

NOTICE OF MEETING

A meeting of the **ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB)** will be held **BY MICROSOFT TEAMS** on **WEDNESDAY, 15 SEPTEMBER 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 - 12)
Integration Joint Board held on 16 June 2021
4. **MINUTES OF COMMITTEES**
 - (a) Clinical and Care Governance Committee held on 10 June 2021
(Pages 13 - 18)
 - (b) Finance and Policy Committee held on 25 June 2021 (Pages 19 - 22)
 - (c) Audit and Risk Committee held on 29 June 2021 (Pages 23 - 24)
 - (d) Finance and Policy Committee held on 27 August 2021 (Pages 25 - 28)
5. **CHIEF OFFICER REPORT** (Pages 29 - 34)
Report by Interim Chief Officer
6. **CHIEF OFFICER RECRUITMENT (TO FOLLOW)**
Report by Head of Customer Support Services
7. **WHISTLEBLOWING STANDARDS - QUARTERLY REPORTING FROM 1 APRIL - 30 JUNE 2021 (TO FOLLOW)**
Report by Director of Human Resources and Organisational Development
8. **CULTURE UPDATE**
 - (a) Argyll and Bute HSCP Culture Update (to follow)
Report by Head of Customer Support Services
 - (b) Staff Governance Report for Financial Quarter 1 (2021/22) (Pages 35 - 54)
Report by Head of Customer Support Services

9. COVID-19 PUBLIC HEALTH UPDATE (Pages 55 - 88)

Report by Associate Director of Public Health

10. FINANCE

(a) Budget Monitoring - 4 months to 31 July 2021 (Pages 89 - 114)

Report by Head of Finance and Transformation

(b) Financial Recovery Plan 2021/22 (Pages 115 - 120)

Report by Head of Finance and Transformation

(c) Budget Outlook 2022-23 to 2024-25 (Pages 121 - 132)

Report by Head of Finance and Transformation

11. INTEGRATION JOINT BOARD - PERFORMANCE REPORT SEPTEMBER 2021
(Pages 133 - 142)

Report by Head of Strategic Planning and Performance

12. DATE OF NEXT MEETING

Wednesday 24 November 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, 16 JUNE 2021**

Present:

Sarah Compton-Bishop, NHS Highland Non-Executive Board Member (Chair)
Councillor Kieron Green, Argyll and Bute Council (Vice Chair)
Councillor Robin Currie, Argyll and Bute Council
Councillor Gary Mulvaney, Argyll and Bute Council
Councillor Sandy Taylor, Argyll and Bute Council
Graham Bell, NHS Highland Non-Executive Board Member
Susan Ringwood, NHS Highland Non-Executive Board Member

Linda Currie, Lead AHP, NHS Highland
Fiona Davies, Interim Chief Officer, Argyll and Bute HSCP
Rebecca Helliwell, Associate Medical Director, Argyll and Bute HSCP
Elizabeth Higgins, Lead Nurse, NHS Highland
Judy Orr, Head of Finance and Transformation, Argyll and Bute HSCP
Kevin McIntosh, Staffside Lead, Argyll and Bute HSCP (Council)
Dawn MacDonald, Staffside, Argyll and Bute HSCP (Health)
Margaret McGowan, Independent Sector Representative
Angus MacTaggart, GP Representative, Argyll and Bute HSCP
Elizabeth Rhodick, Public Representative
Dr Nicola Schinaia, Associate Director of Public Health, Argyll and Bute
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface
Fiona Thomson, Lead Pharmacist, NHS Highland

Attending:

Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
David Forshaw, Principal Accountant, Argyll and Bute Council
Jane Fowler, Head of Customer Support Services, Argyll and Bute Council
Fiona Hogg, Director of Human Resources and Organisational Development,
NHS Highland
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
Alison McGrory, Health Improvement Principal, NHS Highland
George Morrison, Head of Finance, NHS Highland
Patricia O'Neill, Governance Manager, Argyll and Bute Council
Brian Reid, Senior Manager Operations, Argyll and Bute HSCP
David Ritchie, Communications Manager, Argyll and Bute HSCP
Mandy Sheridan, Service Improvement Officer, Argyll and Bute HSCP
Stephen Whiston, Head of Strategic Planning and Performance, HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Jean Boardman, Fiona Broderick, Julie Lusk and Patricia Renfrew.

The Chair welcomed Fiona Davies, Interim Chief Officer, to her first meeting of the Board and advised that this was Judy Orr, Head of Finance and Transformation's last meeting of the Board.

The Chair expressed her thanks to all HSCP staff for their ongoing hard work and recognised their dedication; in particular the vaccination teams who had been working hard to roll out the vaccine programme, which could not have been achieved without the partners from the third sector and public bodies. She expressed thanks to all communities for their patience, compassion and community spirit throughout the pandemic.

2. DECLARATIONS OF INTEREST

There were none intimated.

3. MINUTES

The Minutes of the meeting of the Integration Joint Board held on 31 March 2021 were approved as a correct record.

4. MINUTES OF COMMITTEES

(a) Audit and Risk Committee held on 20 April 2021

The Minutes of the meeting of the Audit and Risk Committee held on 20 April 2021 were noted.

The Chair of the Committee, Councillor Sandy Taylor, gave a brief verbal update to the Board advising that the meeting on 20 April 2021 had been Susan Ringwood's first meeting and she had been appointed as vice chair of the Committee. He advised that it had been the last meeting for Azets Audit Services who had provided internal audit services and that this role would now be taken forward by Argyll and Bute Council Internal Audit. He highlighted that the final report by Azets had confirmed that the Audit and Risk Committee have adequate and effective framework for governance, risk management and control.

(b) Finance and Policy Committee held on 23 April 2021

The Minutes of the meeting of the Finance and Policy Committee held on 23 April 2021 were noted.

(c) Finance and Policy Committee held on 21 May 2021

The Minutes of the meeting of the Finance and Policy Committee held on 21 May 2021 were noted.

The Chair of the Committee, Councillor Kieron Green, highlighted item 12 of the Minute which was the relocation of GP services to Cowal Community Hospital and invited George Morrison, Head of Finance (HSCP), to provide an update to the Board.

George Morrison advised that the proposal to relocate GP practices was a capital project and would require consideration by the Health Board and thereafter by the Scottish Government. He advised that if the business case was approved by Scottish Government, funding would be received to implement it.

