk of poverty. Due to women carrying out on average 60% more unpaid work than men, women have higher rates of part-time work than men.

Socio-economic Disadvantage and Protected Characteristics:
Sex and Gender – Women. Improvement Service
March.2021.

What's the evidence on women's different economic realities?

- Scotland's Gender Pay Gap is 13.3%, this is the difference between women and men's average earnings;
- Full-time equivalent rate for women was 42% compared to 58% of men demonstrating women's participation in the labour market is lower than men's;
- 85% of those who are deemed 'inactive' in the labour market due to caring responsibilities are women;
- 8% of women in employment aged over 16 were self-employed compared to 16% of men;
- Median hourly earnings for women was £11.81 per hour compared to £13.89 per hour for men;
- 78% of women earned the living wage or more compared to 84% of men;
- Prior to the Covid-19 pandemic women undertook 60% more unpaid work than men;
- Unemployment among women in Scotland increased at a higher rate than men at the start of the Covid-19 pandemic.

Service; April Elected Members Briefing; Improvement
2021.

In addition disabled people, particularly women, are more likely to experience poverty and less likely to be in employment.

They are also more likely than non-disabled people to work in sectors which have been hit hard by COVID-19, including public administration, education and health, as well as the distribution, accommodation and catering sectors. The economic impacts of the COVID-19 pandemic are, therefore, more likely to affect disabled people compared to non-disabled people. A survey carried out in the UK in April 2020 showed that disabled people are more likely than non-disabled people to say that they will come out of the pandemic in more debt. 34% of disabled women said their household has already run out of money, compared to 24% of non-disabled women. Furthermore, research by GDA showed that among disabled people in Scotland, 57% have been worried about money and hardship during the pandemic.

(COVID-19 and Disabled People in Scotland - Health, Social and Welfare; Social Research. Scot Gov. Economic Harms. Equality and Mar.2021)

Island Poverty.

There are many challenges facing our Island populations and as Argyll and Bute has 23 populated islands, this is a key issue for us. Officers from Argyll and Bute have been engaging with Scottish Government and with other Island Local Authorities to ensure that food insecurity issues that affect island communities are known, understood and addressed.

Challenges for our remote and island communities include: fuel poverty, cost / shortages of housing, transport challenges, difficulties in accessing employment and training opportunities, higher costs for food, online connectivity issues and access to services. In addition young people face issues relating to loneliness and emotional wellbeing. A University of Edinburgh study has found that the number of young people in rural Scotland who say they are lonely is substantially higher than elderly people in the same communities. Over 3,000 people, aged 16-96, from across rural Scotland, including Argyll and Bute, took part in the RuralCovidLife survey. The study, which took place in October and November 2020, showed 32% of those aged 18 to 29 said they feel lonely most or all of the time, compared with 3% in the 70-79 age group, and 8% of the total surveyed.

Locally a range of activities are taking place to support and develop island places and communities. These include:

- The Council supports the Community Food Forum that was launched On 6TH OF February 2020 to be a network through which existing independent food-banks, food waste and community food initiatives can share experience, advice and ideas. A huge amount of work was done during the pandemic by this forum helping to supply food across Argyll and Bute, including to island communities.
- Allenergy gives a range of advice and practical help to those experiencing fuel 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.

In 2019 the Scottish Government published The National Islands Plan. The Islands Scotland Act 2018 - The Act sets out some of the key areas to achieve this by increasing population levels; improving and promoting sustainable economic development, environmental wellbeing, health and wellbeing, and community empowerment; improving transport services and digital connectivity; reducing fuel poverty; and enhancing biosecurity. The Islands Plan is laid out over 5 years and is underpinned by 4 key values: fairness, integration, environmental protection (green) and inclusiveness.

National Islands Plan: Annual Report 2020 - There are two key pilots currently ongoing in this area. Working with the Woodland Croft Partnership, exploring the expansion of the Woodland Croft Initiative to facilitate further access to land, crofting and forestry, and working with Rural Housing Scotland to develop a toolkit based on the experience of projects currently exploring small-scale mixed accommodation and business unit developments to support population, entrepreneurialism and home working. The pilots include communities in Orkney, Na h-Eileanan an Iar, Argyll and Bute, and Highland. These pilots will help inform the development of the Repopulation Action Plan.

An example of local action is Ulva Island, which was bought by the North West Mull Community Woodland Company in 2018 for £4.4m, has doubled its population and is set for even more residents under expansion plans. There were only five people living on the island at the time of the purchase, but the population has since increased to 11, and six properties are to be refurbished in preparation for new residents. Funding for the project has come from the Scottish Government's Rural and Island Housing Fund, Argyll and Bute Council, Ecology Building Society as well as from NWMCWC's own funds.

On 15th March the Scottish Government published its first Population Strategy, see:

<https://www.gov.scot/publications/scotland-future-opportunities-challenges-scotlands-changing-population/>

Argyll and Bute's Economic Growth Manager sits on the Convention of the Highlands and Islands (COHI) Senior Officers' Group and its population sub-group, where a joint paper has been produced with the Scottish Government Population and Islands Teams for the COHI meeting. The key areas of focus in that paper were Argyll & Bute, Western Isles and Caithness & Sutherland.

To create linkages between the national Strategy and to focus a more localised approach to population issues, it is suggested that there is merit in developing a concept and delivery framework around a specifically designated set of areas that may be entitled "Repopulation Zones." This approach would also have the important psychological benefit of reframing the discussion away from the negative connotations of depopulation onto a more positive, development-orientated repopulation approach.

The overarching principle of these Zones would be to be place-based and provide a methodology to focus interventions on specific identified geographies. The work Highlands and Islands Enterprise (HIE) is undertaking on their Inclusive Growth Model could help inform this identification. This Model was highlighted in the October 2020 COHI paper and has two analytical components. One dealing with the area characteristics and profile and one dealing with the organisation's investment and its impact. HIE is currently working with the James Hutton Institute and SRUC on the area profiling and area clusters.

Key Areas of the Plan:

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.

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.

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.

Business Support.

The Rural Skills Accelerator Programme within the Rural Growth Deal:

- Rural Growth Deal (RGD), revised Rural Skills Accelerator Programme (Economic Growth Manager) submitted to the Scottish Government on Thursday, 19th November 2020. Skills is integral to all RGD proposals, but the key components of the Rural Skills Accelerator Programme are:

- Network of circa five STEM Hubs across Argyll and Bute – online and face-to-face learning experiences (including mobile delivery) for all ages and capabilities. Phased delivery approach starting in Dunoon.
- Support the development of the built environment of Argyll College UHI in Dunoon.
- Pan-Argyll and Bute business (SMEs and social enterprises) focused skills, education and training support.

In December 2020, through a competitive bid, the council secured £490k (plus £50k of match funding; £540k budget in total) from the Clyde Mission Fund to support the re-purposing of the council's Hill Street office in Dunoon to create a STEM/Community Hub. This opportunity will act as a pilot in terms of the establishment of similar hubs across Argyll and Bute aligned to the RGD Rural Skills Accelerator Programme.

Economic & Social Recovery.

- Economic data over the period continues to show a challenging economic outlook. Although there has been a slight decrease, February to March, in the number of people claiming unemployment benefits (down by 20) across Argyll and Bute, the number of claimants is 5.7% of the working age population, is higher than that pre-pandemic and slightly lower than the overall Scotland figure of 6.1%.
- Ongoing participation on Highlands and Islands Skills Leadership Forum with regard to the implementation of the revised Highlands and Islands Skills Investment Plan (Economic Growth Manager) and through the LOIP Outcome 3 Group consideration is being given to the preparation of an Argyll and Bute Skills Strategy.
- Economic Growth (including Business Gateway) is now finalising the dissemination of the Strategic Framework Business Fund (SFBF), which closed to applications on 22nd March 2021. The council's Economic Growth Team received 3,079 SFBF applications in total. As of 9th April, 2,347 were approved for payment, of which 551 were for Islands Equivalent Payments (IEP). Nearly £13.1m grants were awarded plus nearly £3.1m under IEP. Restart grants were paid to SFBF recipients on 19th April 2021 along with a final SFBF payment; circa £23m total for this final payment run.

Future Planned Activity.

Based on the No One Left Behind policy direction, focus has been given to strengthening Local Employability Partnerships to take forward the No One Left Behind Phase 2 Delivery Plan, the preparation of a Local Delivery and Improvement Plan, and the COVID-19 response based on the principles which underpin the approach contained within the partnership agreement with the Scottish Government.

- Submit a bid(s) to the UK Community Renewal Fund through the council's open and transparent competitive bid process at the local level.
- Argyll and Bute Council is a Gateway Organisation for the UK Government's Kickstart Scheme for 25 employers and 50 placements further to approval from the DWP on 18th February 2021. It is hoped that the Young Person's Guarantee will be used to augment the support provided through the UK Government's Kickstart Scheme by a further six months.
- Under the Scottish Government's Programme for Government Young Person's Guarantee (16-24 year olds), Argyll and Bute Council' Employability Team has accepted an offer of grant to deliver this scheme across the area. The Interventions for Argyll and Bute (2020/21 and 2021/22) are as follows:
 - a waged opportunity with employers (to cover all employment costs for a young person on a 26 week work placement, with 25 hours per week);
 - formal volunteering; and Modern Apprenticeships delivered by Argyll and Bute Council's 'Growing Our Own' Team;
 - Ongoing delivery of all current employability contracts (e.g. Fair Start Scotland) and the No One Left Behind Policy Interventions;
 - Focus on Economic and Social recovery going forward through the Argyll Economic Resilience Forum (chaired by HIE) and the supporting Officer Advisory Group (key partners and agencies).
- Under the Scottish Government's Programme for Government Young Person's Guarantee (16-24 year olds), Argyll and Bute Council' Employability Team has accepted an offer of grant to deliver this scheme across the area. The Interventions for Argyll and Bute (2020/21 and 2021/22) are as follows:
 - a waged opportunity with employers (to cover all employment costs for a young person on a 26 week work placement, with 25 hours per week);
 - formal volunteering; and Modern Apprenticeships delivered by Argyll and Bute Council's 'Growing Our Own' Team.
- Argyll and Bute Council will shortly be advertising for a Partnership Action for Continuing Employment (PACE) Engagement Worker, as single point of contact for employers and individuals across Argyll and Bute.
- Argyll and Bute Council's Employability Team has a number of sources of support available to help people into work - whether for young people looking to go into a job or further education, employers looking to set up job placements, or supporting the long-term unemployed to access skills, training and jobs. See: <https://www.argyll->

bute.gov.uk/helping-people-work and
bute.gov.uk/forms/contact-employability-team

<https://www.argyll->

2. Skills Development Scotland:

School Service Offer - Our careers advisers work in partnership with every state secondary school in Argyll and Bute, delivering career guidance to enable young people from S1-S6 to develop their Career Management Skills via a range of group work and 1-1 coaching conversations. We work closely with the our partners within the school to identify young person 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. For more information please click on the following link. [What We Do - Scotland's Career Service](#)

Due to COVID and the challenges and uncertainty that it has brought we have continued to work closely with senior leaders and pupil support within schools to ensure that any young person that needed our support was identified. Since 20 March 2020, when schools closed because of the COVID-19 pandemic, our careers advisers were able to quickly move from a face-to-face service delivery to a virtual offer. This has continued as lockdowns were eased and then re-established, we continue to offer a blended approach (face to face & virtual).

The COVID- 19 pandemic has brought challenges but also opportunities for new ways to support at our customers in Argyll and Bute. We were able to offer a range online webinar to school pupils and all school leavers explaining the support that was available. In partnership with our colleagues in with our schools organised a very successful Higher Education Fayre for pupils who were considering apply to university. As part of our "I can do anything session" we continued to encourage our young people in S2/S3 to think about career opportunities that are available to them and the skills required. This was via a virtual platform which ensure that all young people had the opportunity to be involved. We focused our support for parents and carers and ran parental engagement webinars around subject choice and opportunities after school. We have received excellent feedback from our young people, parents, and partners around all these events.

School Leaver Cohort 19/20 - There were 702 young people who left school during the 19/20 school cohort and our team worked hard over the summer months to follow up those who had left to ensure support was offered.

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.

Because of the COVID-19 pandemic, our service supporting young people to develop their career management skills and progress through the employability pipeline continued via our virtual delivery methods. Following closure of our centres on 19 March 2020 our advisers have supported via on-line and telephone delivery and

continued to provide targeted and universal support for adult customers, including Next Steps support. In line with the Scottish Government road map we are hoping to open our centres for face to face service delivery from 17th May onwards.

Post school service; adults & PACE - 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. In Argyll & Bute our post school advisers have worked closely with the employability partnership to deliver support via DWP's Youth Hub format.

Together with our colleagues in UHI Argyll College our team also supported Virtual Open days which also offered virtual career coaching appointments to anyone within the college setting

PACE: Partnership Action for Continuing Employment (PACE) is the Scottish Government's initiative dedicated to responding to redundancy situations. Through providing skills development and employability support, PACE aims to minimise the time individuals affected by redundancy are out of work.

PACE brings together 24 organisations, together with the Scottish Government to provide free and impartial advice, guidance and support for individuals affected by redundancy.

PACE support is available to **all individuals** affected by redundancy.

Advisers have extensive experience of dealing with redundancy situations and can:

- Help with CV, job search, applications, and interviews
- Advise on benefits staff may be entitled to
- Provide information on learning and training opportunities.

Despite restrictions on face to face contact because of COVID-19, PACE support continues to be delivered through the PACE Helpline, through webinars and enhanced online resources.

Visit www.redundancyscotland.co.uk for more information or call 0800 917 8000 to speak to an adviser.

My World of Work- Our website provides trustworthy, expert information and advice and it's free to access for people at any stage in their career. The site is designed to support people of all ages and stages, with activities and tools to help them identify the opportunities open to them. Our school, post school and PACE career coaches have been supporting Argyll and Bute customers during the Pandemic by sign posting them to my world of work for opportunities and developing their career management skills. Parents and schools have been using this service to support pupils with their career journey.

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 and 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.

3. Council Apprenticeships:

As a result of Covid, no further apprenticeships were offered in 2020, however in 2021, 4 vacancies have been successfully recruited to with a further 5 in the process of recruitment to date. This will bring our total apprenticeships offered since 2014, up to 70 once recruitment has concluded. During 2020, a further 6 apprentices who started in previous years, completed their apprenticeship. All of them went onto secure a positive destination, with 4 of them going onto secure employment with Argyll and Bute Council. We have a high rate of apprentices going onto secure employment with Argyll and Bute Council on completion with 76% of all apprentices completed securing a job with the council, this has increased since the last plan. By linking all our vacancies to workforce planning we are hopeful that this trend can continue. We have also continued to offer our foundation apprenticeship in social services children and young people across schools within Argyll and Bute. 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. Despite delivering this during a pandemic, the pupils have still been able to access a work placement which will be of real benefit to them in the future.

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. Linked to workforce planning it is hoped that we will be able to continue to offer opportunities for young people within Argyll and Bute.

4. Education Recovery/ Supporting learners from disadvantaged backgrounds /Remote learning and teaching:

Between March and June 2020, Argyll and Bute Education Recovery Work stream 2 comprised 14 members from across education sectors, roles and areas of expertise. It addressed 10 areas identified by different Scottish Government's COVID-19 Education Recovery Group (CERG) Work streams: SG Work stream 1 – Term 4 Learning; Work stream 3 – Curriculum and Assessment; Work stream 4 – Supporting Learners from Disadvantaged Backgrounds; Work stream 5 – Pastoral Care for Children and Young People.

Following the closure of schools on 23rd March 2020, across the authority, teachers were effective in engaging with pupils at home and in the area hubs which were set up for vulnerable children and the children of key workers. Teachers provided and assessed online learning via a number of online platforms, such as Google Classroom,

Microsoft Teams and SeeSaw. Many pupils were identified who had no or insufficient digital devices at home to allow engagement with online learning. Schools were responsive by lending out hundreds of devices to pupils and their families, and ensuring that learning materials were available in the formats that individual families required, including paper-based formats when necessary. Feedback to schools from parents and carers on provision during this period of school closure was positive.

The key aim of Work Stream 2 was to build on such successes, and support the building of further capability and expertise in online provision in advance of the expected Blended Learning model which was being suggested for August 2020 by the Scottish Government. The work stream made a series of recommendations relating to the following key areas:

- Ensuring the learning and teaching provision to all learners during the period of school closure and any future periods of Blended Learning was of the highest possible quality;
- Ensuring coherence and progression between learning at home and face-to-face learning in schools during anticipated periods of Blended Learning;
- Tracking and monitoring the health and wellbeing of pupils during school closure or Blended Learning, and associated appropriate interventions to address issues;
- Supporting learning in the home or Hubs for pupils with Additional Support Needs;
- Ensuring effective support for and communication with parents and carers during periods of home learning;
- Maximizing the usefulness of GLOW, the online portal which staff and pupils use to provide and access online learning;
- Updating Curriculum for Excellence Guidance to reflect the context of home learning;
- Reporting on pupils' progress in Broad General Education and Senior Phase during school closure;
- Supporting disadvantaged learners through term 4 and into the new school session;
- Addressing the long-term impact of school closure on learner progress and attainment, with particular focus on disadvantaged children and young people;
- Delivering Equity in provision during term 4 and into the 2020-21 session, including the key focus on digital equity, through provision of digital devices and connectivity solutions to all pupils who required them to engage effectively with online learning at home;
- Developing the skills and confidence of teaching staff in the provision of high quality and engaging online learning experiences.

In early August 2020 the Scottish Government announced the full-time return of all pupils to school on 17th August, thus negating the need for blended or home learning for almost all pupils at that time. However, the work of Work stream 2 continued between August and December 2020 as described below, and the above

recommendations were implemented during the period of school closure between January and March 2021.