(d) Clinical and Care Governance Committee held on 10 June 2021

It was noted that the Minute of the Clinical and Care Governance Committee of 10 June 2021 had not been finalised in time for the meeting and would be available for

the meeting on 15 September 2021.

The Chair provided a verbal update to the Board and highlighted that the joint inspection of adult support and protection services in Argyll and Bute had now commenced.

5. CHIEF OFFICER REPORT

The Board gave consideration to a report from the interim Chief Officer which included an introduction from Fiona Davies, interim Chief Officer; connections sessions; staff mindfulness drop-in sessions; child healthy weight programme; living well networks; and Covid vaccinations.

Decision

The Integration Joint Board noted the content of the submitted report.

(Reference: Report by Interim Chief Officer dated 16 June 2021, submitted)

6. CULTURE UPDATE

(a) NHS Highland Board Culture Update

The Board gave consideration to reports that had been presented to the NHS Highland Board in May 2021

Decision

The Integration Joint Board noted the content of the reports.

(Reference: Report by Head of HR and OD dated 16 June 2021, submitted)

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

(b) Staff Governance Report for Financial Quarter 4 (2020/21)

The Board gave consideration to a report on staff governance covering financial quarter 4 (January to March 2021) and the activities of the Human Resources and Organisational Development Teams.

Decision

The Integration Joint Board –

1. Noted the content of the quarterly report on the staff governance performance in the HSCP.
2. Endorsed the overall direction of travel and requested that further information on Covid-19 related staff absence be provided to the Board at future meetings.

(Reference: Report by Head of Customer Support Services dated 16 June 2021, submitted)

7. UPDATE ON HEADS OF SERVICE APPOINTMENTS AND ARRANGEMENTS FOR SECTION 95 OFFICER

The Board gave consideration to a report providing an update on Head of Service recruitment and seeking approval of interim arrangements for the Section 95 Officer.

Decision

The Integration Joint Board –

1. Noted the updated position on Head of Service Appointments.
2. Agreed the proposed interim arrangements for the IJB Chief Financial Officer (Section 95) from 30th June to 9th August 2021.

(Reference: Report by Head of Customer Support Services dated 16 June 2021, submitted)

8. 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 Covid-19 current status, in terms of -

1. Distribution of infection rates in the Argyll and Bute community.
2. Covid-19 testing programmes in the Argyll and Bute community.
3. COVID-19 vaccination in the Argyll and Bute community.
4. The on-going support to Argyll and Bute community.

(Reference: Report by Associate Director of Public Health dated 16 June 2021, submitted)

9. FINANCE

(a) Budget Monitoring as at 31 March 2021

The Board gave consideration to a report providing a summary of the financial position of the Health and Social Care Partnership as at 31 March 2021.

Decision

The Integration Joint Board –

1. Noted the outturn position for 2020-21 was an underspend of £1.089m as at 31 March 2021 which included 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 described at paragraph 3.6 of the submitted report.
3. Approve the new earmarked reserves set out at paragraphs 3.5.2 and 3.5.3 of the submitted report.

(Reference: Report by Head of Finance and Transformation dated 16 June 2021, submitted)

(b) Budget Outlook 2021-23 to 2023-24

The Board gave consideration to a report summarising the budget outlook covering the period 2022-23 to 2024-25 taking into consideration the budget decisions taken at the Integration Joint Board on 31 March 2021.

Decision

The Integration Joint Board noted the estimated budget outlook report for the period 2022-23 to 2024-25.

(Reference: Report by Head of Finance and Transformation dated 16 June 2021, submitted)

(c) Covid-19 Costs 2020-21

The Board gave consideration to a report providing an overview of the HSCP's Covid-19 costs incurred in 2020-21 including all year-end accruals.

Decision

The Integration Joint Board –

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 would 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 16 June 2021, submitted)

(d) Financial Risks 2021-22

The Board gave consideration to a report providing an updated assessment of 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 were continuing uncertainties around Covid costs and funding which were described in more detail in a separate report.
3. Noted that financial risks would continue to be reviewed and monitored on a two monthly basis and reported to the Board.

(Reference: Report by Head of Finance and Transformation dated 16 June 2021, submitted)

10. STRATEGIC RISK REGISTER REVIEW

The Board gave consideration to a report containing the updated Strategic Risk Register following a workshop session for Integration Joint Board Members held on 27 May 2021 where the risk register was comprehensively reviewed.

Decision

The Integration Joint Board –

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

(Reference: Report by Head of Finance and Transformation dated 16 June 2021, submitted)

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

The Board gave consideration to a report providing an update on the impact of 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 current Covid-19 activity within Argyll & Bute, NHS Highland and Greater Glasgow and Clyde.
2. Noted the HSCP performance progress with regard to remobilisation of activity in line with NHS Highland performance target for 2021/22 agreed with Scottish Government to 70%-80% of 2019/20 activity.

(Reference: Report by Head of Strategic Planning and Performance dated 16 June 2021, submitted)

12. EQUALITIES OUTCOME FRAMEWORK

The Board gave consideration to a report outlining the HSCP's duties in relation to equalities and the progress made since 2016.

Decision

The Integration Joint Board –

1. Noted the HSCP's duty as a public authority to publish a report on the mainstreaming of equalities in spring 2021.
2. Noted the good practice examples of mainstreaming equality across the HSCP in the accompanying report.
3. Approved the report for publication.
4. Noted the requirement to have a new Equalities Outcome Framework 2021-2025 and approved the proposed outcomes.

(Reference: Report by Health Improvement Principal dated 16 June 2021, submitted)

13. ANNUAL COMMUNICATIONS PLANNING

The Board gave consideration to a report outlining the Annual Communications Plan which set out how the HSCP would 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.

Decision

The Integration Joint Board approved the Annual Communications Plan.

(Reference: Report by Communications Manager dated 16 June 2021, submitted)

14. CHILD POVERTY ACTION PLAN REVIEW 2020-21

The Board gave consideration to a report introducing the second review of Argyll and Bute's Child Poverty Action Plan 2020-21 prior to submission to the Scottish Government.

Decision

The Integration Joint Board –

1. Noted the work taking place to address child poverty locally.
2. Noted the Child Poverty Action Plan Review 2020 – 2021.

(Reference: Report by Chief Officer dated 16 June 2021, submitted)

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

The Board gave consideration to a report presenting the first annual review of the Children and Young People's Service Plan 2020-2023. The review reported on performance and progress to date in delivering outcomes the plan set out to achieve.

Decision

The Integration Joint Board –

1. Noted that both NHS Highland and Argyll and Bute Council are jointly and equally responsible for children's services planning.
2. Approved Argyll and Bute's Children and Young People's Services Plan 2020-2023 Year 1 review for the period 2020/23.
3. Approved the Children and Young People's Services Plan Year 3 review for submission to Scottish Government as per the legislative requirement.

(Reference: Report by Interim Head of Children and Families dated 16 June 2021, submitted)

16. AUDIT & RISK COMMITTEE ANNUAL REPORT 2020-21

The Board gave consideration to a report providing an assessment of the work of the Audit and Risk Committee throughout the financial year 2020/21.

Decision

The Integration Joint Board noted the annual report from the Chair of the Audit and Risk Committee.

(Reference: Report by Chair of Audit and Risk Committee dated 16 June 2021, submitted)

17. FINANCE & POLICY COMMITTEE ANNUAL REPORT 2020-21

The Board gave consideration to a report providing an assessment of the work of the Finance and Policy Committee throughout the financial year 2020/21.

Decision

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

(Reference: Report by Chair of Finance and Policy Committee dated 16 June 2021, submitted)

18. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 15 September 2021.

The Chair, on behalf of the Board, recorded her thanks to Judy Orr, Head of Finance and Transformation who was retiring after 2 years with the Health and Social Care Partnership. The Chair expressed her very best wishes to Judy for her retirement.

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Argyll and Bute HSCP
Clinical and Care Governance Committee

10th June 2021 – 2pm
Via TEAMS

Minute

| | Item | Action |
|-----|---|--------|
| 1.0 | <p>WELCOME AND APOLOGIES</p> <p>PRESENT</p> <p>Sarah Compton Bishop (SCB) – IJB Deputy Chair (Chair) Catriona Watt (CW) – Area Manager Mid Argyll Caroline Cherry (CC)– Head of Service (Older People) Carol-Anne McDade (CMcD)– Area Manager Helensburgh Charlotte Craig (CG) - Business Improvement Manager Diana Lockhart (DL) Donald Watt (DW) – Service Manager Registered Services Elizabeth Higgins (EH)– A&B Associate Nurse Director Fiona Davies (FD) – Interim Chief Officer Julie Hempleman (JH) – Lead Officer for Adult Protection (joined meeting at 15.55, left at 16.05) Julie Lusk (JL) – Head of Service Mental Health, Addictions, Learning Disability, Autism, Transitions and Physical Disability Kieron Green (KG)– IJB Chair Kate MacCallum (KMacC) – Community Team Lead, Mull Linda Currie (LC) – Associate Director of AHP Linda Skrastin – Child Health Manager Morven McPhillips (MMcP) – Area Manager OLI Community Nicola Gillespie – (NG) – Service Manager Mental Health Nicola Schinaia (NS) – Associate Director of Public Health – Pamela MacLeod (PM) – Professional Lead – Social Work (joined meeting at 15.55, left at 16.05) Paul Chapman (PC) - Physiotherapy Team Lead & Falls Lead Rebecca Helliwell (RH) - DeputyMedical Director Sandy Taylor (ST) – Non Exec Member of the Board Claire Higgins (CHg) – PA to Associate Nurse Director</p> <p>APOLOGIES</p> <p>Angus McTaggart (AMc) – Clinical Lead, Islay & Jura Patricia Renfrew (PR)– Interim Head of Children & Families (Health) Caroline Henderson (CH) – Acting Locality Manager Oban Hospital Fiona Campbell (FC)-Clinical Governance Manager</p> | |

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| | Fiona Thomson, Lead Pharmacist Jayne Lawrence-Winch (JLW) – Area Manager Cowal | |
| 2.0 | PREVIOUS MINUTES Minutes agreed as accurate and approved. | |
| 3.0 | MATTERS ARISING Nil | |
| 4.0 | Action Log | |
| 5.0 | <p>QUALITY AND EFFECTIVENESS OF CARE</p> <p>5(a) Infection Control Report</p> <p>EH spoke to tabled paper. EH advised the committee that this was a board wide report and highlighted the Argyll & Bute issues within the paper.</p> <p>ST requested to see more live and local data, EH assured the committee that this can be provided going forward.</p> <p>EH clarified the route cause analysis purpose and any resulting actions.</p> <p>The committee noted the information contained in the report.</p> | EH |
| 6.0 | <p>SAFETY & EXPERIENCE</p> <p>6(a) HSCP Health and Safety Group Action log (for noting)</p> <p>FD spoke to tabled action log.</p> <p>The committee noted the action log and information contained within it.</p> <p>6(b) CAMHS (Child and Adolescent Mental Health Services)</p> <p>LS advised the committee that work continues in relation to the areas identified as requiring action. The CAMHS Quality Improvement Plan is still in place and progress measured against this.</p> <p>LS highlight the following points;</p> <ul style="list-style-type: none"> – Enhanced support is still in place by Scottish Government (SG) – Additional funding has been made available for recruitment to CAHMS posts. The funding has been agreed as recurring. – There are applicants for all the posts out to recruitment. <p>Discussion around areas that SG would like to see the funding targeted to.</p> | |

6(c) Quality Patient Safety Report (QPS)

EH spoke to tabled paper and highlighted it is health information only but that it would be beneficial to report on information across health and social care going forward. The report is sample of charts from NHS Highland Quality and Patient Safety Dashboard, relating to Argyll and Bute HSCP quality and safety performance (health) as at 01 June 2021.

EH commented on our complaint compliance rate and highlighted the significant sustained improvement.

Report to be developed over time to give a more in-depth overview to the committee.

The committee noted the information contained in the report.