Wellbeing of pupils, families and staff.

Mar 2020– June 2020	<p>The Educational Psychology Service (EPS) continued to provide almost all services, with an increase in remote access to children and families. In addition the EPS provided a parent / carer support line during the period of the initial lockdown to provide help and advice on supporting children during these difficult circumstances.</p> <p>The EPS provided online interactive sessions on wellbeing for children, families and staff when children and young people returned to schools, which was well attended and received.</p> <p>Trauma training at informed and skilled levels were made available for all education staff through e-learning modules.</p>
Aug 2020 – Dec 2020	<p>The EPS provided further online interactive sessions on wellbeing as children and young people returned to schools.</p> <p>Successful interviews took place for school counsellors to provide a service for primary children from age ten upwards. The Team Leader took up post in November 2020.</p> <p>A skilled and experienced principal teacher (PT) for Nurture was appointed to support the nurture developments in schools in line with the recommendations of the Nurture Strategy Group and the recovery work stream with representation from primary Head Teachers. Primary schools signed up for the initial phase of nurture developments to ensure effective early intervention to support primary age children, including those from disadvantaged backgrounds and those who may have experienced trauma.</p> <p>There was significant engagement with the trauma e-learning modules by staff across primary schools with an increase in discussion of how we can respond to trauma evident through head teacher and other meetings. Named persons engaged with facilitated on line trauma skilled training to support changes to practice to improve outcomes for all.</p>

Jan 2021 – Mar 2021	<p>Remote access to the educational psychology service continued with strong engagement across primary schools.</p> <p>7.5 fte school counsellors took up post and began a robust programme of training and induction regarding Argyll and Bute procedures. Information on the counselling service was circulated to schools and referrals began to be received. Robust evaluation of the service began from the outset with support from the EPS and research assistant.</p> <p>The PT Nurture was released from his substantive post and began engagement with schools to support the embedding of effective nurture practices, building in evaluation of impact from the outset.</p>
---------------------	---

5. Early Years.

Mar 2020-June 2020

During this first period of lockdown in each locality an Early Years childcare hub was opened to provide care for Keyworker and vulnerable children under school age. A number of our very valuable partnership childminders also opened to provide care for our youngest children. The Early Learning and Childcare Work Stream (5), working from Scottish Government Guidance provided advice and support to open settings to ensure they operated safely whilst still providing quality care. Also, during this time the central Early Years Team completed the admissions process to allocate every eligible child a place of their choice in a setting or with a childminder. This process was made more challenging by restrictions on children not being able to attend two different settings, unless in exceptional circumstances. In addition, to all children successfully being allocated a place, we were one of only a few Local Authorities able to offer every eligible child 1140 hours despite the delayed implementation date. Something we are extremely proud of.

6. Clyde Mission Fund and Rural Growth Deal.

Argyll and Bute Council has been awarded £490,000 of funding from the Clyde Mission Fund, which aims to repurpose buildings close to the Clyde; the Council has identified a building a Dunoon to be repurposed to consist of both a STEM hub and a community hub. The STEM hub is being designed, and will be run, by the Digital Learning Team. The concept of the STEM hub is to establish both a venue in Dunoon which learners can attend, and also offer a mobile element where a van with STEM equipment is used to deliver learning to learners across Argyll and Bute.

The Clyde Mission Fund also ties in to the Rural Growth Deal, through which it is hoped that five hubs will be established throughout Argyll and Bute, each with a theme that leveraged its location (for example, a focus on defense and engineering in a Helensburgh hub, and on marine sciences and aviation in an Oban hub). If the Council can secure more funding from the deal, it would help with establishing another hub in addition to the one in Dunoon; a business case has been produced for this, and the Council is awaiting a response to determine what the available funding might look like.

7. Argyll College and University of the Highlands and Islands:

As a college our aim is to provide high quality, innovative educational opportunities to local, and often remote populations. Knowing that better education can lead to greater opportunities to increase income, we work constantly to refresh and examine our curriculum to see how we can embed employability skills to match local employment needs. We work closely with local employers to provide educational routes that provide workforce-ready skills, thereby supporting the Argyll economy and enhancing the quality of life for the communities we serve.

Work experience and work placements are an important component of our courses and where possible, are built in to enhance students' work-related skills and employability. Enterprise activities simulate workplace initiatives. The college delivers a variety of SVQs, and Modern Apprenticeships to further promote work-based learning, and we have strong links with Argyll's schools; through our Schools Link programme, we offer a range of vocational qualifications from S3 upwards. Foundation Apprenticeships are additionally available for S5 and S6 pupils, further enhancing work-based skills. The college is working alongside the council and with the Rural Growth Deal with a particular interest in marine and aquaculture.

Argyll College is fully committed to the Scottish government's period poverty scheme so that menstruating students can have free access to period products so that they need not be disadvantaged if they cannot afford to purchase their own.

Because we are aware that there is very often a link between poverty and domestic violence we have invested resources to train front line staff in how to respond to reports of gender based violence the better to support students and their children who may be living this experience.

The College and UHI recognise that not all students will be able to meet the conventional course entry requirements. We are therefore able to consider a potential student's life and work experience based on contextualised interviews to determine the most relevant course route and level for each applicant. The Admissions Department continue to develop processes which enable students to access interviews online.

Argyll College and UHI continue to 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. This year the college accessed funding from the Scottish Government's Digital Poverty Fund, allowing us to provide eligible students with the use of a laptop for the duration of their course. This was particularly helpful for those of our students who needed access to a second device so that they could continue with their own studies while home schooling children.

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.

Over the winter months, over 25 households within our student body were helped financially from various Winter Covid Funds.

Student Services continue to support our students with their applications for Bursary, EMA, Care Experienced or Enhanced Care Experienced Bursaries for full time students. We support students to access as much funding as they are able to from SAAS and the Student Loan Company.

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.

B. Increasing Income through Benefits:

1. Flexible Food Fund:

Launched on 11 January the Argyll and Bute Flexible Food Fund (FFF) uses funds provided by the Scottish Government to support people with financial insecurities to pay for food and fuel during these tough times. The fund provides a payment made to householders if they prove that they do not have the minimum income in their bank accounts to cover the costs of food and/or fuel for a month. Householders or claimants are then incentivised to engage with the advice agencies, Bute Advice Centre and ALLenergy, by securing a second monthly payment if there is evidence that they have taken advantage of these professional services to help them learn how to manage their financial situation in the medium to long term. Failure to engage with the service means that no further grant funded support is made to the claimant.

Householders or claimants are encouraged to make claims to the Flexible Food Fund online using an electronic form on the Council website however an alternative gateway is available through the Argyll and Bute Community Food Forum which involves all of the foodbanks in the area. Scottish Welfare Fund Team are administering the This means that people regularly presenting at foodbanks for food packages are also getting referred to the FFF project where their needs for immediate support is assessed as is their overall circumstances. They are given the support they need to enable them to live on the resources that they are entitled to receive. Over 95% of householders or claims submitting a claim are engaging with the advice services.

Advice services provide the following support:

- Money advice, money management and budgeting skills;
- Income or benefit maximisation;
- Debt advice;
- Fuel poverty advice including:

- o Access to fuel vouchers;
- o Debt relief;
- o Warm home discounts;
- o Home heating, efficiency measures, switching, support with appliances and the home heat fund.

At the end of April 2021, after just under 4 months there had been 523 applications for support with 273 awards being made. However even households that are not given short term grant funding through the project are still given the opportunity of support from the advice services and a total of 388 cases have been opened by Bute Advice centre and ALLenergy.

The total client gain at 30 April is £504,000 meaning that the average client gain per household is £1,300 based on the 388 open cases. In addition the team are managing a debt portfolio of £51,000 across all claimants negotiating with creditors to reduce the arrears.

The case studies below show the impact that this project is having in supporting people in Argyll and Bute.

Case Study 1 Family

This is a single parent who was finding providing for her children really challenging particularly over the lockdown. Unable to access her cheaper shops on the mainland and with limited choice locally, her food bill had increased to a level where she was panicking. The Adviser Heather, was able to support the client to access the FFF and she received two pots short term grant funding of £320 per month from the Council's FFF team. The claimant was very concerned about the state of her threadbare carpets, particularly on the stairs as the children had caught their toes in the threads and almost fallen down the stairs a number of times. A Community Care Grant was applied for and £1300 was awarded allowing the claimant to get new carpets for her house and some other goods. When she knew of her award the client contacted Heather in tears, saying that for the first time in a long time she was going to fill her store cupboards full and she would no longer feel ashamed of her home. She was so grateful that the FFF project existed and had helped her family. The client suffers from anxiety and depression, she told her adviser how much better she felt, the impact on her wellbeing had been so positive.

Case Study 2

Ms H came to us via FFF and was paying £100 a month but was not submitting meter readings or checking her account. She knew the £100 a month wouldn't be enough to pay for her debt and ongoing usage but couldn't afford to increase this and had been ignoring this along with other debts. With ALLenergy's support, Ms H set up her online energy account and submitted meter readings online. This produced an accurate bill of £1,038.34. Ms H did not have the funds to pay any more than the £100 so paying this debt was not possible. The debt also prevented Ms H from switching to a cheaper

tariff. Allenergy applied to the Home Heating Support Fund for help with energy debt relief. The application was successful and Ms H was awarded £1,300. This cleared her debt and helped with ongoing costs. Ms H is now confident she can submit regular meter readings to ensure her bills are accurate, and continue with her £100 monthly payment comfortably while we continue to work with her to check her tariff options.

Case Study 3:

Ms M came to us via FFF having just moved into a new tenancy after fleeing domestic abuse. Ms M was worried about affording her heating on her low income while also suffering health issues. Allenergy made a successful application to the Home Heating Support Fund and Ms M's energy account was credited with £700. Ms M told us due to her health issues she had to wash her clothes and bedding daily and without a tumble dryer this was a concern. Allenergy recognised the impact on damp and condensation from trying to dry this amount of clothing and bedding so made an application for a tumble dryer. Ms M was awarded £300 to purchase a tumble dryer and bedding.

The FFF project has been hugely successful to date bringing together the teams from the council, the third sector and the community to support people with significant food and fuel insecurity. The original project was due to run to June 2021 however with more funding from the government an extension to the project has been agreed to 31 March 2022. This extension will allow the project to scale up more and support more households as it has been clear that there remains significant demand in Argyll and Bute for this type of support.

2. Universal Pathway Quality Improvement Collaborative Financial Inclusion Practicum (UPQIC):

Background

In October 2019, teams, consisting of money advisors and Health Visitors from across Scotland came together to work with Improvement Advisors from the 'Children and Young People Improvement Collaborative'. The aim was to implement or improve the processes already in place in relation to financial inclusion discussions between Health Visitors and families as part of the Universal Health Visiting Pathway, referring them for financial advice where required.

The project originally commenced in October 2019 and was due to finish in 2020 however, due to Covid-19 pandemic, the project was put on hold until January 2021, when work was able to re start.

The team from Argyll and Bute consists of 2 Health Visitors from Bute and Cowal, and Bute Advice Service. They have developed a referral pathway between the services, where Health Visitors refer families directly to Bute Advice for further advice and support.

Project Aim:

'By September 2021, Health Visitors in Argyll and Bute (Bute & Cowal), will have a financial discussion with parents at 80% of contacts on the Health Visiting Pathway,

and where a need is identified 100% will receive the requested money advice and benefit support'

Progress to date from January – May 2021

In conjunction with Bute Advice Centre the Health Visitors in Bute developed a financial referral pathway which allows them to directly refer families with 'money worries' into local money advice service (Bute Advice). This has provided a single point of contact for families to a money advice service. Between January and April 2021, Bute Advice have received 13 referrals as a result of Health Visitors having 'money worries' conversation with families. Families have also shown good engagement with Bute Advice, with 11 out of the 13 families referred engaging with the process.

A service feedback questionnaire is starting to capture the impact of the referral outcome for families. In feedback from families they reported 100% satisfaction with the service received, easiness of the referral process, and confidence in accessing Bute Advice service again. They highlighted the experience as being quick, professional, efficient, and being given financial help that they weren't aware of. Benefits to these families, included, *'help with gas, electricity, rent,'*, *'freed up more money'*, *'very much got myself and my family back on our feet'*. Client financial gain has been significant having been supported through access to The Flexible Food fund and Allenergy.

As part of the quality improvement approach, PDSA cycles continue and data is being captured to ensure the referral pathway and feedback process is robust. The project in conjunction with The Children and Young People Improvement Collaborative runs until September 2021, when it is hoped that a Financial Referral Pathway and the learning from this project can be implemented in other areas in Argyll and Bute.

3. Client Gain through Advice Activity:

The table below shows the client gain from 1 April 2020 to 31 March 2021 for the citizens of Argyll and Bute as £9,129,380.

Organisation	2020/2021 (£)
Bute Advice Centre	621,441
Argyll and Bute Council Welfare Rights	3,364,133
ACHA Welfare Rights	4,177,180
Argyll and Bute Citizens Advice Bureau	557,688
Allenergy	408,938
TOTAL	9,129,380

C. Cost of Living:

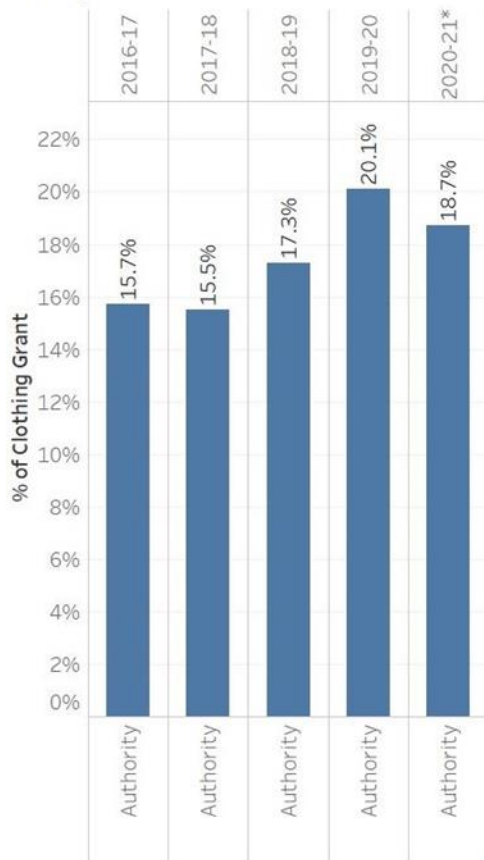
1. Free School Meals and Holiday Hunger:

Since the last Action Plan Update, free school meals support for entitled pupils has remained in place:

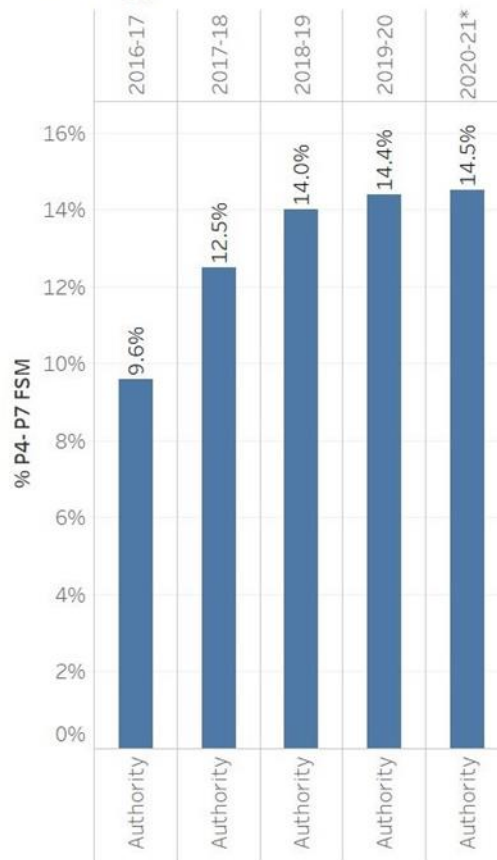
- For children and young people who have been learning at home, parents have received a cash payment of £15 per week, paid fortnightly, as a replacement for their free school meal.
- For children and young people attending Hub schools since January 2021, hot meals have been available on site, and for children entitled to free meals that has been in addition to their cash payments.
- Cash payments have continued throughout the Easter holiday and will also continue throughout all future holiday periods, funded by Scottish Government.
- Work is underway to implement free school meals for all pupils in receipt of 1140 hours of childcare in early years' settings.
- Work is also underway to implement the extension of universal free school meals to all Primary school pupils by August 2022, beginning with extended provision for pupils in P4 from August 2021.
- Pupil feedback continues to be the basis for the development of school lunch menus, subject to them meeting the revised Food and Drink in Schools standards which came into effect in April 2021.
- Free school meal uptake remains higher than the Scottish average, at around 82% in P1 – P3.

Update of Free School Meals in 2019-21 was 1,030, for the same period in 2020-21 it was 1,286, an increase of approximately 20%. This increase is directly linked to the pandemic.

(CFG) (Cluster vs Authority AVG)



FSM - P4 to P7 (Cluster vs Authority)



Measure Names
■ Authority

2. School Clothing Banks:

Consultation with Schools has taken place on the need for School Clothing Banks. Feedback from 34 Schools has been received. 65% of schools are operating some sort of clothing bank but the idea for Community led clothing banks is popular with 91% of respondents in general. It is planned to fully evaluate the responses by the end of June and talk to schools and community groups seeking volunteers to prepare the clothing banks going forward. The objective is to have a school clothing bank run in the community in each of our 6 main towns by the end of March 2022.

3. Housing:

During the Covid Lockdown, it was necessary to source temporary accommodation across Argyll and Bute. As a result, a small number of families with children were housed in the short term in unsuitable accommodation. These cases are all now resolved, and all families with children who are residing in temporary accommodation are in self-contained accommodation.