6(d) Review of Dementia Services Risks

CC spoke to tabled paper and highlighted that progress had been made in the following areas –

- The majority of the former Knapdale staff have been successfully redeployed into posts within Mid Argyll.
- The redesign group have written operational procedures which will effectively guide the delivery of the dementia service.
- Job Descriptions were developed for all new posts and these were taken through the appropriate governance frameworks. Social work posts and Health Care Support Workers have been advertised and some staff are in place in mid Argyll as a result of redeployment.
- The dementia staff in three areas (including Alzheimer Scotland staff) have been brought together and have started to communicate as a virtual service.
- Colleagues Lora White and Carrie Hill are developing performance measures for the service.
- A progress report for SLT indicated that a Team Leader was required, this was not included in the original redesign but is in effect essential in bringing this service together as one service for Argyll and Bute. Following a detailed matching process, Fiona Blair will begin in post as Team Leader on the 1st June 2021.
- Meetings have been held with Alzheimer Scotland who provide link workers within the service and a range of services to people with dementia and their unpaid carers. We are in the process of agreeing meaningful performance measures for the service. The writer and Team Leader will manage the contract.
- A Team Secretary has been appointed.
- The budget is being streamlined as one single budget.
- The training support to Managers of Care Homes is being implemented.

CC and EH to meeting to discuss the role of a Dementia Nurse Consultant for A&B and Dementia Champions.

CC/EH

A Service Improvement Officer has been providing support in establishing a Dementia plan.

The Committee noted and discussed the current risks posed for the Dementia Service and progress on redesign and implementation.

The Committee discussed mitigating factors to manage risks.

The Committee discussed further development on governance around Dementia Services is required.

The Committee noted that there is discussion required on the Dementia Nurse Consultant role (required by every NHS Board) and this needs escalated to NHS Highland.

6(e) Falls (6 month report)

PC spoke to tabled paper and highlighted the following areas.

Overall, the average number of falls for those over 65 (per 1000/>65) is reducing, bringing the partnership closer to achieving the national care measure target.

Inpatient falls continue to reduce in a steady trend.

Work is ongoing to address areas of priorities and risk

- Response to non injured fallers,
- Post lockdown physical activity,
- Single dashboard/report cover all elements of falls pathway in A+B,
- Board wide falls focused meetings,
- Resource available to coordinate prevention agenda.

Discussion around 24 Falls response - Is a mixed model required?

6(f) Maternity

CD spoke to tabled reports. These reports have been submitted to A&B Senior Leadership and NHS Clinical Governance Committee.

CD updated that A&B had met 6 of the 7 essential actions from Ockenden report, 1 partially met and that there is ongoing work to support working with families, supported by Maternity Survey and establishment of Maternity Voices service user group. Development of Participation and Engagement officer role and designated recurring Practise Development hours will support ongoing improvement.

Maternity Survey has been discussed with participants who gave contact details and action plan is being progressed. Actions will be shared through social media channels and Maternity App. Maternal and Neonatal Governance and Improvement group will have oversight of this and report on progress

Action has been benchmarked and six of the actions have been met by Argyll & Bute. Work in ongoing to meet the others.

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| | <p>6(g)SWES Update JL updated on current situation and discussions that have taken place with Unions. A short life working has been established and will have service improvement officer support. JL to bring a paper to future committee.</p> <p>6(h) Violence & Aggression Training Compliance in MH Inpatient Setting JL gave verbal update on current training compliance and the steps that are being taken to improve this. Committee content that this issue is being dealt with at the operational level.</p> <p>6(i) ASP Inspection Update PMacL and JH joined the meeting at 15.55 and updated the committee on current ongoing Joint Inspection of Adult Support and Protection in Argyll and Bute Health and Social Care Partnership area. PMacL and JH informed the committee of the requirements of the inspection.</p> <p>SCB asked about key dates and these were given as</p> <ul style="list-style-type: none"> - CI issue draft report for factual accuracy - Monday 6 September 2021 - Professional Discussion 2 (feedback) - Tuesday 7 September 2021 - Embargoed Report - Tuesday 21 September 2021 - Report Published - Tuesday 28 September 2021 - Improvement Plan issued - Wednesday 29 September 2021 <p>Joint Inspection of Adult Support and Protection, Quality Indicator Framework was tabled for information and noting.</p> | JL |
| 7. | SCHEDULED REPORTS FOR NOTING | |
| | <p>(a) Cowal & Bute Tabled report circulated, review and noted.</p> | |
| | <p>(b) Helensburgh and Lomond Tabled report circulated, review and noted. SCB highlighted the areas of good practice and feedback.</p> | |
| | <p>(c) Mid Argyll, Kintyre & Islay Tabled report circulated, review and noted. CW highlighted that she had noted the lack of old age psychiatry within the report but acknowledged that this may not be the most appropriate place for it to sit.</p> | |
| | <p>(d) Oban, Lorn & Isles Tabled report circulated, review and noted. DW highlighted that there has been issues over the last couple of weeks in Oban in relation to carers. A large piece of work was undertaken to help resolve the situation. LC picked up on the short staffed physio team detailed within the report and</p> | |

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| | offered to bring a more detailed report for A&B to a future committee. SCB highlighted the areas of good practice and feedback | LC |
| | <p>(e) Mental Health Tabled report circulated, review and noted. NG asked where recommendation from a SUI relating to a young persons admission to Succoth should go. EH advised that this should go through the Quality Patient Safety (QPS) process.</p> | |
| | <p>(f) Maternal & Newborn Tabled report circulated, review and noted.</p> | |
| | <p>(g) LD, PD and Autism Tabled report circulated, review and noted.</p> | |
| | <p>(h) Children & Families Tabled report circulated, review and noted.</p> | |
| 8 | <p>FOR NOTING</p> <p>Papers and link shared for information and noting.</p> <p>(a) Joint Inspection of Adult Support and Protection in the Argyll and Bute Partnership Area Tabled report circulated, review and noted.</p> <p>(b) Mental Welfare Commission Authority to Discharge Report Tabled report circulated, review and noted. JL to bring a report to a future committee relating to challenges of accuracy within the report.</p> <p>(c) Independent Review of Adult Social Care Tabled report circulated, review and noted.</p> | |
| 9 | <p>AOCB Nil</p> | |
| 10 | <p>FUTURE MEETINGS</p> <p><u>2021 dates via Teams starting at 2pm</u></p> <ul style="list-style-type: none"> • Sept 9th • Nov 11th | |

**MINUTES of MEETING of ARGYLL AND BUTE HSCP FINANCE AND POLICY COMMITTEE
held BY SKYPE
on FRIDAY, 25 JUNE 2021**

Present: Councillor Kieron Green (Chair)

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| Graham Bell | Councillor Gary Mulvaney |
| Sarah Compton-Bishop | Councillor Sandy Taylor |
| Elizabeth Higgins | |

Attending: George Morrison, Depute Chief Officer, Argyll and Bute HSCP
David Forshaw, Principal Accountant, Argyll and Bute Council
Louise Beattie, Service Improvement Officer, Argyll and Bute Council
John Dreghorn, Service Improvement 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 Davies, Interim Chief Officer, Argyll and Bute HSCP
Caroline Cherry, Head of Older Adult Services, 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
Stephen Whiston, Head of Strategic Planning and Performance, Argyll and Bute
HSCP
Kevin McIntosh, Staffside, Argyll and Bute Council

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 21 May 2021, was approved as a correct record.

Elizabeth Higgins left the meeting at 2:00pm, during discussion of agenda item 4 (Budget Monitoring as at 31 May 2021).

4. BUDGET MONITORING AS AT 31 MAY 2021

The Committee gave consideration to a report which provided a summary of the financial position of the Health and Social Care Partnership as at 31 May 2021. Information on both the year to date position and the forecast outturn position was also provided.

Decision

The Finance and Policy Committee –

1. Noted that the forecast outturn position for 2021/22 is an overspend of £2.641m.
2. Noted that there is a year to date underspend of £2.989m as at 31 May 2021.
3. Noted the verbal update from the principal Accountant, which provided an early indicative significant improvement of the forecast outturn position as at 30 June 2021.

(Reference: Report by Deputy Chief Officer, dated 25 June 2021, submitted)

5. TRANSFORMATION UPDATE

Consideration was given to a report outlining the key areas of focus for transformation work planned for 2021/22. The report summarised the progress of each programme and project in the successful delivery of its outcomes. Information was also provided from the meeting of the Transformation Board on 4 June 2021.

Decision

The Finance and Policy Committee –

1. Considered the progress which was presented to the Transformation Board on 4 June 2021.
2. Commented on the projects and their RAG status.
3. Provided additional scrutiny and governance in connection with the progress being made towards the successful delivery of the HSCP transformational aspirations.

(Reference: Report by Head of Strategic Planning and Performance, dated 25 June 2021, submitted)

6. SAVINGS PROGRESS UPDATE - CORPORATE

The Committee gave consideration to a report which provide a summary of the Corporate Services savings position as at 31 May 2021, the current challenges to the delivery of savings and planned actions to progress the outstanding savings.

Decision

The Finance and Policy Committee –

1. Noted the corporate savings achieved in 2020/21 and savings carried forward in 2021/22.
2. Noted the progress in respect of the corporate savings programme as at 31 May 2021.
3. Noted the challenges to achieving the savings proposals.
4. Noted the actions planned to recover the outstanding savings proposals.

(Reference: Report by Service Improvement Officer, dated 25 June 2021, submitted)

7. DATE OF NEXT MEETING

The Finance and Policy Committee noted that the date of the next meeting was scheduled to take place on Friday, 27 August 2021.

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**MINUTES of MEETING of ARGYLL AND BUTE HSCP AUDIT AND RISK COMMITTEE held
BY SKYPE
on TUESDAY, 29 JUNE 2021**

Present: Councillor Sandy Taylor (Chair)

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
Laurence Slavin, Chief Internal Auditor, Argyll and Bute Council
Lynsey Innis, Senior Committee Assistant, Argyll and Bute Council

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of:-

Sarah Compton-Bishop, NHS Highland Non-Executive Board Member

Fiona Davies, Interim Chief Officer, Argyll and Bute HSCP

Caroline Cherry, Head of Older Adult Services and Community Hospitals, Argyll and Bute HSCP

Jane Fowler, Head of Customer Support Services, Argyll and Bute Council

Patricia Renfrew, Interim Head of Children and Families, Argyll and Bute HSCP

2. DECLARATIONS OF INTEREST (IF ANY)

There were no declarations of interest intimated.

3. MINUTES

The minute of the previous meeting of the Argyll and Bute HSCP Audit and Risk Committee, held on 20 April 2021 was approved as a correct record.

4. UNAUDITED ANNUAL ACCOUNTS 2020-21

The Committee gave consideration to a report which provided a brief commentary on the contents of the Unaudited Annual Accounts for 2020-21, which were also presented for consideration and included the Annual Governance Statement for 2020-21.

Decision

The Audit and Risk Committee –

1. Approved the Annual Governance Statement for 2020-21 included within the Unaudited Annual Accounts.
2. Approved the Unaudited Annual Accounts for the year ended 31 March 2021 for issue.

(Reference: Report by Head of Finance and Transformation, dated 29 June 2021, submitted)

5. DATE OF NEXT MEETING

The Audit and Risk Committee noted that the next meeting would be held on Tuesday, 14 September 2021.

The Chair, on behalf of the Committee, recorded his thanks to Judy Orr, Head of Finance and Transformation who was retiring after 2 years with the Health and Social Care Partnership. The Chair expressed his very best wishes to Judy for her retirement.

**MINUTES of MEETING of ARGYLL AND BUTE HSCP FINANCE AND POLICY COMMITTEE
held BY MICROSOFT TEAMS
on FRIDAY, 27 AUGUST 2021**

Present: Councillor Kieron Green (Chair)

Graham Bell

Sarah Compton-Bishop

Attending: Fiona Davies, Interim Chief Officer, Argyll and Bute HSCP
George Morrison, Depute Chief Officer, Argyll and Bute HSCP
James Gow, Head of Finance and Transformation, Argyll and Bute HSCP
Julie Lusk, Head of Adult Services, Argyll and Bute HSCP
David Forshaw, Principal Accountant, Argyll and Bute Council
Louise Beattie, Service Improvement Officer, Argyll and Bute Council
Gillian Maidment, Service Improvement 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:-

Councillor Gary Mulvaney

Councillor Sandy Taylor

Elizabeth Higgins, Lead Nurse, Argyll and Bute HSCP

Kevin McIntosh, Staffside, Argyll and Bute Council

Caroline Cherry, Head of Older Adult Services, Argyll and Bute HSCP

Stephen Whiston, Head of Strategic Planning and Performance, 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

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 25 June 2021, was approved as a correct record.