Housing Services is currently working with key partners to provide a set of detailed Specialist Provision templates which will provide appropriate evidence of the scale and type of Specialist Provision in the local area; demonstrate a clear understanding of the current scale and type of unmet need, and provision required in future for new build properties. This will ensure that children's needs are met moving forward. In addition, the Housing Service has employed a full time Occupational Therapist to work within the housing service to ensure needs are met both within new build RSL properties and adaptation referrals for Private Sector Housing Grant.

Argyll and Bute Council is working with our RSL partner ACHA to carry out improvements to Duncholgan and Bayview Gypsy/Travellers Sites. Consultation is being undertaken with residents to determine the scope of works and funds have been made available by the Scottish Government to carry out these improvement works.

4. Fuel Poverty:

Argyll, Lomond and the Islands Energy Agency (ALLenergy) continues to provide energy efficiency and affordable warmth advice to households in Fuel Poverty across Argyll and Bute. We accessed £2,520 for families we were working with from Home Start's Winter Fund earlier this year. This fund awarded cash payments to parents to help with purchasing new beds, prams, clothing, shoes, white goods and heating bills.

ALLenergy registered with the Fuel Bank Foundation in February 2021. Reporting on 5th May, we had accessed 216 fuel vouchers for pre-payment customers with a total value of £11,368.

Fuel Vouchers are worth £49 November to April and £30 May to October. These vouchers have been a lifeline to prepayment customers unable to heat, light and cook in their homes when finances have been tight.

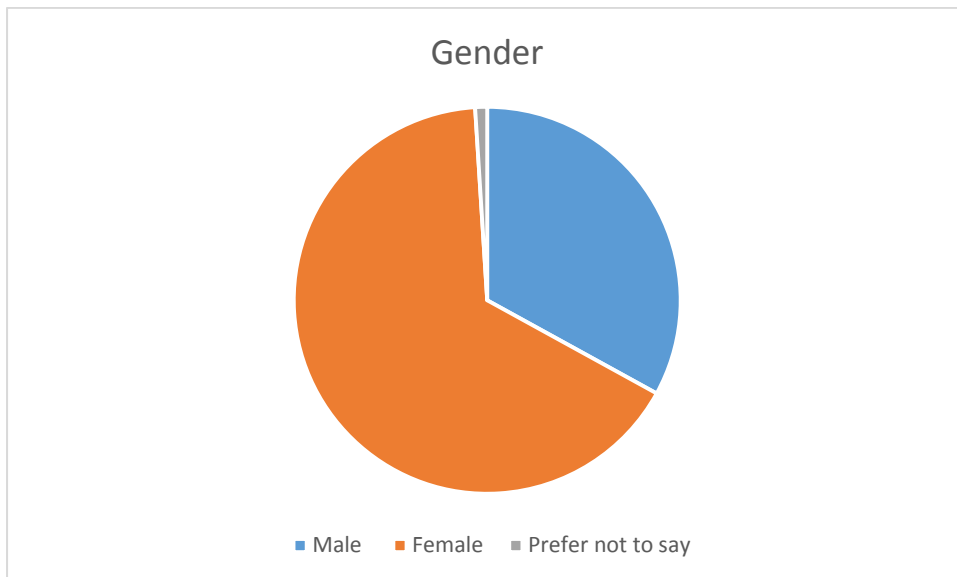
Fuel Voucher Report as of 05/05/2021			People Helped		
	Redeemed	Total Issued	Adults	Children	Total
21/22	60	60	55	31	86
20/21	172	173	200	123	323
Total	60	60	55	31	86

The Fuel Bank Foundation are piloting the Heat Fund which offers free bulk heating fuel deliveries including coal, oil and wood. As a large area of Argyll and Bute is off the gas grid, this fund has been invaluable for householders reliant on more expensive heating fuels, the majority of which in social housing and no options to change to a cheaper or renewable heating system. Successful applications have been awarded 5 bags of coal with a value of £95 or 1,000 litres of oil with a value of £400.

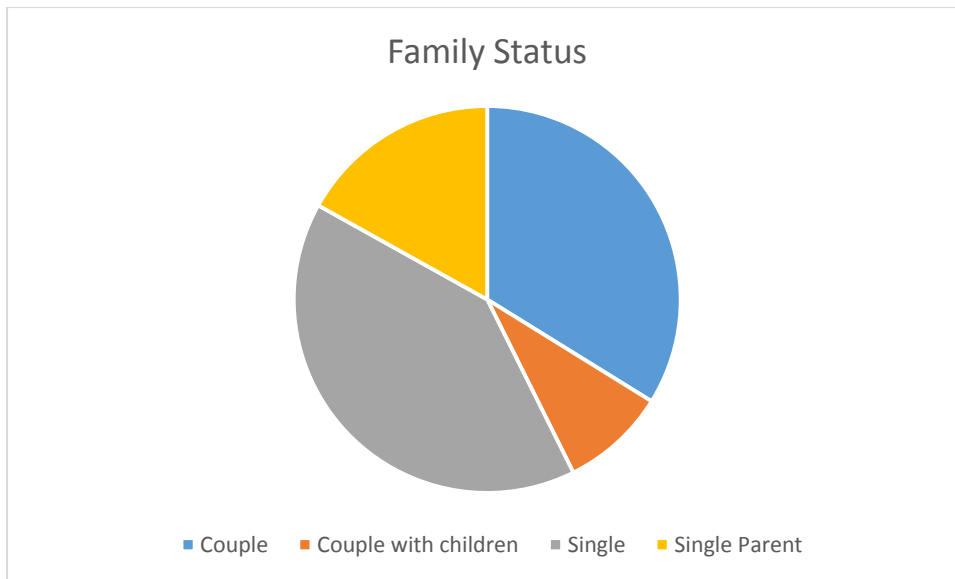
The Scottish Government allocated £4M to the Home Heating Support Fund in response to COVID-19. This fund helped with energy debt and customers who were self-rationing. In the 5 weeks of the Home Heating Support Fund being available, our Affordable Warmth team made 106 applications with a total award of £60,010.80. This money was paid directly to suppliers to cover energy debt, ongoing costs and pre-payment vouchers.

Allenergy migrated to new case recording system in 2020. In 2020-21 we opened 649 new cases, delivered 2322 energy advice sessions, made 600 referrals including referrals to Home Energy Scotland, foodbanks and the Fuel Bank Foundation, and recorded 1136 other case activities including tariff checks, liaising with suppliers, checking eligibility, etc.

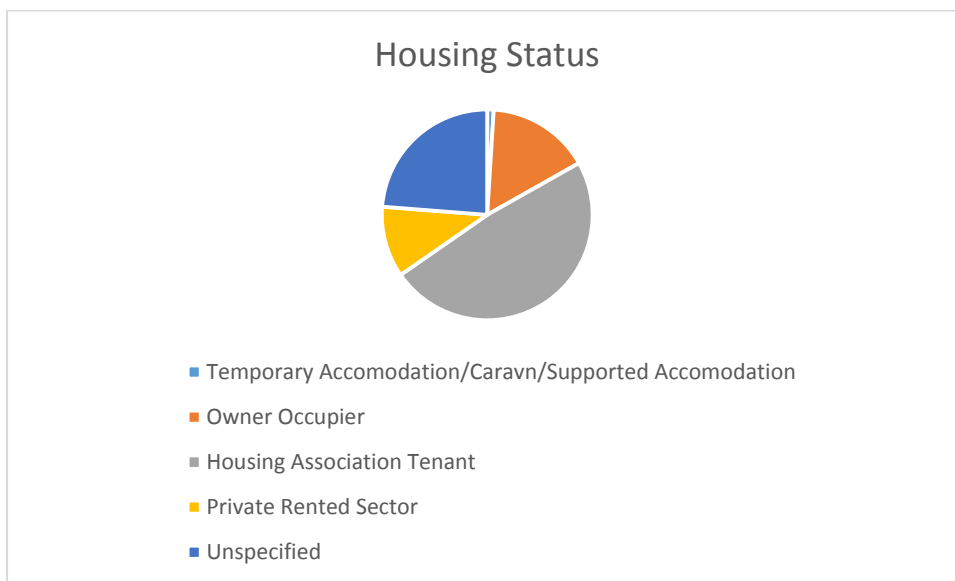
The following client demographics were reported against cases in 2020-21.



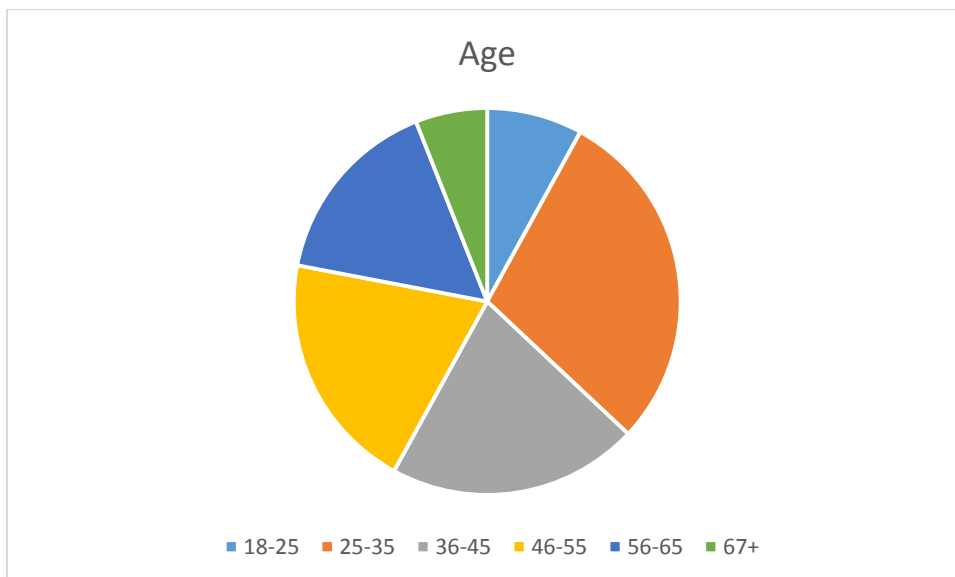
The gender split above shows a majority of clients were female, this can be attributed to the large number of single mothers accessing our service.



Where family status was recorded, 12% were couples with children and 23% were single parent families, showing over a third of our clients had children in the home.



Where housing status was recorded, 49% of clients were found to be in social housing.



The perceived image of fuel poverty is usually an elderly person sitting with a blanket by the fire but were age was recorded, it shows a large proportion of our client base was much younger and most likely families with children.

ALLenergy have been working with the Argyll & Bute Community Food Forum to deliver Argyll & Bute Council's Flexible Food Fund in partnership with the Council and Bute Advice Centre. The fund was launched in January 2020 and in the first four months of the project we have worked with 173 Flexible Food Fund applicants with an estimated client gain of £111,451.50.

ALLenergy's Affordable Warmth team made 42 applications on behalf of Flexible Food Fund clients with a total award of £26,423.66. This was £16,450.29 energy debt relief and £9,973.37 towards ongoing energy costs.

Our relationship with the Argyll & Bute Community Food Forum from the FFF project allowed us to distribute 160 Cosy Kits to 11 independent foodbanks across Argyll and Bute. These kits consisted of a hot water bottle, blanket, thermal socks, night light torch, cold alarm and advice leaflets. We hope this small gesture provided some warmth and comfort to people who are struggling to stay warm at home. We received excellent feedback from Foodbanks and their service users, with some suggesting the hot water and blankets were useful when meeting people outside under COVID regulations. Local sewing bee and crafting groups have also got involved making hot water bottle covers to help us maximise funds available for other items within the kit.

5. Home Start Winter Fund:

The Home Start Winter Fund distributed £4000 among fifteen local families who required additional support in keeping warm during the winter months. The fund went to purchasing items for families & children that included:

- new thicker duvet covers and bedding,
- winter coats and boots,

- assisting with fuel heating costs,
- helping to maintain warm home environments by reducing drafts and maintaining healthy moisture levels within the home environment, reducing damp.

Feedback was very positive, including a letter from a child saying thank you for a new duvet cover they received.

6. Food Forum:

On the 6th of February 2020 the Argyll and Bute Community Food Forum was launched. Bute Advice Service provides the coordination role, bringing the forum together as a collective of independent organisations. The Council supports the initiative which is a network through which existing independent food-banks, food waste and community food initiatives can share experience, advice and ideas.

It is 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 wish to volunteer. Today they have a wide membership covering the whole of Argyll and Bute including several islands.

Examples of some of achievements of Food Forum members during the Covid19 crisis include:

Foodbank	Days Allocation of Food from April 20-Mar21	No of families supported	Primary problems facing families with children	Has the lunch support from A & B Council over the holidays had an impact on families	Main issues facing the foodbank in the last year
Tarbert Pantry	60000 + daily allocations	190 individuals of which 95 are families	Low income, benefits, unemployed, single parents, fuel poverty, lack of access to supermarkets	Lunch support has helped a little.	Issues with delivery van
Hub Grub Hub (Dunoon)	17500 daily allocations	210	Fuel and rent	Yes	Food supplies, inability to buy in bulk and numbers of new families

Hope Kitchen (Oban)	20944 daily allocations	2992 individuals 664 families	Low income, benefits, unemployed, single parents, fuel poverty, children not able to attend school. Self-employed.	Yes we saw a reduction in demand when people were provided with cash into their bank accounts. We supported some to apply for Free School Meals.	People becoming very dependent on the food bank / other services not accessible / had to close our café / referrers not referring in same way as previously / more families and less single people / delivery service needed for those who could not collect. Some people have been reticent to access the food bank due to the stigma associated with Hope Kitchen.
MOMA Mid-Argyll	1092 daily allocations	63	Not Recorded	Not Recorded	No issues to report.
Tiree Trust	25 families; although others may use our confidential community cupboard food phone box.	25	Continued furlough (on minimum contracted hours), reduced employment, low paid.	Unaware of any recipients.	The main issues our food group has faced over the past year is reducing the stigma of asking for assistance in such a small close-knit community visitors to the island.
Islay Foodbank	200 daily allocations	10-15	Not Recorded	Not Recorded	Lack of uptake therefore a rebranding and a new website has helped this and ability to request support by text.
Bute Oasis (Bute)	Thousands (Final collating of stats still to be done)	Hundreds, at its peak 400 families	Lack of income	Not much of an apparent impact	Dealing with the numbers presenting

		were being supported weekly, this reduced when the A & BC food parcels became available.			
Helensburgh Foodbanks	16128	537 families supporting 1032 children	Low income; High fuel costs; Single parent households	Numbers reduced to half over the school holidays this may be a result of the extra support.	Difficulty in ensuring all 4 foodbank sessions while ensuring safety of volunteers and attendees. High costs of cleaning, materials.
Kintyre Foodbank	3152 bags	652 adults 214 children 114 families	Universal Credit advances needing to be paid back leaving families stretched, children at home, higher heating costs and food bills	Numbers dropped when support was offered	Keeping staff and recipients safe, losing volunteers who needed to shield as over 70 (great support from South Kintyre Development Trust)
Mull & Iona					The food collected would ordinarily be held in a community fridge for anyone in need to go and help themselves. Mull foodbank come under the auspices of Hope Kitchen and therefore the figures are included in the

					Oban Hope Kitchen stats.
Jeans Bothy Helens burgh	7000 daily allocations	20 families weekly over 50 weeks	Home schooling; poor mental health; lack of digital access	Not aware.	No issues, we have grown due to the circumstances.

In addition to the great work done by the Food Forum; members have also ensured that a total of 2,000 leaflets went out in food bags to service users, telling them about the Flexible Food Fund and how to apply. As well the CFF has developed a Worrying About Money leaflet, in conjunction with IFAN and this has also been distributed widely.

7. Period Poverty:

Prior to the covid19 pandemic period products were freely available in schools. There was a Lead Officer on this on behalf of Education, implementation and budget was managed by each head teacher. The Council's Commercial Manager was rolling out the community aspect, including provision to young people (and all others) out with schools. The aim was to help improve the reach 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>

Products remain available in schools. Provision of period products ensure that those people unable to afford such products are not disadvantaged and do not lose any School or social time as a result. A paper has been put forward to appoint a Project Officer post between community and education to take forward statutory actions that will be required with the implementation of the Period Poverty Act.

D. Helping Families in Other Ways:

1. Flexible Fund

The Scottish Government has made available £30 million to local authorities in Scotland to enable them to work with their key planning partners including the Health and Social Care Partnerships and the third sector, to support the needs of people in their communities who don't have support networks and are struggling with the new restrictions or guidance at protection level 4, particularly those most at risk through health or social inequalities.

Argyll and Bute will get £537,000 of funding for this purpose. A report will go to the Council on 24 June with a range of projects designed to support the most vulnerable people in our communities. This includes monies to provide training and raise awareness of poverty and how to reduce stigma and improve the ways in which people can be supported, monies to support school clothing grants and set up a new school clothing bank. There is schemes to support young carers and former care experienced youngsters with free gym memberships. It is also proposed that a series of Health, Wellbeing and Advice Service roadshows will be delivered this year to maximise the number of persons that get support across Argyll and Bute. There are plans for more than 20 projects to be delivered across the Council, the Health and Social Care Partnership and the voluntary sector supporting vulnerable people with a range of needs. The list of projects is subject to Council approval on 24 June. We will report on the outcomes of these projects next year.

2. School Counselling;

The counselling in schools service has been developed by NHS Highland in partnership with Argyll and Bute Educational Psychology service. The service is accessible to all children and young people ages 10 to 18 in Argyll and Bute. The service opened for referrals in February 2021 and works with children and young people across the authority. Due to COVID-19 restrictions, the service has utilised virtual online platforms to meet and work with young people remotely.

What is it?

Counselling is a therapeutic intervention, which supports health and wellbeing. Counselling offers young people, a safe and supportive environment to talk over difficult issues in confidence. This involves listening to their views, experiences and feelings without judgement, within the context of a safe and trusting relationship characterised by empathy and respect.

Why is it needed?

Approximately 1 in 4 young people within the UK will struggle with their emotional and mental health. A majority of young people who develop mental illness in the UK are unknown to any service and often do not receive the support they need. Mental health services are under significant pressure, heightened by the COVID-19 pandemic. Argyll and Bute HSCP are committed to supporting young people to reach their potential. Counselling can support young people to become successful learners, confident individuals and responsible citizens.

School counselling is also able to support young people as we recover from the pandemic which has created uncertainty for young people across Scotland. The counselling in schools service aims to reduce pressures on all services by providing an early and accessible wellbeing intervention. This includes ensuring self-referrals enable young people to access support when they need it.

As face to face contact increases and schools return to in person teaching, this will create further pressures and challenges for young people through changes in daily routine, increased social contact and emerging problems that arose during lockdowns.

How do we see the service developing?

A range of quantitative outcome tools are embedded within service practice and are being used to measure young people's progression through counselling and the impact of counselling on wellbeing. At our 6 month review we will assess our service information, incorporating accessibility training to ensure fair, accessible and equitable counselling is provided.

We will gain further qualitative feedback by linking with stakeholders including education, mental health services, and social work to improve the pathway to access counselling. Most importantly, we will listen to young people who access the service to find out how we can improve directly from our service users. We hope the Counselling in Schools service can, as an effective early intervention, reduce and prevent the escalation of wellbeing concerns. This will also reduce pressure on other mental health services and improve outcomes for young people across Argyll and Bute.

For further information please contact: nhsh.counsellinginschools@nhs.scot

3. Infant & Perinatal Mental Health project:

There is a growing understanding of the primacy of relationship in shaping and informing how humans grow, develop and thrive across their lives with regard to both mental and physical health. This includes both the experience of pregnancy and becoming a parent for women (and partners) and how interactions with infants shape their emergent sense of self. This is an area of practice that requires discerning skills and knowledge to ensure opportunities for wellbeing are optimised while avoiding the shame and blame that can too readily undermine experiences of maternity care with regard to both parent: infant and parent: professional relationships.

The primary template for relationships is laid in the first 1001 days, pre-birth to toddlerhood, between infants and their parents/primary carers, even as subsequent life experiences will also have influence. Reflecting this, the infant and perinatal mental health work programme for NHS Highland and Argyll and Bute HSCP is underpinned by the following values;

- A relationship led approach with infants, mums and dads and by colleagues across services and teams
- Systemic thinking between infants, mums and dad professionals/practitioners/service systems
- A rights led approach with regard to the UNCRC and Equality Legislation
- Trauma informed and responsive: What happened to you? How did this impact on you? Then? Now? Who is helping you now?

Aims

- To better understand and respond to the mental health needs and vulnerabilities of pregnant women and their infants across a continuum of need and risk, informed by the Thrive Approach and Getting It Right For Every Child practice model/s.
- To ensure timely evidence based pathways to assessment and care that are informed and shaped by the experience of women and infants.
- To take an improvement approach to creating and building the skills, capabilities and the capacity of the workforce: maternity services, health visiting,
- To take an improvement approach to creating and building the skills, capabilities and the capacity of parents/carers in understanding and responding to the mental health needs of infants and toddlers.
- To use data that will inform and shape care alongside the experiences of care, as expressed by women and their partners.

Context

Population epidemiology indicates that:

- One in five women will experience mental health difficulties while pregnant and will benefit from the support of family, friends, and helping agencies.
- One on ten women will experience moderate to severe mental health difficulties and require access to psychological therapies available in primary care, care, maternity services and the third sector.
- One in twenty women, are at risk of severe and complex mental health problems requiring the assessment of specialist perinatal mental health services.
- Women with existing mental health, alcohol and substance misuse difficulties face additional challenges in accessing services and finding the support that will maximise their experience of care and the best outcomes for themselves and their infants/toddlers/children.
- The MMBRACE (2020) study indicates that suicide remains the principal cause of direct death for women one year after delivery of their infant.

COVID-19 Unintended Consequences

COVID-19 is recognised to have created challenges for women and their partners with regard to experiences of maternity care with changes to face to face care and limited partner involvement in key stages of antenatal pathway (routine care, ultra-sound scans, delivery). The Babies in Lockdown Report (2020) in an online survey found that for pregnant women:

- Almost 7 in 10 found their ability to cope with their pregnancy or baby had been impacted as a result of COVID-19.
- Nearly 7 in 10 felt the changes brought about by COVID-19 were affecting their unborn baby, baby or young child.
- Only one third expressed confidence in being able to access mental health support if required.
- Many families with lower incomes, from Black, Asian and minority ethnic communities and young parents have been hit harder by the COVID-19

pandemic and were less likely to receive the support they needed. This is likely to have widened existing inequalities.

Parents and primary carers have also experienced challenges in spending time with their new born infants where they have required hospital care in Special Care Baby Units (SCBU) and, or, Neonatal Intensive Care Units (NICU). Some of these difficulties are being perpetuated by interrupted care and by health visitors and wider early weeks and months support with related community restrictions on face to face care and support. Planning for the move out of the COVID-19 pandemic and associated progression out of Lockdown presents opportunities to offset disadvantage and the potential of harm to infants, toddlers and parents and where trauma informed and responsive practices will be of particular value.

A Framework for Improvement

The HSCP and associated children and young people's integrated planning partners will take respective responsibility for an improvement approach to developing infant and perinatal mental health operational services and related engagement with women and their partners in the North Highland and Argyll and Bute Partnerships.

In Argyll and Bute we will have an Advanced Nurse for Perinatal Mental Health working to support our most vulnerable families and work alongside link team members and the wider multi-disciplinary team in each locality and cross boundary to ensure an effective service. There will also be psychiatry and psychology input. Peer support in women with lived experience will be a central part of this service along with working with 3rd sector. A participation and engagement officer role will be key in scoping and developing this work.

An initial benchmarking of staff training and knowledge of PNMH has been undertaken and we will use a quality approach to monitor areas of improvement. Staff training commencing locally in June 2021 will be rolled out to support prior learning modules and to identify "champions" in each team. Primary Care Mental Health team and Community Mental Health teams continue to work closely with Midwives and Health visitors and our families while new PNMH service is established and they will continue to have a key role .

Connecting Scotland Phase 2

20 devices with wifi were distributed to households with children in phase 2 of this project. Recipients were in Kintyre, Bute and Dunoon. Devices mainly went to families with more than one child. Many of the families only had smartphones in the household with limited data. Anecdotal evidence indicates that devices enabled parents & children to access remote hospital appointments using NearMe more easily and support home schooling and application for benefits etc. Also reduced parental isolation as able to join online classes such as Baby Massage

4. Youth Work Education Recovery Learning Programme:

The Community Learning Service has been listening to Young People and their concerns around returning to school and education during COVID 19 and the impact this is having on their health and well-being. We have successfully accessed some national funding to provide activities that will enable us to deliver activities that will

address some of these issues and to support young people to return to, or remain engaged in their education and learning provision.

We are offering young people from across Argyll and Bute the opportunity to achieve accredited awards and the experience of quality outdoor learning opportunities whilst developing a range of personal and team skills. The programme will be delivered by Community Learning in partnership with Hebridean Pursuits Outdoor Learning, secondary schools and the Education Psychology Service.

All 10 of Argyll and Bute's secondary schools will be allocated up to 10 places on the programme. Each participant will take part in a personal development programme focused on individual and group health and wellbeing with an outdoor learning focus. Prior to, during, and in between the outdoor learning activity All young people taking part will explore their health and wellbeing through a variety of learning activities and will complete the SQA Health and Wellbeing module. Depending on the capabilities of the young people there may be further wider achievement opportunities such as John Muir awards, Saltire awards, Dynamic Youth awards or in some cases Youth Achievement awards.

Activities will be delivered to achieve core outcomes of increased confidence, self-esteem and resilience, building life-skills, encouraging self-respect, introducing coping mechanisms, improving mental, physical and emotional wellbeing and developing aspirations for the future.

Outcomes:

- Improve Health and Wellbeing.
- Increased engagement in learning
- Raising attainment through recognition of wider learning and achievement (e.g. Youth Awards and accredited certificated awards).

5. Argyll ACE's Hub; All Our Children:

At the start of the Covid19 pandemic in January 2020 the third sector group All Our Children, which brings together third sector agencies that work with children and families across Argyll and Bute, created a **Facebook page**. This is an open page which looks to bring a wide of information to people and offer support and advice. Some of its posts have reached as many as 3,000 people and areas covered include:

- School Meals changes and access;
- Parent Club and Cost of Living Advice;
- Best Start Grants;
- Online Safety;
- The Promise;
- Live Argyll;
- Test and Protect;
- Young People and Health Relationship;
- Online Workshops.

This eclectic mix has proven beneficial to many families and even managed to reunite a jacket and school bag with a child in Oban after posting that it had been handed into the Police Station.

6. Changing Lives Initiative:

Argyll and Bute has taken part in a 3 year pilot, along with areas in Northern Ireland and the Republic of Ireland, looking at improving the lives of children with symptoms of ADHD. The pilot, concluded and reported on in April 2021, saw advice and information, screening and Incredible Years Parenting Training courses offered to parents of children aged between 3 and 7 years who showed behaviours suggesting ADHD. Training in delivering Incredible Year Parenting Programmes was also given to some staff and awareness raising to a larger group. Analysis of the results showed this to be a very successful approach.

Monies have now come to an end but Argyll and Bute intend to look at how this approach can be carried forward, possibly in conjunction with the third sector. Whilst Argyll and Bute's participation in the partnership was disrupted by the covid pandemic, advice and parent training and support did continue online and was well received by recipients.

7. Use of Drone Technology:

In our last review we reported that 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 much longer time a ferry might have taken. The second stage of the Drone pilot continues. This development in Argyll & Bute gives the opportunity to test the capacity for further use of this technology.

Argyll & Bute Health & Social Care Partnership (HSCP) has begun carrying COVID test samples and other medical materials on drone delivery flights between medical facilities in the Argyll & Bute region. Following a proof-of-concept phase last year, the three-month initiative, which aims to help improve COVID-19 related logistics to and from remote locations, has now been expanded and is fully operational.

E. Partnership Working:

1. The Promise:

In 2021 the Scottish Government Independent Care Review reported and produced "The Promise", a plan to improve care services across Scotland for children and young people. To deliver on The Promise the Argyll and Bute Health and Social Care Partnership is taking the following actions.

- Set up a Working Group looking at models of practice supporting children remaining within their families; this will include more effective use of Alternative to Care Workers (ATC) and other resources, including working in partnership with the third sector.
- The Dunoon area has the highest level of adult substance misuse and mental health issues. Promise monies are to be used creatively to find multi-agency ways to prevent receptions into care.
- The Working Group will look at the feasibility of accessing social housing in order to create a family friendly space that can be used for family meetings and contact; a place where parental assessments can take place in a supportive environment. This centre would also be used by Health Visitors and other professionals working with children and families.
- A Care experienced Co-chair for the Corporate Parenting Board is to be recruited.
- A Working Group has been set up to look at language and terminology used in care settings and adjusting templates, reports and forms accordingly. For example: care experienced not looked after; brothers and sisters not siblings, meeting your family not contact.
- It has been pledged that in any case where siblings may be placed in care separately; this would have to be reviewed and approved by the Children and Families Head of Service.
- Actions are being taken to recruit more Foster Carers who can take family groups.

2. Trauma Informed Workforce:

Argyll and Bute continue to roll out trauma training across our workforce and are fast approach 75% of the children's workforce having undertaken trauma training. This continues to be delivered through online self-learning materials and the delivery of virtual training sessions, take up has been particularly strong with education colleagues; over 92% of teachers have undertaken the training.

Further training is scheduled through to 2022 to help embed and enhance workforce confidence in applying trauma informed approaches and a programme of trauma enhanced training is commencing in May 2022.

Workforce feedback has been very positive and there is a growing body of evidence of staff changing their approaches. In particular schools in particular are more systematically adopting trauma informed approaches to support the return of pupils to school and as a partnership work has commenced to more formally on evaluating the impact of the training across services which will be used to inform the next phase of

roll out and embedding trauma informed approaches across our workforce and services.

3. Advice Services:

Financial and other related areas of advice are key to supporting children and families and helping to move forward in a positive manner. There is partnership working in order to reach as many people as possible and meet their needs; people are also linked 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. Debt Counselling is an area that is likely to increase and the Councils debt counselling service will work in conjunction with the Citizens Advice Bureau to support individuals and families.
- 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 Debt line 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 web pages have advice and 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

www.argyll-bute.gov.uk/advice-services

4. Digital Inclusion Update:

More than ever, getting online is a necessity for people to access public services, connect with family and friends and contribute towards reducing social isolation and loneliness. In Argyll and Bute the focus of our response to digital needs has been through two projects Connecting Scotland and Digital Connections. Despite issuing a significant number of devices there still remains a steady flow of requests for support.

Connecting Scotland

The Connecting Scotland Programme aims to get 50,000 digitally excluded households across Scotland online by the end of 2021. As well as supplying the devices, “digital champions” have been trained to support people to use the internet confidently and safely.

The devices issued are a mixture of iPads and Chromebooks with MiFi connectivity packs that enable the user to connect via a mobile phone signal. The MiFi packs offer two years free internet access. Although connectivity has improved significantly in Argyll and Bute it continues to be an issue.

Community Learning staff distributed devices during Phase 1, provided set up support and follow up contact to identify problems and ensure that recipients were using the devices. In Phase 2 a range of partners carried out these tasks.

Phase 1 focused on people in the extremely high vulnerability group (‘shielding’) or the higher risk of severe illness group. Recipients also had to be on low income and without connectivity. Priority was given to those without any devices including mobile phones.

153 new devices and MiFi packs have been issued across Argyll and Bute in Phase 1.

Phase 2 was targeted at older people, disabled people, families with children and care leavers. Devices and support were allocated through a range in partners working directly with these groups including –

- Argyll and Bute Council
- HSCP Midwives
- Argyll and Bute Women’s Aid
- Cornerstone Community Care
- Crossroads Cowal and Bute
- Enable Scotland
- Help (Argyll and Bute) Ltd
- MS Centre Mid-Argyll
- West Highland Housing Association

207 new devices and MiFi packs have been issued across Argyll and Bute in Phase 2.

Supplementary Phase

A small number of people have been identified who met the criteria for Phase 1 or Phase 2 but for a number of reasons were not included or offered devices. An additional 19 new devices and MiFi packs have been awarded by Connecting Scotland to assist in addressing this and will be fully allocated by June 2021.

Education

A Scottish Government grant to support digital inclusion, which was allocated on the number of pupils entitled to free school meals, enabled the service to purchase and issue 1356 new devices (Chromebooks and iPads) along with 254 connectivity solutions with 12 months of unlimited data. The connectivity solutions were used to support learners who have poor or slow internet, are reliant on a parent's mobile phone data for connectivity or experience a broadband outage (caused by changing providers or a network fault).

Schools also issued Council owned devices to learners who required a device.

Digital Connections

Digital Connections is an Argyll and Bute partnership project and was established at the start of the pandemic to respond quickly to digital needs. 220 refurbished devices have been purchased and distributed with over 150 devices donated by the local community and businesses. The Digital Connections project complimented the Connecting Scotland project perfectly and in many cases we were able to respond to individuals and families requiring support who did not meet the Connecting Scotland criteria.

What Next?

Refurbishing Scheme - there's been a healthy response from the community and businesses to the appeal for devices that can be recycled and redistributed to families and individuals requiring additional digital resources. Discussions are at a very early stage in exploring the viability of developing a project which will access and recycle end of use devices.

Community Learning and Development Plan 2021-24 – the latest version of the CLD Plan is due in September 2021 and is currently in production. It will focus on Covid recovery and it's highly likely that the plan will include digital provision as one of its key themes. Partners are currently engaged in a consultation exercise and will develop a collaborative response to identified need and priorities.

Feedback

As you would perhaps expect, feedback has been very positive with most people reporting that the devices and connectivity have opened up opportunities for them to communicate, learn, shop and stay informed.

We've responded to several families who although they had a device and connectivity, also had more than one child trying to learn on line causing issues with access. In

some cases this was further exasperated if the parent was working from home. We also came across families attempting to provide online schooling via a mobile phone and were able to provide solutions.

A sample of some of the comments and feedback we've received regarding digital support through Connecting Scotland and Digital connections:-

"The laptop is a great help as I have been using a phone to access my online classes but haven't been able to download some of the documents on the phone. Many thanks" -

S4 pupil.

"This will be such a huge help to the family!"- Parent

'I have completed both the courses that I was struggling to do on my mobile and I'm now looking at options for Self-Employment which is great news!!' – Young Person

F. Other Future, Planned Work:

1. Training:

Training for multi-agency staff in areas relating to child poverty is a focus for the Argyll and Bute CPAG. Money Counts training is being developed for roll out and will increase the awareness of a wide range of front line staff and equip them to ask the difficult money questions of service users whilst showing respect and understanding.

Localised presentations on benefit levels and what it really means for claimants in terms of hardship in our area are being looked at: myth busting and awareness raising.

In addition training is planned for covering the whole Community Planning Partnership (CPP). Plan is to ascertain delegate numbers so that a tendering process can take place for a supplier to provide wide ranging overarching training on poverty and supporting people in poverty.