4. BUDGET MONITORING - 4 MONTHS TO 31 JULY 2021

The Committee gave consideration to a report which provided a summary of the financial position of the Health and Social Care Partnership as at 31 July 2021.

Information on both the year to date position and forecast outturn position was also provided.

Discussion took place around the need to have an outline of the plans in place to support financial recovery; the current occupancy rates for adult residential care homes and the financial and service delivery implications arising from a number of vacancies across services.

Decision

The Finance and Policy Committee –

1. Welcomed the financial provision verbally reported, agreed that an initial financial recovery plan be presented to the IJB at its meeting in September 2021 and noted that any further issues be brought forward to the Finance and Policy Committee in due course.
2. Noted that the forecast outturn position is a forecast overspend of £1.4m.
3. Noted that actions are currently being progressed to manage spend and to recover the position by the year end.
4. Noted that there is a year to date overspend of £0.1m as at 31 July 2021.

(Reference: Report by Head of Finance and Transformation, dated 27 August 2021, submitted)

5. BUDGET OUTLOOK 2022-23 TO 2024-25

Consideration was given to a report which summarised 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 –

1. Considered the current budget outlook report for the period 2022-23 to 2024-25.
2. Noted the anticipated budget challenge faced by the HSCP.

(Reference: Report by Head of Finance and Transformation, dated 27 August 2021, submitted)

6. FINANCIAL RISKS

The Committee gave consideration to a report which summarised the key financial risks facing the Health and Social Care Partnership. The report noted that a total of 24 risks had been identified, with the largest risks being in relation to the costs of commissioned services and the potential failure to deliver all savings in full.

Decision

The Finance and Policy Committee –

1. Considered the updated financial risks identified for the Health and Social Care Partnership.
2. Noted that financial risks will 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 27 August 2021, submitted)

7. TRANSFORMATION UPDATE

Consideration was given to a report which outlined the key areas of focus for transformation work planned for 2021/22, and summarised the progress with each project in the delivery of the transformation programme planned outcomes. The report also included comments on the actions presented to the Transformation Board at their meeting on 6 August 2021 on how they intend to bring any Amber status projects back to Green.

Decision

The Finance and Policy Committee –

1. Considered the progress which was presented to the Transformation Board on 6 August 2021.
2. Provided comment on the projects and their RAG status.
3. Provided additional scrutiny and governance in connection with the progress being made towards the successful delivery of the HSCP transformational aspirations.

(Reference: Report by Head of Finance and Transformation, dated 27 August 2021, submitted)

8. PROGRESS UPDATE - LEARNING DISABILITY AND MENTAL HEALTH PROGRAMME BOARD

Consideration was given to a report which provided a summary of the Learning Disability and Mental Health services financial and savings position as at 31 July 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 progress in respect of the Learning Disability and Mental Health savings programme as at 31 July 2021.

2. Noted the ongoing challenges to achieving the savings proposals.
3. Noted the actions planned to recover the outstanding savings proposals.

(Reference: Report by Head of Adult Services (Mental Health, Addictions, Learning Disability/Autism, Transitions), dated 27 August 2021, submitted)

9. DATE OF NEXT MEETING

The Finance and Policy Committee noted that the date of the next meeting was scheduled to take place on Friday, 24 September 2021.



Integration Joint Board

Date of Meeting: 15 September 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

Listening and Learning Survey

On the 26 August the HSCP published the results of the first Listening and Learning staff survey which was designed to track the experience of working within the organisation. The survey, which was anonymous, was open to all NHS and Council colleagues across the HSCP.

39% of staff completed the survey and their responses revealed that teams know what they are doing and do it well, they are supporting each other and are looking after each other's wellbeing. There was a sense of positive change underway.

The results also showed that we need to do more to increase the understanding of our vision and priorities, ensure we recognise the right people for their contribution, and to improve development and career progression. We also need to improve systems and processes and colleague engagement, particularly when changes are suggested.

Since last year's engagement survey, the HSCP has focussed on taking action on the issues that employees raised, particularly on culture and preventing bullying. This has included improving communication, regular engagement sessions with senior leaders and rolling out Courageous Conversations. The Guardian Service was expanded to Argyll and Bute Council staff and an Argyll and Bute Culture Group was also established and has taken the lead in putting local culture improvements in place.

To track progress, two questions on bullying and harassment were included in the survey and the responses showed that experiences of bullying and harassment have reduced but 56 colleagues who responded stated that it was still ongoing. We take this very seriously and the HSCP has a strong focus on preventing bullying and we are clear that bullying and harassment will not be tolerated.

In direct response to the survey, more and clearer information about the HSCP structures and strategy will be shared with colleagues and we will continue our work in the local Culture Group whilst also continuing to work with NHS Highland and access their culture change projects, which include leadership and communications training, and values-based facilitated workshops.

National Care Service Consultation

On the 9 August the Scottish Government announced that they were launching a consultation to seek the public's view ahead of the creation of a National Care Service.

The Scottish Government proposes that: *the National Care Service will define the strategic direction and quality standards for community health and social care in Scotland. It will have local delivery boards which work with the NHS, local authorities, and the third and independent sectors to plan, commission and deliver the support and services that the people of Scotland require.*

A series of online engagement events are being held in August, September and October to enable stakeholders, individuals and communities to come together to share their views on the National Care Service. The consultation closes on the 2 November.

Adult Support and Protection Joint Inspection

The Scottish Government requested that the Care Inspectorate, Healthcare Improvement Scotland, and Her Majesty's Inspectorate of Constabulary in Scotland carry out a joint inspection of adult support and protection in 26 partnership areas in Scotland. The Care Inspectorate lead this programme and Argyll and Bute is one of the partnerships being inspected.

The purpose of this joint inspection is to seek assurance that adults at risk of harm in Scotland are supported and protected by existing national and local adult support and protection arrangements. The inspection in Argyll and Bute commenced at the beginning of August.

The Scottish Government has also requested that these joint inspections now consider the impact of the COVID-19 pandemic and the associated restricted period of adults at risk of harm, and partnerships' compliance with the COVID-19 additional guidance. The inspections were carried out remotely with records being made available electronically to the Inspection Team.

It was an accelerated inspection with the Inspection report being delivered in 13 weeks and it is expected that the final report will be published at the end of September.