2. Engagement:

- Continue to engage with lived experience people and harder to reach groups via the agencies they connect with.
- Set up a reference group for future engagement.
- Support Council/NHS and partners to continue to consider poverty impacts when looking at policies and development. Ensure that EQIA's and CRWIA's are carried out.

3. Data Analysis:

In the coming year we will map out our key data set and 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.

This page is intentionally left blank



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 14

Date of Meeting : 16th June 2021

Title of Report: Year 1 (2020/21) Annual Review of the Children and Young People's Services Plan 2020 – 2023

Presented by: Patricia Renfrew

The Integration Joint Board is asked to :

- Note that both NHS Highland and Argyll and Bute Council are jointly and equally responsible for children's services planning
- Approve Argyll and Bute's Children and Young People's Services Plan 2020-2023 Year 1 review for the period 2020/23
- Approve the Children and Young People's Services Plan Year 3 review for submission to Scottish Government as per the legislative requirement

1. EXECUTIVE SUMMARY

- 1.1 The Children and Young People's Service Plan 2020-2023 was approved at the Integrated Joint Board and Community Services Committee in November 2020 <https://argyll-bute-girfec.com/wp-content/uploads/2020/12/cysp-2020-14th-dec-digital-version.pdf>.
- 1.2 There is a requirement in Part 3 of the Children and Young People (Scotland) Act 2014 to review the report annually and report on the performance and progress to date in delivering the outcomes set out in the plan.
- 1.3 This review considers updates on 2020/21 progress and areas for improvement, provides information on key developments that have taken place since the plan was published and sets out key plans for the year ahead.

2. INTRODUCTION

This is the first annual review of the Children and Young People's Service Plan 2020-2023.

<https://argyll-bute-girfec.com/wp-content/uploads/2020/12/cysp-2020-14th-dec-digital-version.pdf>. In this review we will report on our performance and progress to date in delivering the outcomes we set out to achieve.

1.2 The review will consider:

- Updates on short-term 2020/21 progress
- Provide information on developments since the plan was published
- Set out key plans for the year ahead

3. DETAIL OF REPORT

The Children and Young People's Service Plan (CYPSP 2020/23) approved in November 2020 by the Integrated Joint Board and Argyll and Bute Council and is set within the context of four strategic priorities and aligned to the eight well-being indicators (SHANARRI). By adopting the Quality Improvement methodology we will be able to show improvements in practice that will improve outcomes for children and young people.

3.1 Quality Improvement is a systematic approach using specific methods to improve quality; achieving successful and sustained improvement.

All improvement will require change, but not all change will result in improvement"

Langley et al

Testing Change – Using Plan Do Study Act (PDSA) Cycles for small tests of Change

Any change to a system or process should be tested and refined within the setting in which it is to be implemented. PDSA cycle approach of small scale, rapid tests of change is a recognised approach to achieving this. Using this approach changes can be tested, refined and re-tested a number of times until the change is reliable, quickly and with minimal resource use. The PDSA Model for Improvement provides a framework for developing, testing and implementing changes that lead to improvement and demonstrates whether reliable practice is being achieved.

The Quality Improvement (QI) methodology has been adopted when developing the

performance measures for the 2020/21 CYPS Plan, this approach will be instrumental in providing data that will evidence sustainable improvement by 2023.

A Driver Diagram is a tool that helps translate a high level improvement goal into a logical set of underpinning goals and projects. It captures an entire change programme in a single diagram and also provides a measurement framework for monitoring progress.

The CYPSP 2020/23 driver diagram provides a visual display and theory to support Argyll and Bute to deliver the priorities identified in the CYPS Plan.

Argyll and Bute CYPSP Driver Diagram



3.2 Improvement and Progress Update Summary

We have made good progress with the short-term outcomes expected at 12 months.

Tables 1 - 4 (pages 3 – 10) provide updates on the 2020/21 Performance Measures and Quality Improvement projects under each of the Strategic Priorities. Appendix 1 displays additional driver diagrams on current projects.

Getting it Right for Every Child (GIRFEC) Leadership

To help improve the visibility of the Children’s Services Strategic Leadership Group, member Profiles have been developed and circulated to all staff groups.

Short-term Outcomes expected at 12 months	2020-21 Progress update
<ol style="list-style-type: none"> 1. Improvement programmes are designed around key priorities identified in the GIRFEC support evaluation 2. Partners work collectively to review current systems and processes and reduce bureaucracy 3. The voices of children and young people are evident in all aspects of children’s service delivery 	<ol style="list-style-type: none"> 1. 1.1) The improvement work generated through the Argyll and Bute Children and Young People’s Improvement Faculty has resulted in improvements in the partnership approach to service delivery leading to better outcomes for children, young people and their families. 2. 1.2) Through Quality Improvement tests of change we are ensuring Children and their families are fully engaged with collective decision making. 3. 3.1) Extensive engagement with the tendering process to support replacement of the current Carefirst System with Eclipse, providing a fully integrated web-based Care Management system for Children and Families and Social Justice. Eclipse will reduce bureaucracy and support an integrated (HSCP) Child’s Plan in practice. 3.2) A staff survey was developed to ascertain the effectiveness of locality Practitioner Forums, results indicate to engage more staff, meetings could be held via a digital platform.

	<p>3.1) Gathering the views of children, young people, parents/families is fundamental and underpins the values and principles of GIRFEC. Further testing of the 'What Matters to Me' (WMTM) form allows staff to gather the views parents at Child's Plan meetings. This will be scaled up across all localities throughout Year 2 (2021/22).</p>
--	---

Getting it Right for Every Child (GIRFEC) Leadership Quality Improvement work

Table 1.1		
12 months (2020-21)	Quality Improvement Aims	Quality Improvement Projects
Partners work collectively to review current systems and processes and reduce bureaucracy	<ul style="list-style-type: none"> • By 31st August 2021, 75% of audited Child's Plans prepared by multi-agency partners after October 2020 will contain a clear set of SMART outcomes for the young person, based on an up-to-date assessment of risk and analysis of need. • By end of May 2021, 95% of Initial child plans where Health Visitors are Lead Professional, will include parent/carer views of their child's plan and they will score 4 or above on a 1- 5 rating scale of how engaged and involved they felt in the process" 	Improving the quality of Child's Plans

Strategic Priority 2 - Early Help and Support

Table 2	
Short-term Outcomes expected at 12 months	2020-21 Progress update
<p>1. Improvement programmes are ensuring relevant assessments at key ages and stages are carried out</p> <p>2. Ensure the Child Poverty Strategy is rolled out across the partnership</p> <p>3. Children and young people have a better understanding of what safe and healthy relationships look like</p>	<p>1. Data indicates we have maintained above 90% of children having assessments completed at: 13 – 15 months - 93.6% 27 – 30 months - 92.6% Due to COVID restrictions P1 developmental milestone data has not be obtained</p> <p>2. 2.1) The Child Poverty Strategy has been rolled out and work is progressing on implementing key actions. 2.2) Quality Improvement tests of change are in progress to increase uptake of financial support whereby Health Visitor’s will have a financial discussion with parents to ensure they receive money advice and benefit support (Aim set out below in the Quality Improvement update)</p> <p>3. Due to COVID restrictions the S3 drama was developed online, however most schools have it. Class lessons have also been developed to accompany the online recording. Schools have been asked to complete delivery by June 2021 and they have also been asked to complete an evaluation of this format</p>

<p>4. Raise the profile of breast feeding across communities</p> <p>5. Children and young people are able to make informed choices about their dietary needs</p>	<p>4. 2020 Breastfeeding rates at 6 – 8 weeks 44% Working to promote the benefits of breastfeeding across all agencies has been a particular focus and includes working with primary schools and early years to promote breastfeeding</p> <p>5. Joint work to progress this work has been delayed due to COVID 19. Work will be taken forward in 2021/22</p>
--	--

Early Help and Support Quality Improvement Progress

Table 2.1		
12 months (2020-21)	Quality Improvement Aims	Quality Improvement Projects
Ensuring relevant assessments at key ages and stages are carried out	<ol style="list-style-type: none"> 1. Creating communication friendly Early years settings in Bute (Aim in development) 2. Improving uptake of Eligible 2's (Aim in development) 	The UPQIC financial improvement project
Ensure the Child Poverty Strategy is rolled out across the partnership	<ol style="list-style-type: none"> 3. Increased uptake of financial support following Universal Health Visiting Pathway contacts <p>Aim - By Sept 2021, Health Visitor's (HV) in Argyll and Bute will have a financial discussion with parents at 80% of contacts on the HV pathway and where a need is identified 100% will receive the requested money advice and benefit support</p>	<p>AHP Forum - Improve our universal and targeted offer</p> <p>National "Sharing the Ambition" project</p> <p>Breast feeding</p> <p>Communication Friendly early years settings</p>
Children and young people have a better understanding of what safe and healthy relationships look like	<ol style="list-style-type: none"> 4. Children, Young people and their families feel supported to adopt healthy lifestyle choices Aim in development) 	Supporting vulnerable 2's
Raise the profile of breast feeding across communities	<ol style="list-style-type: none"> 4. Increasing breast feeding uptake by creating breastfeeding communities (Aim in development) 	
Children and young people are able to make informed choices about their dietary needs	<ol style="list-style-type: none"> 6. Children, young people and their families feel supported to adopt healthy lifestyle choices - AHP Forum (Aim in development) 	

Strategic Priority 3 - Mental Health and Well-being

Table 3	
Short-term Outcomes expected at 12 months	2020-21 Progress update
<p>1. Early help and support is readily available and pathways are in place to access school nursing, primary mental health workers and school counselling</p>	<p>1. 1.1) Development of the Peri-natal Mental Health Pathway (Aim under development)</p> <p>1.2) The school counselling service is progressing positively. The service started on February 8th 2021 with 7.5 fte counsellors and a team leader. Since that time 63 referrals have been received with the average age of the young person being 14 years. There is a relatively even balance across males and females, with slightly more females being referred. A wide range of referral reasons have been recorded including anxiety, relationships, trauma and emotional regulation, bereavement, bullying, low mood and self-injury/self-harm. Referrals are mostly being received from school staff. Early indications are that young people with particularly vulnerabilities, such as having additional support needs, being care experienced or being a young carer, are supported to access the service.</p> <p>1.3) “Our children, their nurturing education” (OCTNE) was officially launched this quarter, with 20 schools across primary and secondary beginning their journey to become a nurture and relationships based community. Each school has identified someone responsible for leading OCTNE within their own establishment, and this person (or group) attended a 3 day leadership training delivered by the Educational Psychology Service. These days covered a range of</p>

	<p>topics including attachment and resilience in the early years, stress and trauma, adolescence and the 6 nurture principles. While these were three intense days of online training, this did not dampen the enthusiasm and engagement from attendees. There were rich large and small group discussions with feedback from the training being very positive. The next steps include an individual needs analysis with each school, using improvement methodology.</p>
<p>2. Trauma training is rolled out across the partnership</p>	<p>2. Argyll and Bute is one of the National trauma training pilot areas and almost 75% of staff have undertaken Trauma Informed or Trauma skilled training. Within Education over 90% of teachers and support staff have now undertaken e-learning modules at a trauma informed or skilled level. Trauma Enhanced Dyadic Developmental Psychotherapy (DDP) training has commenced for relevant staff across agencies. An A&B Trauma champion has been appointed. The model for improvement is now being used to establish a clear quality improvement aim with associated projects.</p>
<p>3. Partners will work to develop core standards and pathways of care</p>	<p>3. 3.1) The Child and Adolescent Mental Health Service (CAMHS) are working towards implementing the Scottish Government CAMHS Service Specification</p> <p>3.2) The Scottish Government Neurodevelopmental Pathway is under development and will facilitate core standards and pathways of care throughout 2021/22</p>
<p>4. Advocacy services are easily accessible for children and young people</p>	<p>4. Who Cares? Scotland continues to provide advocacy to our care experienced children and young people. In 2020/21:</p> <ul style="list-style-type: none"> • 73 young people engaged with advocacy workers

	<ul style="list-style-type: none"> • 52 young people accepted the offer of advocacy support <p>The service has now expanded to be available to support those attending Hearings. Independent advocacy continues to be offered to all children on the Child Protection Register over the age of 5 years</p>
--	---

Mental Health and Well-being Quality Improvement Progress

Table 3.1		
12 months (2020-21)	Quality Improvement Aims	Quality Improvement Projects
Trauma training is rolled out across the partnership	<ol style="list-style-type: none"> 1. Impact of Trauma informed practice (Aim in development) 2. Perinatal mental health (Aim in development) 	<ol style="list-style-type: none"> 1. Early Years - Adults responses to children 2. Play pedagogy 3. Impact of Trauma informed practice 4. Trauma informed practice in schools through Our Children Their Nurturing Education

Strategic Priority 4 - Children and Young People's Voice

Table 4	
Short-term Outcomes expected at 12 months	2020-21 Progress update
<ol style="list-style-type: none"> 1. Young People's Advisory Panel is created 2. The Young People's Advisory Panel will be invited to attend a Argyll & Bute's Children Strategic Group development session to update them on the work of the Young People's Advisory Group 3. The findings of the Independent Care Review are taken forward within a multiagency approach 	<ol style="list-style-type: none"> 1. Young People's Advisory Panel is established and working well 2. A presentation on the work of the Young People's Advisory Panel has been delivered to Argyll & Bute's Children Strategic Group 3. <ol style="list-style-type: none"> 3.1) The 2021-24 Corporate Parenting Plan has been updated to ensure that key themes from The Promise are prioritised 3.2) Multi agency review of all admission to care supported and consideration of findings by the Adult Protection and Child Protection Committees and the Corporate Parenting Board (CPB) led to a joint Promise Partnership bid for an innovative project, across adult and children's services. It is anticipated this will support development of new practice model for supporting families affected by parental mental health and substance misuse 3.3) Adoption of a lexicon of institutional language our young people have asked us to stop using and multiagency work to remove these words and phrases 3.4) Recruitment of a care experienced co-chair for the CPB

	<p>3.5) Additional funding for a one-year participation co-ordinator for care experienced children and young people</p> <p>3.6) Continuing roll out of trauma training to develop a Trauma informed children's workforce and carers</p>
--	---

Children and Young People’s Voice Quality Improvement Progress

Table 4.1		
12 months (2020-21)	Quality Improvement Aims	Quality Improvement Projects
Young People’s Advisory Panel is created	<ul style="list-style-type: none"> • By October 2021, 85% of S3 pupils in Oban high will demonstrate an understanding of Argyll and Bute’s Children's Service plan and can explain why it matters to them • Visibility of Parent/Child’s Voice in Child’s Plan (Aim under development) 	<ol style="list-style-type: none"> 1. Engagement in CSP 2. “What matters to you?” Parent/child voice

3 The focus for year 2 mid-term performance outcomes include:

Getting it Right for Every Child (GIRFEC) Leadership

Providing evidence including run charts and data, of improvements and further embedding GIRFEC practice in delivery of children's services

- Developing a process to ensure systems and processes are streamlined to ensure there is a 'One Child, One Assessment and One Plan' approach to service delivery

Early Help and Support

- By using the Model for Improvement develop tests of change and ideas to promote and improve child development, ensuring early help and support in place
- By developing specific programmes and ideas will support us to ensure Children and young people feel more positive about their health, wellbeing and developing relationships
- Ensuring breast feeding rates are improved and sustained
- Supporting Children and young people to make good choices with respect to maintaining a healthy weight

Mental Health and Wellbeing

- Children and young people can access early mental health help and support
- Ensuring all partners feel confident in understanding trauma and how it affects children and young people's lives
- Ensuring children and young people are supported to routinely use that advocacy services

Children and Young People's Voice

- Methods to engage children and young people are designed and tested with the Young People's Advisory Panel
- Young People's Advisory Panel will be invited to present progress at the Community Planning Partnership

4 Key developments and alignment to National Policy

A working group has been established and work is underway to ensure children and young people understand their rights as laid out in the United Nations Convention on the Rights of the Child (UNCRC) which has now been incorporated into Scots Law

The Promise made to care experienced infants, children, young people, adults and their families - that every child grows up loved, safe and respected, able to realise their full potential. It is responsible for driving forward the findings of the Independent Care Review and works with organisations to support shifts in policy, practice and culture so Scotland

can **#KeepThePromise**. Key themes from **The Promise** have been prioritised in the Argyll and Bute's 2021-24 Corporate Parenting Plan

5. **Conclusion**

The year 1 review of the 2020 – 23 CYPSP has highlighted progress to date and priorities for year 2 (2021/22). It is anticipated that this work will continue and further improvements will be realised in year 2, under mid-term outcomes.

6.0 **GOVERNANCE IMPLICATIONS**

6.1 **Financial Impact**

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

Staff Governance

None at this time.

6.3 **Clinical Governance**

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

7. **EQUALITY & DIVERSITY IMPLICATIONS**

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

8. **RISK ASSESSMENT**

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

9. **PUBLIC & USER INVOLVEMENT & ENGAGEMENT**

The Children and Young People's Services Plan informs our young people, parents, carers, volunteers and practitioners of the outcomes and actions that all partner agencies have committed to deliver in order to ensure that children and young people living in Argyll and Bute get the possible start in life.