Service Visits

The Chief Officer has been continuing to visit sites and localities across Argyll and Bute and recently met with staff and teams on Bute, Jura and in Oban.

These Service Visits are extremely important to ensure that senior managers have visibility across the organisation. They are also key from a staff engagement point of view as it provides staff with an opportunity to raise any issues and the Chief Officer can meet with colleagues on the ground to see first-hand the excellent work that staff are carrying out within our local communities.

NHS Highland's Whistleblowing Champion Bert Donald, who is also a Non-Executive Director, has also been visiting sites across the HSCP and was in Argyll and Bute from 19-21 July. The visit allowed Bert to promote the Whistleblowing Standards, gain staff views on the culture within Argyll and Bute and learn more about service provision and healthcare issues across the area.

Bert's visit was communicated to staff in advance to provide them with an opportunity to meet with him either privately or as members of a group and during his visit he discussed a range of issues with staff members from across a number of teams and locations.

Suicide Prevention

Scotland's National Suicide Prevention Leadership Group (NSPLG) have launched a pilot service to support families bereaved by suicide. Established by the Scottish Government, NSPLG brings together people with lived experience of suicide alongside, academic, third sector, and statutory partners to support the delivery of Scotland's Suicide Prevention Action Plan: Every Life Matters.

One key action in the plan is delivering support to families bereaved by suicide. The Scottish Government is providing funding of £510,000 for the pilot service which will provide practical and emotional support to families who have lost a loved one to suicide, for up to two years. The service is also intended to help reduce suicide, as evidence shows that up to 10% of people bereaved by suicide may go on to attempt to take their own lives.

Penumbra and Support in Mind Scotland, two of Scotland's leading mental health charities, are working in partnership to deliver the services across two health board areas, NHS Highland and NHS Ayrshire & Arran. The new service will operate seven days a week; it will make initial contact with bereaved families within 24 hours of a referral and specially trained bereavement support workers will provide customised support relevant to each family's circumstances.

These highly trained staff will be able to recognise potential risks or wider safeguarding issues, including signs and symptoms of suicidal ideation and will also be able to work collaboratively across other local services. Together this joined-up approach will ensure a package of support is offered to families during this extremely difficult time.

Connections Sessions

Earlier this year the HSCP ran 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 was based on a particular theme, such as 'Ask me Anything' and Courageous Conversations.

We would like to thank all colleagues who participated in the events and for the very worthwhile comments, suggestions and questions that were raised.

The Connections events are recognised as an important element in staff engagement and the Strategic Leadership Team are keen for them to continue. A focus group is therefore being established to review the style and shaping of the programme to ensure that it continues to meet the needs of colleagues moving forward.

Launch of Long COVID e-Learning Self-Management Resource

We have been working with Let's Get On With It Together (LGOWIT) to support a series of online self-management modules for the public across a range of areas including coping with loss, embracing change and living well.

The LGOWIT project is active in promoting and supporting self-management of health for people living with long term conditions and in light of the ongoing pandemic a new module has been introduced to help support people who have been suffering from the effects of Long COVID.

Further information on the various modules and how to sign up for them can be found on the LGOWIT website at www.lgowit.org

Enhanced Community Dementia Service

The Enhanced Community Dementia Service has undergone significant development over the past year and it continues to report to the Dementia Redesign Group. Despite the pandemic, progress has been made towards extending the team and the recruitment of health care support workers, social workers and Advanced Nurse Practitioners is well underway.

A Team Leader post has been created with a senior nurse as the first established Team Leader for the service and the Area Manager for Mid Argyll will operationally manage the whole team whilst the Head of Adult Services for Older Adults & Community Hospitals remains the strategic lead for dementia. There is still a gap in terms of a Consultant and discussions are ongoing as regards filling this post.

The aim with the new enhanced model is to support adults with dementia to remain within their communities and we will be further working with staff, adults with dementia and their families as to our aspirations for the service moving forward.

We would also like to thank all our existing dementia staff who have continued to deliver a high standard of dementia services during what has been a challenging time and also for their patience as we recruit the new staff to the service.

Senior HSCP Appointments

Head of Finance and Transformation

James Gow has been appointed to the Head of Finance and Transformation role and joined the organisation in August and this will be his first IJB meeting. James comes to the HSCP from a senior finance post with the Government of Jersey and prior to that has had a wealth of experience throughout the public sector in Scotland.

Head of Children, Families and Justice

David Gibson started in post on 1 September as Head of Children, Families and Justice. He brings with him a wealth of experience in the sector, most recently as the Head of Children's Services and Chief Social Work Officer at Comhairle nan Eilean Siar.

Head of Primary Care

Evan Beswick will be joining the HSCP senior team in October as the new Head of Primary Care. Evan currently works for NHS Highland in primary care in the North Highland area.

The Head of Primary Care is a new role for the organisation and Evan will provide leadership for the planning, management and delivery of Primary Care, Dental and Optometry services.

Supported Self Care Plan

ACUMEN in Argyll and Bute has developed a new free mental health service with support provided from the Listening Service at the Lade Centre and Support in Mind Scotland.

The service consists of a Supported Self Care Plan to help people write their own plan to help with their mental health and emotional wellbeing. The aim of this is to help empower people to look after themselves when their mental health is under pressure. Further information is available online at <https://sscp.ramh.org>

The HSCP is delighted to help financially support this project through the Living Well Grant for 2020-2021.

COVID Update

We would like to remind everyone in Argyll and Bute to remain cautious and continue to be vigilant for symptoms of COVID-19 as new confirmed cases continue to be at a significant level.

As well as being vigilant for symptoms, members of the public are also being asked to remain cautious and minimise contacts during this period of high levels of COVID-19.

Even though many of the previous restrictions have eased there are still lots of things we can all do to help limit the spread. Wearing face masks when inside or in crowded areas, regular hand washing, regular testing using LFD tests when you have no symptoms and, when invited, please come forward to get vaccinated. All of these will help us in keeping the COVID-19 numbers down.

We would also ask that our communities remain vigilant for symptoms. The typical symptoms are a new continuous cough, a high temperature or fever and a loss of, or change in, normal taste or smell. However, people with COVID-19 can present with a wide range of symptoms including headache, sore muscles and joints, tiredness, sore throat, cold-like symptoms and diarrhoea and vomiting. Anyone that becomes unwell should isolate immediately and seek a PCR test.