NEXT STEPS

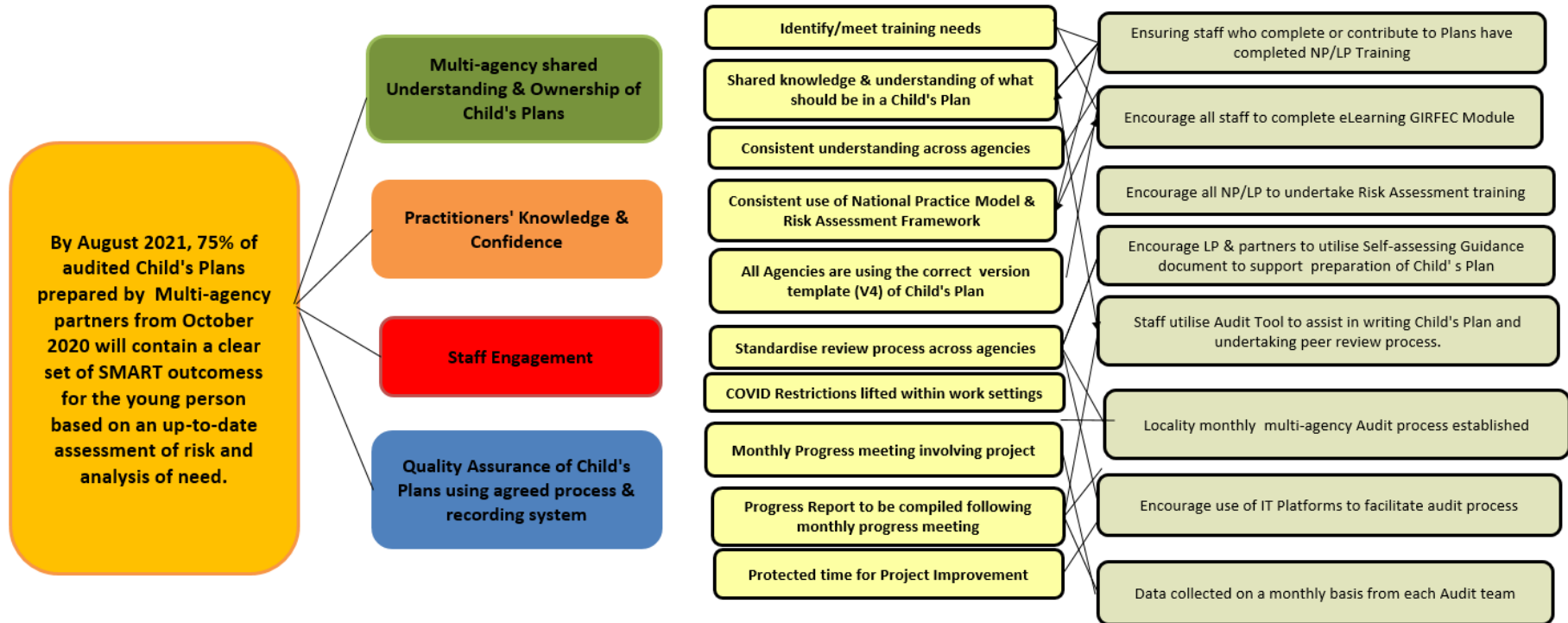
To present the 2020 - 2023 Children and Young People's Service Plan
Year 2 report

Patricia Renfrew
Interim Head of Service Child Health and CAMHS
Children's Service Planning Strategic Lead
GIRFEC Strategic Lead

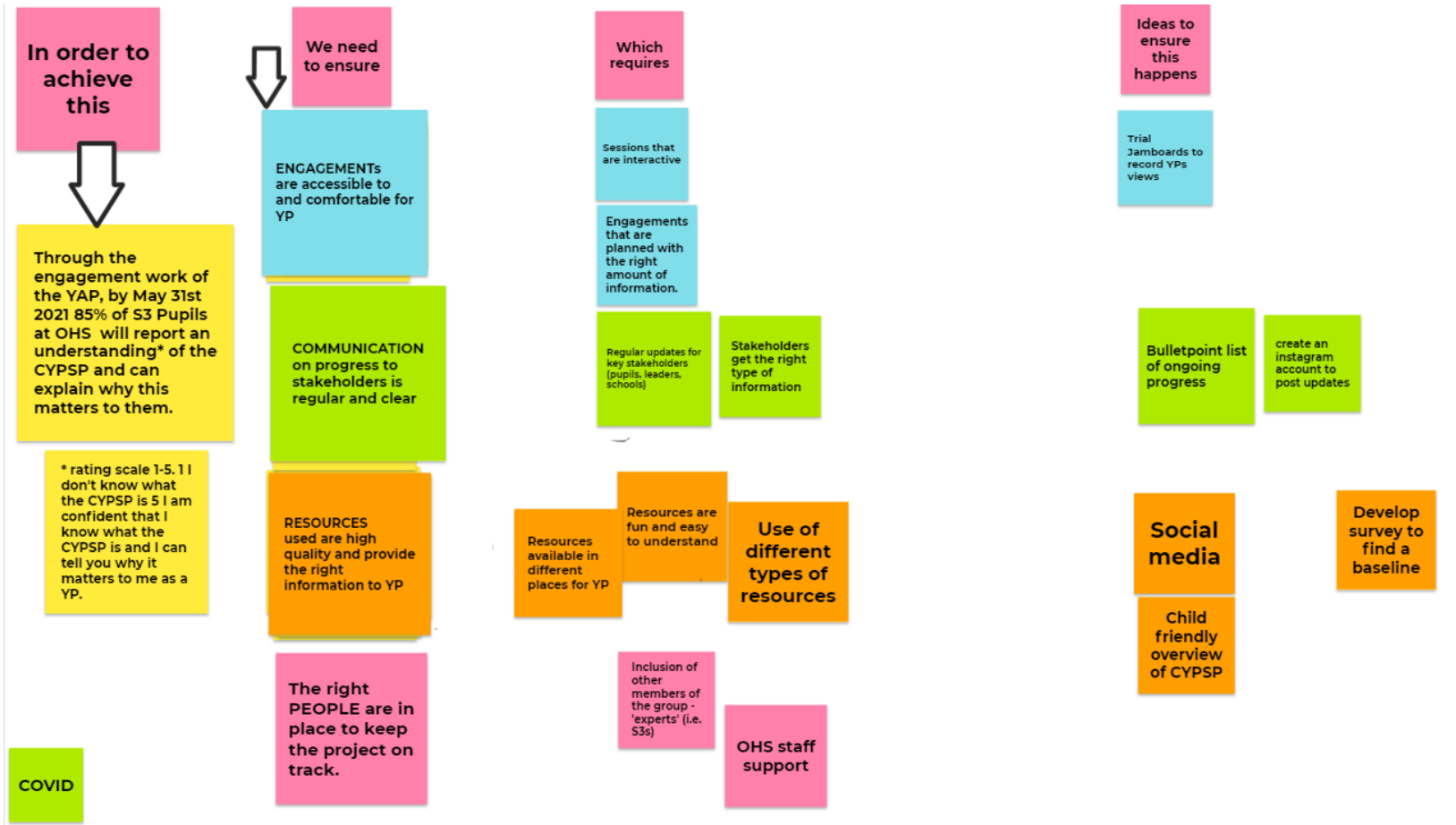
19th April 2021

Appendix 1 - Driver Diagrams Supporting Improvement

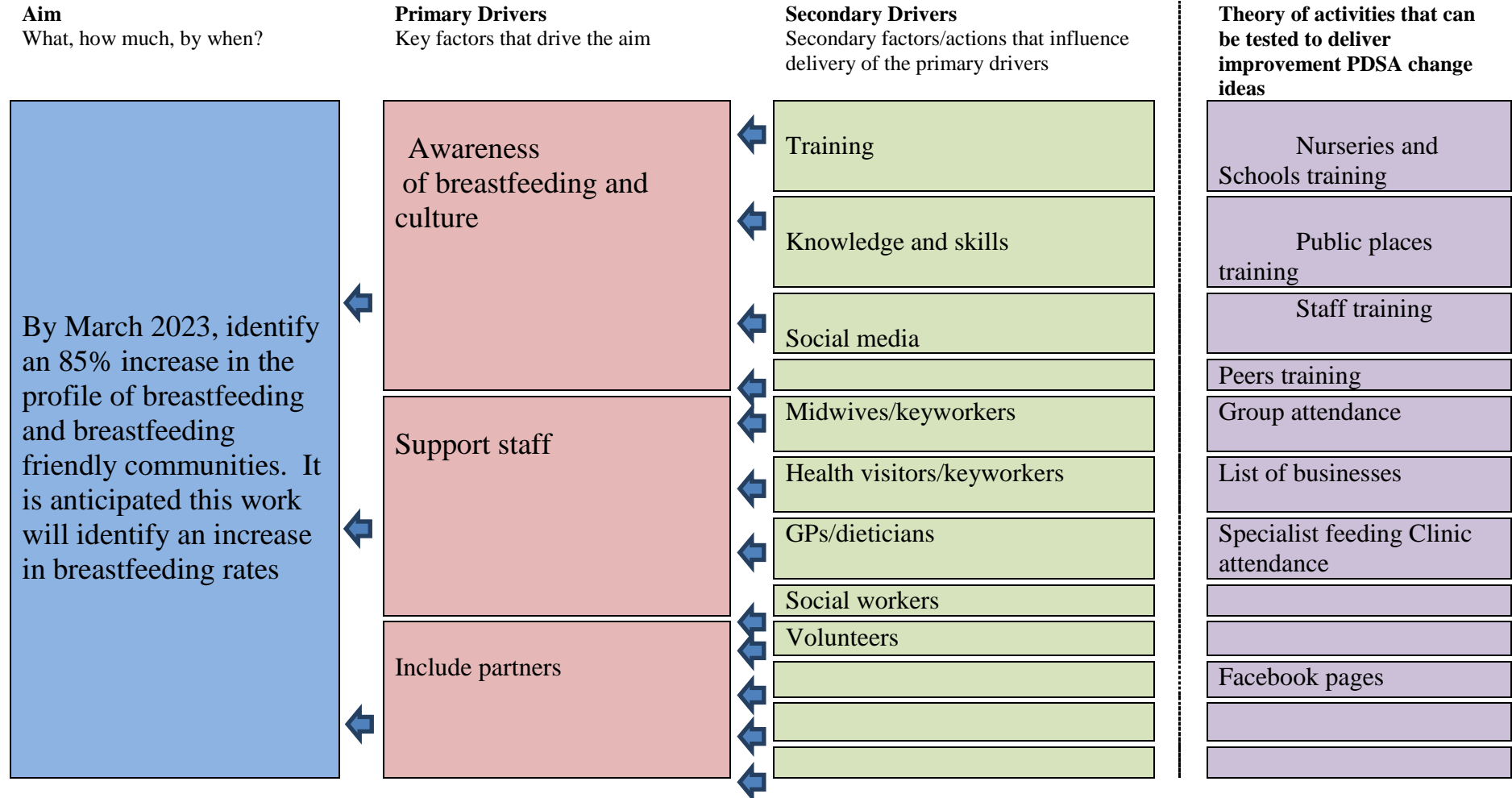
Child's Plan Driver Diagram



Children and Young People's Voice Driver Diagram



Breastfeeding Driver Diagram





Integration Joint Board

Agenda item: 4

Date of Meeting: 16 June 2021

Title of Report: Audit & Risk Committee Annual Report 2020-21

Presented by: Sandy Taylor, Chair of Audit & Risk Committee

The Integration Joint Board is asked to:

- Note the annual report from the Chair of the Audit and Risk Committee

1. EXECUTIVE SUMMARY

- 1.1 In line with sound governance principles, an Annual Report is submitted from the Audit & Risk Committee to the Integration Joint Board. This is undertaken to cover the financial year from April 2020 to March 2021. It forms part of the supporting arrangements for the consideration of the draft management commentary and annual governance statement included within the Annual Accounts.
- 1.2 The remit of the Committee was revised and signed off formally by IJB on 27 January 2021.
- 1.3 The Committee has met on 6 occasions throughout the year, with all minutes being submitted to the Integration Joint Board and published as part of those papers. The Committee has been supported throughout the year by the Council's Committee services team and all papers and minutes have been published for members to access on Modern.Gov, the Council's committee management system.
- 1.4 The Committee conducted a self-assessment of its effectiveness on 24 February. The results of this are presented along with reflections from the Chair.

2. INTRODUCTION

- 2.1 This report provides an assessment of the work of the Audit & Risk Committee throughout the last financial year. This work was undertaken against the backdrop of the Covid-19 pandemic. The first scheduled meeting of the year was cancelled due to the level of other operational pressures at that time. However, all other meetings took place as scheduled, albeit on a remote basis using Skype for Business in line with the ongoing requirements to maintain social distancing.

3. DETAIL OF REPORT

3.1 The report is set out in three parts:

- Report of activity
- Self-assessment February 2021
- Committee Membership and Remit
- Reflections of the Chair

3.2 Report of activity

This section sets out a short summary of the items of business considered at each of the 6 meetings of the Audit & Risk Committee held in the year.

3.2.1 21 April 2020 – meeting cancelled

On 27 March the chair of the committee wrote out to all committee members advising that the meeting of 21 April would be cancelled and all non-urgent business deferred to the meeting of 23 June. There was only one urgent piece of business and members were asked to offer feedback on the draft management commentary and annual governance statement in the annual accounts by email before signing off as a committee at the June meeting.

3.2.2 23 June 2020

- Approval of issue of Unaudited annual accounts 2019/20
- Council internal audit plan 2020/21
- Council internal audit follow up report
- NHS Highland internal audit report – Business Continuity Planning November 2019
- Internal Audit Annual report 2019/20 from Scott-Moncrieff
- 2019/20 Internal Audit report on Corporate Governance from Scott-Moncrieff, June 2020
- Enhanced Care Home Oversight report by Head of Adult Services

3.2.3 18 August 2020

- Workforce Planning report by Head of Customer Support Services
- Council internal audit follow up report
- 2020/21 Internal Audit report Financial Monitoring and Planning from Scott-Moncrieff, July 2020

3.2.4 15 September 2020

- Recommendation of approval of Audited Annual Accounts 2019/20 to IJB
- Approval of draft letter of representation to Audit Scotland
- Consideration and noting of key messages in 2019/20 annual audit report from Audit Scotland

3.2.5 20 October 2020

- Review of financial regulations – approval of new section on IJB members expenses, gifts, hospitality and register of interests, and next review to be completed by 31 March 2022
- Approval of new Information Governance policy for approval by IJB
- Approve of plans for tendering the Internal Audit service
- Consideration and noting of key messages from Audit Scotland from their Covid-19 guide for Audit & Risk Committees and self-

assessment against questions posed

- Council Internal Audit report Social Care Contract Management, August 2020

3.2.6 11 December 2020

- 2020/21 Internal Audit report on Impact of New Legislation from Scott-Moncrieff, November 2020
- Council internal audit follow up report
- Approval of corporate governance improvement actions to introduce annual review of work of committees and board performance evaluation
- Approval of new process for monitoring update of strategy and policy documents and introduction of an on-going schedule of Business Administration to be owned by Audit & Risk Committee

3.2.7 23 February 2021

- Internal Audit Follow-up 2020/21 from Azets
- Council internal audit follow up report
- 2020/21 Internal Audit report on IT Strategy and Governance from Azets, December 2020
- Report on outcome of tender for Internal Audit Service
- Consideration of draft HSCP 2021/22 internal audit plan
- Consideration of 2020/21 end of year Accounts timetable
- Report on Best Value in Integration Joint Boards and approach being developed by Accounts Commission for auditing this
- Local Government in Scotland: Financial Overview 2019/20 – Report from Audit Scotland January 2021 – note of key messages for HSCP

3.3 Self-assessment February 2021

3.3.1 The self-assessment completed by the Committee on 23 February 2021 is attached at Appendix 1. A number of areas of weakness were noted which should be addressed next year including the following:

- Training for new members of the committee
- Committee should receive more timely information on performance concerns, and implementation of relevant policies and strategies and overall risk management
- Minutes to be more explicit over key issues to be picked up by IJB
- Action tracker required with RAG status
- Workplan to be presented regularly to Committee and refreshed
- Committee to have private meetings with External and Internal Audit (without officers present)

3.4 Committee Membership and Remit

3.4.1 The Committee membership consists of 6 IJB members, with only 4 places filled during the year under review. There are 3 vacancies as of 24 March 2021, and appointments are due to be made by the IJB on 31 March 2021. In addition there are 4 required attendees – the Chief Officer, Chief Financial Officer, External Auditor (Audit Scotland) and Internal Auditor (Azets for 2020/21). Other officers attend as required.

- 3.4.2 The remit was revised during the year and finally signed off by the IJB on 27 January 2021 which included an amendment to the general provisions on reporting to the IJB.

3.5 Reflections of the Chair

3.5.1 It is absolutely appropriate the work of the Committee was set aside for a short time in the early part of this year due to the Covid pandemic as our health and social service services addressed the urgent responses to the many challenges of the pandemic.

3.5.2 Whilst we have returned to a more normal way of working, it will not be the 'old way' of working. The way the IJB will work in the future has changed, and whilst we may not know exactly how things will have changed for some time to come, we can be assured that we will see an incremental financial impact on the cost of delivering our services together with an enduring challenge on our funding.

3.5.3 The work of the Audit and Risk Committee evidences the IJB's commitment to financial and performance accountability, and scrutiny. In my view we have comprehensively fulfilled our remit in terms of consideration of internal and external audit reports, national performance reports and review of annual accounts and the internal control environment. We have not considered risk management systems or the development of the IJB's performance management regime to the same degree this past year and these areas will be returned to in the year ahead. Whilst we have yet to commit to a dedicated scrutiny review, the Committee remains alert to the value of such an approach. Not beyond scrutiny itself, the Committee's self-assessment has created an action plan for the development of the Committee which we will address in the course of the year ahead, as we remain focussed on the IJB's delivery of Best Value, as a learning organisation.

Actions from reports considered

3.5.4 There are a number of areas which the committee has highlighted as posing a risk to good governance for the IJB, and these will be followed up on in the year ahead to ensure that they have been addressed satisfactorily. These include:

- The lack of an ICT and Digital strategy for the IJB which cross references to the strategies of our parent bodies and ensures that their plans meet the needs and aspirations of the IJB;
- There is currently no new legislation tracker which provides assurance to the IJB that the requirements of all new legislation are being met in a controlled and timely manner;
- The committee was concerned that the NHS Highland audit of business continuity found limited evidence of progress since the previous audit in 2016 and there were 5 new grade 3 recommendations covering some fairly fundamental matters. The committee will be looking for assurance that these are addressed within Argyll and Bute.

- 3.5.5 I am pleased to commend the work of the Committee over this past year to the Board and the hard work of all concerned, but specifically of IJB and Council staff and our audit teams as they no doubt faced often other conflicting demands on their time.

4. RELEVANT DATA AND INDICATORS

- 4.1 Minutes of Audit & Risk Committee meetings and related papers in 2020/21.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 This document contributes to good governance of the Integration Joint Board.

6. GOVERNANCE IMPLICATIONS

- 6.1 Financial Impact – The Committee has considered a number of reports relating to the financial sustainability challenges faced by IJBs in Scotland.
- 6.2 Staff Governance – The Committee continues to scrutinise progress on workforce planning.
- 6.3 Clinical Governance – None.

7. PROFESSIONAL ADVISORY

- 7.1 Consideration should be given to this report.

8. EQUALITY AND DIVERSITY IMPLICATIONS

- 8.1 None directly from this report.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

- 9.1 No issues arising directly from this report.

10. RISK ASSESSMENT

- 10.1 The Committee has commented on a number of occasions on key financial sustainability and workforce planning risks for the IJB.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

- 11.1 The report draws from findings of 2020/21 internal audits and external audit input. There has been no specific public or user involvement.

12. CONCLUSIONS

- 12.1 The Integration Joint Board is asked to consider the report, and note the work of the Audit and Risk Committee in 2020-21.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Councillor Sandy Taylor, Chair of Audit & Risk Committee sandy.taylor@argyll-bute.gov.uk

APPENDICES:

Appendix 1 – Committee self-assessment February 2021

ANNUAL BOARD SELF-ASSESSMENT QUESTIONNAIRE & SKILLS MATRIX

V0.2

Document control

Title	Annual Board Self-assessment questionnaire and skills matrix
Author	Charlotte Craig
Creation date	December 2020
Date of version	February 2021

Version history

Version	Comments
V0.1	Reviewed at Audit and Risk Committee
V0.2	Reviewed by Audit and Risk members

PURPOSE OF QUESTIONNAIRE AND EVALUATION

The board, its composition and evaluation of performance is central to corporate governance.

All boards, and their committees, can benefit from evaluations and ensure into good governance practices. Board evaluations can bring tremendous benefits and a properly conducted evaluation can contribute significantly to performance improvements on three levels: organisational; board and individual member level.

One of the main goals of board evaluation is to enable boards to purposefully identify and surmount the barriers that impede their effectiveness. Establishing an effective process for board evaluation can send a positive signal to the organisation that board members are committed to doing their best.

The part 1 questionnaire allows IJB members to complete a questionnaire on the Board and share this with other IJB members to ascertain areas of development for the IJB action plan.

The part 2 questionnaire is for individual IJB members to identify areas of skills development and learning, this will be cumulatively assessed and addressed in the action plan. Individual members may also seek individual training if this can be provided.

SELF-ASSESSMENT ASSURANCE QUESTIONNAIRE

As part of the annual year-end governance assurance process, each Committee/Group must record and evidence that it has carried out an annual self-assessment of its own effectiveness. This questionnaire seeks your views on the operation and effectiveness of each Committee on which you serve as a member. Please input your scoring appropriately and provide any comments/feedback you would like considered.

COMMITTEE/GROUP

Audit & Risk Clinical & Care Governance Finance & Policy Strategic Planning Group

Please tick only one box for each question

1 = Strongly Agree	2 = Agree	3 = Neither Agree Nor Disagree	4 = Disagree	5 = Strongly Disagree
--------------------	-----------	--------------------------------	--------------	-----------------------

COMMITTEE/GROUP MEMBERSHIP AND DYNAMICS

- 1 The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.
- 2 The Committee/Group’s membership includes appropriate representatives from the organisation’s key stakeholders.
- 3 Committee/Group members are clear about their role and how their participation can best contribute to the Committee/Group’s overall effectiveness.
- 4 Committee/Group members are able to express their opinions openly and constructively.
- 5 There is effective scrutiny and challenge of the Senior Leadership Team from all Committee/Group members, including on matters that are critical or sensitive.

	1	2	3	4	5	Comments/Feedback
		x				Yes – good turn out of members supported by CIA and Audit Scotland, audit fee budget is adequate
		x				Yes in ToR
		x				yes
		x				yes
		x				Relies on Internal Audit reports and External Auditor annual assurance report for challenge. The latter will include BV in future. Not doing much scrutiny – may seek to prioritise more for future.

Page 308

- 6 The Committee/Group has received appropriate training/ awareness raising in relation to the areas applicable to the Committee/Group’s areas of business.
- 7 Members have a sufficient understanding and knowledge of the issues to identify patient safety issues

	1	2	3	4	5	Comments/Feedback
				x		Probably not – need to plan training especially for new members of the committee
						Not relevant to A&R – remove qn

COMMITTEE/GROUP MEETINGS, SUPPORT AND INFORMATION

- 8 The Committee/Group receives timely information on performance concerns, as appropriate.

	1	2	3	4	5	Comments/Feedback
				x		mainly F&P Cttee or CC&G. But A&R is responsible for system of performance monitoring. Key theme in BV audits.

- 9 The Committee/Group receives timely exception reports about the work of external regulatory and inspection bodies, where appropriate.
- 10 The Committee/Group receives adequate information and provides appropriate oversight of the implementation of relevant strategies, policy directions or instructions.
- 11 Information and data included with the papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion.
- 12 Papers are provided in sufficient time prior to the meeting to allow members to effectively scrutinise and challenge the assurances given.
- 13 Committee/Group meetings allow sufficient time for the discussion of substantive matters.
- 14 Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board
- 15 Action points clearly indicate who is to perform what and by when, and all outstanding actions are appropriately followed up in a time manner until satisfactorily complete.
- 16 The Committee/Group is able to provide appropriate assurance to the Board that Argyll & Bute H&SCP policies and procedures (relevant to the Committee/Group's own Terms of Reference) are robust.
- 17 The Committee/Group links well with the Board and other Committee/Groups, taking the opportunity to share information, learning and good practice.

	x				Audit Scotland reports are always presented
			x		Covered by Internal Audit reviews to an extent, but concerned that A&R not seeing enough or early enough for key risk areas – risk management focus
	x				Yes
	x				Issued one week in advance
	x				Yes – but will need much more time for scrutiny review discussions
x					Yes, usually next day
			x		Could be improved with action tracker (RAG status). A&RC could be more demanding and ask for more too. More regular follow up on outstanding internal audit actions too.
	x				Annual governance statement is reviewed. New procedure recently agreed in Dec. Where there are issues of concern, these are highlighted to IJB. To prompt chairs for this in chair's notes
		x			On occasions. Meeting minutes presented to IJB. All ToR reviewed incl linkages. Could build into devt sessions to explore further re sharing good practice.

1 2 3 4 5 Comments/Feedback

18 The Committee/Group provides clear direction to its sub-Committee/Groups or groups.

		x			No sub groups for A&RC yet. Consider for future.
--	--	---	--	--	--

19 The Committee/Group periodically receives assurance that the relevant sub-Committee/Groups are fulfilling their work plans and implementing any relevant actions.

					N/A – see Q18 above
--	--	--	--	--	---------------------

20 All the key issues and risks within the sub-Committee/Group minutes are summarised and presented appropriate, with assurance provided that these are being managed.

					N/A – see Q18 above
--	--	--	--	--	---------------------

THE ROLE AND WORK OF THE COMMITTEE/GROUP

21 The Committee/Group reports regularly to the Board verbally and through minutes and makes clear recommendations on areas under its remit when necessary.

	1	2	3	4	5	Comments/Feedback
		x				Through minutes and verbal updates too

22 The Committee/Group effectively contributes to the overall control environment of the organisation.

		x				yes
--	--	---	--	--	--	-----

23 The Committee/Group has an annual work plan in place, aligned to its Terms of Reference that effectively covers all relevant areas therein.

				x		Yes officers have this detail, but could be more explicit and presented formally to the committee and refreshed as required
--	--	--	--	---	--	---

24 The Committee/Group seeks effective feedback on its own performance from the Board and Accountable Officer.

	1	2	3	4	5	Comments/Feedback
				x		Not yet in place – planned and important for overall governance and oversight

25 Key decisions are made in a structured manner and can be publicly evidenced.

		x				Not decision making, A&RC authorises publication of unaudited accounts. All papers available on mod.gov system. Audit Scotland reports are public.
--	--	---	--	--	--	--

26 What actions could be taken, and in what areas, to further improve the effectiveness of the Committee/Group in respect of discharging its remit?

- Training
- Extension of minute / recommendation which should describe key issues to allow IJB to pick up and ask questions. Ensure that any matters to be escalated to IJB are in the recommendations and minute.

COMMITTEE/GROUP SPECIFIC QUESTIONS

AUDIT & RISK COMMITTEE (A&R)

	1	2	3	4	5	Comments/Feedback
AR1		x				Yes

AR2		x				CO and CFO are "required attendees" – not members – shouldn't have undue influence – in practice? Consider in training session
-----	--	---	--	--	--	--

AR3			x			significant cross over between committee memberships. But chair of A&RC is not chair or vice chair
-----	--	--	---	--	--	--

AR4		x				yes
-----	--	---	--	--	--	-----

AR5		x				yes
-----	--	---	--	--	--	-----

	1	2	3	4	5	Comments/Feedback
AR6		x				yes

AR7			x			Only starting – mainly for CC&G
-----	--	--	---	--	--	---------------------------------

AR8						Remove qn - For parent bodies
-----	--	--	--	--	--	-------------------------------

	1	2	3	4	5	Comments/Feedback
--	---	---	---	---	---	-------------------

Page \$11

AR9	The A&R Committee has been made aware of the role of risks management in the preparation of the internal audit plan.		x				yes
AR10	The A&R Committee's role in the consideration of the annual accounts is clearly defined.		x				yes
AR11	The A&R Committee has gained an appropriate understanding of management's procedures for preparing the Argyll & Bute H&SCP's Annual Accounts.		x				yes
AR12	The A&R Committee approves, annually and in detail, the internal audit plans, including consideration of whether the scope of internal audit work addresses Argyll & Bute H&SCP's significant risks.		x				yes
AR13	Outputs from follow-up audits by internal audit are appropriately monitored by the A&R Committee and the Committee considers the adequacy of implementation of recommendations.		x				Yes - follow up reports considered
AR14	There is appropriate co-operation between the internal and external auditors.		x				Yes, excellent
AR15	The A&R Committee reviews the adequacy of internal audit staffing and other resources.		x				yes
AR16	Internal audit performance measures are appropriately monitored by the A&R Committee.		x				In annual internal audit report, plus comment on recent external assessments vs PSIAS
AR17	The external auditors effectively present and discuss their audit plans and strategy with the A&R Committee (recognising the statutory duties of external audit)		x				yes
AR18	The A&R Committee appropriately reviews the external auditor's annual report to those charged with governance		x				yes
		1	2	3	4	5	Comments/Feedback
AR19	The A&R Committee adequately ensures that officials are monitoring action taken to implement external audit recommendations		x				yes

AR20 The A&R Committee assesses effectively the performance of external audit.

			x		No, not reported to the Cttee. Regular survey issued to chair & A&RC, CO and CFO
--	--	--	---	--	--

AR21 Agenda papers are circulated timeously in advance of meetings to allow adequate preparation by A&R Committee members.

	x				Yes repeat question - remove
--	---	--	--	--	------------------------------

AR22 Reports to the A&R Committee communicate relevant information at the right frequency, time and in a format that is effective

	x				Yes repeat question - remove
--	---	--	--	--	------------------------------

COMMITTEE/GROUP CHAIR'S CHECKLIST

As part of the annual year-end governance assurance process, each Committee must record and evidence that it has carried out an annual self-assessment of its own effectiveness. This questionnaire seeks your views on the operation and effectiveness of the Committee on which you serve as Chair. Please input your scoring appropriately and provide any textual feedback you would like considered.

It is recommended the Chair convene a meeting and undertake this with the committee.

NAME: Sandy Taylor

COMMITTEE/GROUP

Audit & Risk Clinical & Care Governance Finance & Policy Strategy and Planning Group

Please tick only one box for each question

COMMITTEE/GROUP MEMBERSHIP

	YES	NO	Comments/Feedback
1 The membership of the Committee/Group has been formally agreed by the IJB and/or Accountable Officer and a quorum set.	X		
2 The Committee/Group is operating with the requisite number of members as details in its Terms of Reference	X		
3 The relevant Senior Leadership Team members are represented at Committee/Group meetings and regularly attend	X		
4 New Committee/Group members are provided with an appropriate induction/training		X	This is an area for action in the year ahead
5 Each member has formally declared their potential conflicts of interest	X		

6 The Committee/Group has considered the arrangements for assessing the attendance and performance of each member

X		Attendance has been excellent. However the committee may wish to introduce more formal reporting of attendance at some stage in the future
----------	--	--

7 Members are attending meetings on a regular basis and, if not, appropriate action is taken

X		
----------	--	--

COMMITTEE MEETINGS, SUPPORT AND INFORMATION

8 The Committee/Group meets regularly and the current schedule of meetings is appropriate

YES	NO	Comments/Feedback
X		

9 Adequate arrangements are in place to call ad hoc meetings when necessary

X		
----------	--	--

10 Adequate arrangements are in place to notify Committee/Group members of urgent matters between meetings.

X		
----------	--	--

11 The Committee/Group has an appropriate mechanism in place to keep it aware of topical matters between meetings

X		
----------	--	--

THE ROLE AND WORK OF THE COMMITTEE

12 The Committee/Group has a written Terms of Reference, which has been formally adopted by the IJB

YES	NO	Comments/Feedback
X		

13 The Terms of Reference cover the core functions on the Committee/Group

X		
----------	--	--

14 The Terms of Reference are reviewed annually by the Committee/Group to ensure they remain fit for purpose

X		
----------	--	--

15 The Committee/Group periodically assesses its own effectiveness

X		This will be done annually as per the committee terms of reference
----------	--	--

16	The Committee/Group provides an effective annual report on its own activities, which is reviewed by members	X		
17	The IJB regularly reviews the progress and outputs of the Committee/Group	X		
18	The Committee/Group has adequate arrangements in place to ensure that its work is fully conveyed to the wider organisation	X		Minutes are supplemented by verbal reports from the chair to the IJB. The committee may wish to consider if committee papers should be made available to the public in future

ADDITIONAL QUESTIONS FOR CHAIR OF AUDIT & RISK (A&R) COMMITTEE ONLY

		YES	NO	Comments/Feedback
AR1	The H&SCP Governance Statement mentions the A&R Committee's establishment and its broad purpose	X		
AR2	The Accountable Officer attends all meetings and, if not, is provided with a full record of discussions	X		
AR3	The A&R Committee has the benefit of attendance of appropriate officials at its meetings, including representatives from internal audit, external audit and finance	X		
AR4	The A&R Committee has responsibility for review of the draft Governance Statement and considers it separately from the accounts.	X		
AR5	The A&R Committee's Terms of Reference include oversight of the risk management process	X		This is covered in the terms of reference. However this Committee has not yet considered the effectiveness of the risk management process
AR6	The A&R Committee receives and considers stewardship reports from senior staff in key business areas such as Finance, HR and eHealth		X	This is covered by Finance & Policy Committee

		YES	NO	Comments/Feedback
AR7	The A&R Committee considers, as appropriate			
	i) The suitability of accounting policies and treatments	X		As part of annual accounts review
	ii) Major judgements made	X		As part of annual accounts review
	iii) Large write-offs	X		As part of annual accounts review
	iv) Changes in accounting treatment	X		As part of annual accounts review
	v) The reasonableness of accounting estimates	X		As part of annual accounts review
	vi) The narrative aspects of reporting	X		As part of annual accounts review
AR8	The A&R Committee reviews management's letter of representation	X		As part of annual accounts review
AR9	The Chief Internal Auditor regularly attends meetings of the A&R Committee	X		
AR10	Internal audit has a direct reporting line, if required, to the A&R Committee	X		
AR11	As well as an annual report from the Chief Internal Auditor, the A&R Committee receives regular progress reports from the internal audit service	X		
AR12	If considered necessary, the A&R Committee Chair is able to hold private discussions with the Chief Internal Auditor	X		
AR13	The A&R Committee has considered the information it wishes to receive from internal audit	X		
AR14	Formal Terms of Reference exist defining internal audit's objectives, responsibilities, authority and reporting lines	X		

AR15 An A&R Committee meeting is scheduled to receive the external auditor's report to those charged with governance, including a discussion of proposed adjustments to the accounts and other issues arising from the audit.

X		
----------	--	--

AR16 The external audit representative regularly attends meetings of the A&R Committee

X		
----------	--	--

YES NO Comments/Feedback

AR17 The A&R Committee Chair holds periodic private discussions with the external auditor

	X	Proposed for 2021/22 year
--	----------	---------------------------

AR18 Reports on the work of external audit are presented to the A&R Committee

X		
----------	--	--

AR19 The A&R Committee considers the external audit fees

X		Noted that these are set nationally
----------	--	-------------------------------------

AR20 The A&R Committee has designated support, which is operating to the appropriate standard

X		
----------	--	--



Integration Joint Board

Agenda item: 5

Date of Meeting: 16 June 2021

Title of Report: Finance & Policy Committee Annual Report 2020-21

Presented by: Kieron Green, Chair of Finance & Policy Committee

The Integration Joint Board is asked to:

- Note the annual report from the Chair of the Finance & Policy Committee

1. EXECUTIVE SUMMARY

- 1.1 In line with sound governance principles, an Annual Report is submitted from the Finance & Policy Committee to the Integration Joint Board. This is undertaken to cover the financial year from April 2020 to March 2021.
- 1.2 The remit of the Committee was revised and signed off formally by IJB on 27 January 2021.
- 1.3 The Committee has met on 9 occasions throughout the year, with all minutes being submitted to the Integration Joint Board and published as part of those papers. In addition the business of the committee was handled by email in July. The Committee has been supported throughout the year by the Council's Committee services team and all papers and minutes have been published for members to access on Modern.Gov, the Council's committee management system.
- 1.4 The Committee conducted a self-assessment of its effectiveness on 23 April. The results of this are presented along with reflections from the Chair.

2. INTRODUCTION

- 2.1 This report provides an assessment of the work of the Finance & Policy Committee throughout the last financial year. This work was undertaken against the backdrop of the Covid-19 pandemic. All meetings took place as scheduled, albeit on a remote basis using Skype for Business in line with the ongoing requirements to maintain social distancing.

3. DETAIL OF REPORT

- 3.1 The report is set out in three parts:
 - Report of activity

- Self-assessment April 2021
- Committee Membership and Remit
- Reflections of the Chair

3.2 **Report of activity**

This section sets out a short summary of the items of business considered at each of the 6 meetings of the Audit & Risk Committee held in the year.

3.2.1 13 May 2020

- 2019/20 Month 12 outturn budget monitoring
- Covid-19 costs as at 28 April 2020
- Updated budget outlook 2021/2 to 2023/4
- HR resourcing – additional resource for 23 months
- Update on negotiations with NHS GG&C

3.2.2 26 June 2020

- 2020/21 Month 2 budget monitoring
- Covid-19 costs as at 17 June 2020

3.2.3 17 July 2020 – business handled by email

- 2020/21 Month 3 budget monitoring
- Updated budget outlook 2021/2 to 2023/4
- Updated financial risks

3.2.4 28 August 2020

- 2020/21 Month 4 budget monitoring
- Covid-19 costs as at 14 August 2020
- Financial recovery plan
- Updated financial risks
- Updated budget outlook 2021/2 to 2023/4
- SSSC registration policy

3.2.5 25 September 2020

- 2020/21 Month 5 budget monitoring
- Covid-19 costs as at 16 September 2020

3.2.6 30 October 2020

- 2020/21 Month 6 budget monitoring
- Covid-19 costs as at 19 October 2020
- Budget savings timetable & process for 2021/22
- Report on transformation programme investment

3.2.7 11 December 2020

- 2020/21 Month 7 budget monitoring
- Covid-19 costs as at 30 November 2020
- Proposed Budget savings 2021/22
- Draft Budget consultation

3.2.8 22 January 2021

- 2020/21 Month 8 budget monitoring
- Covid-19 costs as at 15 January 2021

- Revised Budget savings 2021/22
- Updated Budget consultation for approval
- 2021/22 Social Work fees and charges for approval
- Deep dive – Learning Disability savings

3.2.9 26 February 2021

- 2020/21 Month 9 & 10 budget monitoring
- Covid-19 costs as at 16 February 2021
- Budget consultation interim findings
- Approval of EQIA publication for savings proposals

3.2.10 19 March 2021

- 2020/21 Month 11 budget monitoring
- Covid-19 costs – updated funding & future years expected costs
- Budget consultation final findings
- Summary EQIA for savings proposals
- Revised Budget savings 2021/22
- Care Homes & Housing update

3.3 Self-assessment April 2021

3.3.1 The self-assessment completed by the Committee on 23 April 2021 is attached at Appendix 1. A number of areas of weakness were noted which should be addressed next year including the following:

- Training for new/all members of the committee
- Committee to ensure that professional leads are involved and consulted where necessary
- To consider how to share best practice with other committees and IJB
- Action tracker required with RAG status
- More extended updates to IJB from the committee to be explored and/or publication of papers
- Workplan to be presented regularly to Committee and refreshed
- Committee to seek feedback from IJB and accountable officer

3.4 Committee Membership and Remit

3.4.1 The Committee membership consists of 6 IJB members, with only 5 places filled during the year under review plus a Professional advisory group representative. Graham Bell was appointed to the committee by the IJB on 31 March 2021 filling the vacancy from Prof Boyd Robertson whose last meeting of this committee was on 22 January. In addition there are 3 required attendees – the Chief Officer, Chief Financial Officer, and Staffside representative. Other officers attend as required.

3.4.2 The remit was revised during the year and finally signed off by the IJB on 27 January 2021 which included an amendment to the general provisions on reporting to the IJB.

3.5 Reflections of the Chair

3.5.1 Over the last year the committee has continued to grow into the role of

examining budgetary and risk reports in detail. The balance of skills and experience of members has assisted greatly in this, with officers responsive to questions and able to provide information necessary to give sufficient assurance.

The regularity of meetings has enabled timely responses to emerging situations – particularly regarding COVID-19 and the resulting service pressures, and the resolution of the negotiations around the Service Level Agreement with NHS Greater Glasgow and Clyde.

With a more stabilised financial footing within the HSCP, work of the committee has also included consideration of policies and providing oversight over the development of transformation plans and proposals. From this work greater certainty is emerging that the HSCP will be able to deliver services to meet the needs of the population of Argyll and Bute over the coming years.

3.5.2 Actions from reports considered

There are a number of areas which the committee has highlighted as posing a risk to good governance for the IJB, and these will be followed up on in the year ahead to ensure that they have been addressed satisfactorily. These include:

- Re-introduction of an action tracker
- Workplan for the committee to be presented to future meetings

The committee has agreed to consider deep dives on savings areas on a regular 4 meeting cycle – covering learning disability and mental health; older adults; children & families; and corporate savings. This allows more in-depth consideration of these areas at the relevant meetings. In addition the committee expects to receive a quarterly update on the achievements of the SIO team in order for it to be assured that good value is being obtained from the investment in this temporary transformation resource.

3.5.3 I am pleased to commend the work of the Committee over this past year to the Board and the hard work of all concerned.

4. **RELEVANT DATA AND INDICATORS**

4.1 Minutes of Finance & Policy Committee meetings and related papers in 2020/21.

5. **CONTRIBUTION TO STRATEGIC PRIORITIES**

5.1 This document contributes to good governance of the Integration Joint Board.

6. **GOVERNANCE IMPLICATIONS**

6.1 Financial Impact – The Committee has considered a number of reports relating to the financial sustainability challenges faced by the IJB.

6.2 Staff Governance – None.

6.3 Clinical Governance – None.

7. PROFESSIONAL ADVISORY

7.1 Consideration should be given to this report.

8. EQUALITY AND DIVERSITY IMPLICATIONS

8.1 The committee ensures that EQIAs are completed for all policy proposals.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

9.1 No issues arising directly from this report.

10. RISK ASSESSMENT

10.1 The Committee reviews the key financial risks before these go to the IJB for further consideration.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

11.1 The committee ensures that there is an overall consultation on budget proposals, and that there is suitable consultation on all policy proposals considered in line with the IJB's engagement framework.

12. CONCLUSIONS

12.1 The Integration Joint Board is asked to consider the report, and note the work of the Finance & Policy Committee in 2020-21.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Councillor Kieron Green, Chair of Finance & Policy Committee

APPENDICES:

Appendix 1 – Committee self-assessment April 2021

This page is intentionally left blank

ANNUAL BOARD SELF-ASSESSMENT QUESTIONNAIRE & SKILLS MATRIX

V0.3

Document control

Title	Annual Board Self-assessment questionnaire and skills matrix
Author	Charlotte Craig
Creation date	December 2020
Date of version	February 2021

Version history

Version	Comments
V0.1	Reviewed at Audit and Risk Committee
V0.2	Reviewed by Audit and Risk members
V0.3	Updated question list

Appendix 3

SELF-ASSESSMENT ASSURANCE QUESTIONNAIRE

As part of the annual year-end governance assurance process, each Committee/Group must record and evidence that it has carried out an annual self-assessment of its own effectiveness. This questionnaire seeks your views on the operation and effectiveness of each Committee on which you serve as a member. Please input your scoring appropriately and provide any comments/feedback you would like considered.

COMMITTEE/GROUP

Audit & Risk Clinical & Care Governance Finance & Policy X Strategic Planning Group

Please tick only one box for each question

1 = Strongly Agree	2 = Agree	3 = Neither Agree Nor Disagree	4 = Disagree	5 = Strongly Disagree
--------------------	-----------	--------------------------------	--------------	-----------------------

COMMITTEE/GROUP MEMBERSHIP AND DYNAMICS

	1	2	3	4	5	Comments/Feedback
1 The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.		x				Sufficient membership and usually quorate. No decision making powers but refer when required to IJB
2 The Committee/Group's membership includes appropriate representatives from the organisation's key stakeholders.		x				Reps from Council and NHS-H and key officers in attendance
3 Committee/Group members are clear about their role and how their participation can best contribute to the Committee/Group's overall effectiveness.		x				Recently reviewed ToR
4 Committee/Group members are able to express their opinions openly and constructively.	x					Generally very robust discussion well received. Good quality of reporting. Noted recent change in membership and need to keep this under review

5 There is effective scrutiny and challenge of the Senior Leadership Team from all Committee/Group members, including on matters that are critical or sensitive.

	x				Committee has felt able to request additional reports and officers have responded
--	---	--	--	--	---

6 The Committee/Group has received appropriate training/ awareness raising in relation to the areas applicable to the Committee/Group's areas of business.

	1	2	3	4	5	Comments/Feedback
			x			No training for this committee specifically since IJB initially set up. Some general devt sessions for all IJB arranged and help for new members. Will explore this further.

7 Members have a sufficient understanding and knowledge of the issues to identify patient safety issues

					Not all that relevant but this committee will ensure that Professional Leads are involved and consulted where necessary. The committee can scrutinise this. Noted that the committee is not decision making.
--	--	--	--	--	--

COMMITTEE/GROUP MEETINGS, SUPPORT AND INFORMATION

8 The Committee/Group receives timely information on performance concerns, as appropriate.

	1	2	3	4	5	Comments/Feedback
	x					Monitor performance on finance/ savings and transformation comprehensively

9 The Committee/Group receives timely exception reports about the work of external regulatory and inspection bodies, where appropriate.

					N/A - None come to this committee
--	--	--	--	--	-----------------------------------

10 The Committee/Group receives adequate information and provides appropriate oversight of the implementation of relevant strategies, policy directions or instructions.

	x				Good info on finance & transformation. Reports received on new / amended policies
--	---	--	--	--	---

11 Information and data included with the papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion.

	x				All relevant information provided
--	---	--	--	--	-----------------------------------

12 Papers are provided in sufficient time prior to the meeting to allow members to effectively scrutinise and challenge the assurances given.

	x				Provided 7 days in advance. Small number of follow up papers later
--	---	--	--	--	--

13 Committee/Group meetings allow sufficient time for the discussion of substantive matters.

	x				Not been an issue. Meetings do not generally overrun
--	---	--	--	--	--

14 Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board

	x				Issued quickly and are clear
--	---	--	--	--	------------------------------

15 Action points clearly indicate who is to perform what and by when, and all outstanding actions are appropriately followed up in a time manner until satisfactorily complete.

1	2	3	4	5	Comments/Feedback
	x				Not many action points. Could do with an action tracker. Being reviewed by IJB

16 The Committee/Group is able to provide appropriate assurance to the Board that Argyll & Bute H&SCP policies and procedures (relevant to the Committee/Group's own Terms of Reference) are robust.

	x				
--	---	--	--	--	--

17 The Committee/Group links well with the Board and other Committee/Groups, taking the opportunity to share information, learning and good practice.

		x			On occasions. Links well to IJB. All ToR reviewed incl linkages. Could build into devt sessions to explore further re sharing good practice.
--	--	---	--	--	--

18 The Committee/Group provides clear direction to its sub-Committee/Groups or groups.

					N/A - No sub groups for F&P yet. Consider for future.
--	--	--	--	--	---

19 The Committee/Group periodically receives assurance that the relevant sub-Committee/Groups are fulfilling their work plans and implementing any relevant actions.

					N/A – see Q18 above
--	--	--	--	--	---------------------

20 All the key issues and risks within the sub-Committee/Group minutes are summarised and presented appropriate, with assurance provided that these are being managed.

					N/A – see Q18 above
--	--	--	--	--	---------------------

THE ROLE AND WORK OF THE COMMITTEE/GROUP

21 The Committee/Group reports regularly to the Board verbally and through minutes and makes clear recommendations on areas under its remit when necessary.

1	2	3	4	5	Comments/Feedback
		x			Through minutes and verbal updates too. Will explore further at IJB devt session

22 The Committee/Group effectively contributes to the overall control environment of the organisation.

x					Yes – whole purpose of this committee
---	--	--	--	--	---------------------------------------

23 The Committee/Group has an annual work plan in place, aligned to its Terms of Reference that effectively covers all relevant areas therein.

			x		Yes officers have this detail, but could be more explicit and presented formally to the committee and refreshed as required
--	--	--	---	--	---

24 The Committee/Group seeks effective feedback on its own performance from the Board and Accountable Officer.

1	2	3	4	5	Comments/Feedback
			x		Not yet in place – planned and important for overall governance and oversight

25 Key decisions are made in a structured manner and can be publicly evidenced.

		x			Not decision making. All papers available in mod.gov system and minutes are clear and are public. Transparency could be increased if papers were to be made public. May wish to re-visit this for future.
--	--	---	--	--	---

26 What actions could be taken, and in what areas, to further improve the effectiveness of the Committee/Group in respect of discharging its remit?

<p>Training for new members Review of reporting from committees to IB Consideration of making papers public in future</p>	<p>Page 330</p>
---	-----------------

**COMMITTEE SPECIFIC QUESTIONS
FINANCE AND POLICY (F&P)**

		1	2	3	4	5	Comments/Feedback
FP1	The F&P Committee is provided with appropriate assurance that the corporate risks related to financial governance are being managed to a tolerable level.	x					Financial risks reported every 2 months to F&P and then on to IJB
FP2	The performance information and data presented to the F&P Committee allows for easy identification of deviations from acceptable performance (both negative and positive)	x					In place for finance information.
FP3	Where there is a negative deviation from acceptable performance, the F&P Committee receives adequate information to provide assurance that appropriate action is being taken to address the issues	x					Savings reports include action tracker and are updated regularly. Less detail on transformation
FP4	The F & P Committee is provided with appropriate information for consideration of policy proposals and the scope of any wider impact.		x				Comprehensive papers on the policy proposals seen so far

COMMITTEE/GROUP CHAIR'S CHECKLIST

As part of the annual year-end governance assurance process, each Committee must record and evidence that it has carried out an annual self-assessment of its own effectiveness. This questionnaire seeks your views on the operation and effectiveness of the Committee on which you serve as Chair. Please input your scoring appropriately and provide any textual feedback you would like considered.

It is recommended the Chair convene a meeting and undertake this with the committee.

NAME: Kieron Green

COMMITTEE/GROUP

Audit & Risk Clinical & Care Governance Finance & Policy X Strategic Planning Group

Please tick only one box for each question

COMMITTEE/GROUP MEMBERSHIP

		YES	NO	Comments/Feedback
1	The membership of the Committee/Group has been formally agreed by the IJB and/or Accountable Officer and a quorum set.	X		
2	The Committee/Group is operating with the requisite number of members as details in its Terms of Reference	X		Meetings quorate though filling vacancy has been lengthy process
3	The relevant Senior Leadership Team members are represented at Committee/Group meetings and regularly attend	X		
4	New Committee/Group members are provided with an appropriate induction/training		X	Would want to be considered alongside other board and committee training
5	Each member has formally declared their potential conflicts of interest	X		

6 The Committee/Group has considered the arrangements for assessing the attendance and performance of each member

	X	
--	---	--

7 Members are attending meetings on a regular basis and, if not, appropriate action is taken

X		
---	--	--

COMMITTEE MEETINGS, SUPPORT AND INFORMATION

8 The Committee/Group meets regularly and the current schedule of meetings is appropriate

YES	NO	Comments/Feedback
X		

9 Adequate arrangements are in place to call ad hoc meetings when necessary

X		Would be open to chair to do this
---	--	-----------------------------------

10 Adequate arrangements are in place to notify Committee/Group members of urgent matters between meetings.

X		Could come from chair or officers as appropriate
---	--	--

11 The Committee/Group has an appropriate mechanism in place to keep it aware of topical matters between meetings

	X	Would be expecting members to be following IJB and committee business generally
--	---	---

THE ROLE AND WORK OF THE COMMITTEE

12 The Committee/Group has a written Terms of Reference, which has been formally adopted by the IJB

YES	NO	Comments/Feedback
X		

13 The Terms of Reference cover the core functions on the Committee/Group

X		
---	--	--

14 The Terms of Reference are reviewed annually by the Committee/Group to ensure they remain fit for purpose

X		
---	--	--

15 The Committee/Group periodically assesses its own effectiveness

X		This self assessment first time formally done
---	--	---

16 The Committee/Group provides an effective annual report on its own activities, which is reviewed by members

	X	
--	---	--

17 The IJB regularly reviews the progress and outputs of the Committee/Group

--	--	--

	X	Paper come up from committee but not progress of the committee itself as such
--	---	---

18 The Committee/Group has adequate arrangements in place to ensure that its work is fully conveyed to the wider organisation

X		
---	--	--