The latest information on COVID-19 cases and vaccination figures is available in the Public Health Report which is on the agenda for the IJB meeting.

The Chief Officer would also like to thank staff across the HSCP for the work they are doing to support our local communities during what has been a really challenging time for the public and staff alike and would encourage everyone to take up the opportunity of getting a COVID vaccination if they have not already done so.



Integration Joint Board

Agenda item:

Date of Meeting: 15 September 2021

Title of Report: Staff Governance Report for Financial Quarter 1 (2021/22)

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 comment on any future topics that the IJB would like further information on.

1. EXECUTIVE SUMMARY

- 1.1 This report on staff governance performance covers financial quarter 1 (April – June 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

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| 3. | PROGRESS AND CHALLENGES |
| 3.1 | Culture Culture progress is covered in a separate agenda item. |
| 3.2 | Wellbeing |
| 3.2.1 | HSCP Guardian Service The Guardian Service was extended from 1 January 2021 to include Argyll and Bute Council employees working for Argyll and Bute Health and Social Care Partnership on a trial basis until July 2021. This was subsequently extended to September 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 provide information and emotional support in a strictly confidential, non-judgemental manner. The 'Speak Up' Guardian Service can be accessed 24/7. A detailed update report on how the Guardian Service has been used and what impact it has had will be considered by SLT in relation to considering any further extension to the pilot and the next steps in relation to this service. |
| 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 membership and remit will be reviewed in FQ2 and priorities reviewed as part of the Culture Action plan. |
| 3.2.3 | Council Wellbeing Team The Council Wellbeing Team continues to provide support and advice to a number of HSCP managers to ensure the appropriate Attendance Management procedures are followed. This includes referrals for long-term absence cases to Occupational Health. Regular Wellbeing Wednesday bulletins are issued across the Council, including Social Work and Social Care Colleagues, highlighting key themes of both wellbeing and specific conditions. Feedback is very positive and the first in a series of Wellbeing Walks took place in July. The Chief Executive, Pippa Milne, recorded a podcast with the wellbeing team which you can listen to at www.argyll-bute.gov.uk/pippas-podcast |

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| 3.2.4 | The Resilience Engine pilot testing the Self-Coaching Guide ended in FQ1 with two Focus groups in June involving volunteers from five teams. The OD team continued to support team leaders to support their teams' participation in the pilot. The Guide will still be available for use up to the end of September. The evaluation process helped to inform the current need and a 1 hour Self Care intervention is being designed to start in FQ2. |
| 3.2.5 | The OD team offered Spaces for Listening sessions to all HSCP staff. This is a structured process which creates a space to share thoughts and feelings and experience and equality of listening. It is a very different type of approach to more standard support interventions, which has proven to be beneficial to those taking part. Following the success of the sessions delivered in FQ4, further dates will be offered in FQ2. |
| 3.2.6 | <p>A focus for Quarter 2 is to:</p> <ul style="list-style-type: none"> • Continue to promote wellbeing resources • Finish design of the Self Care intervention and a Self Care/Wellbeing module as part of the NHH Leadership and Management programme • Continue to offer a Spaces for Listening approach • Consider staff wellbeing alignment with the culture programme and the priorities for 2021/22 |
| 3.3 3.3.1 | <p>Learning and Development</p> <p>Personal Development Plans (PDP) and Performance Review and Development (PRD) must be completed annually. These are one-to-one meetings that are carried out regularly to review performance and achievements as well as identifying any training or development needs. The OD team and Education, Learning and Development team continue to support colleagues on how to access and complete these with training available remotely instead of face-to-face.</p> <p>A snapshot from the Council's Pyramid system indicates that the % of completed PRDs for the HSCP for FQ1 was 18% (ie 100 out of 548 eligible). The PDP completion rate for NHS colleagues was 22%. There is room for improvement in these figures, This is not unusual at the start of a new FY, as most of the PRDs are completed in January through to March. Recognising the pressure on teams as a result of Covid, managers were given more flexibility this year in completing PRDs by the deadline. There is still a need to focus on employee development and also to provide support and positive reflection on the achievements of the past year. The PRD/PDP remains an important part of engagement with employees.</p> |
| 3.3.2 | Improving compliance with Statutory and Mandatory training is essential to the safety and quality of services that the HSCP delivers. Managers were asked to ensure that all employees' statutory and mandatory training was 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 and there is an NHH wide focus on improving performance on completion of mandatory training. |

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| 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 the new Chair is the Professional Lead Social Work post. There are currently two council employees undertaking a (Grow Your Own) Social Work Degree, with a further place being offered later in the summer. We have 33 employees going through SVQ training at the moment, and a further 6 are studying for either a Practice Development Award or a PG Certificate in Applied Professional Studies. Procurement is ongoing for a variety of HNC (both social services and Admin and IT) training. | | | | | | | | |
| 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 locally, as the NHS SVQ centre is based in Inverness. | | | | | | | | |
| 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 | <p>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:</p> <ul style="list-style-type: none"> • 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 | <p>The total number invited and expected to attend the programme was 29 senior managers.</p> <table border="1" data-bbox="352 1753 1305 1944"> <tr> <td>February -NHS and ABC Finance</td> <td>20</td> </tr> <tr> <td>March - NHS and ABC HROD</td> <td>21</td> </tr> <tr> <td>April - Partnership Working, Facilities Arrangements and IJB and Staff Governance</td> <td>16</td> </tr> <tr> <td>May - Clinical Care and Governance</td> <td>20</td> </tr> </table> | February -NHS and ABC Finance | 20 | March - NHS and ABC HROD | 21 | April - Partnership Working, Facilities Arrangements and IJB and Staff Governance | 16 | May - Clinical Care and Governance | 20 |
| February -NHS and ABC Finance | 20 | | | | | | | | |
| March - NHS and ABC HROD | 21 | | | | | | | | |
| April - Partnership Working, Facilities Arrangements and IJB and Staff Governance | 16 | | | | | | | | |
| May - Clinical Care and Governance | 20 | | | | | | | | |

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| | Feedback from participating managers has been very positive and all feedback is used to ensure that the most positive aspects of each session are built into future delivery. | | | | | | | | | | | | |
| 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 from Autumn 2021. These programmes will focus on developing people management skills as well as policies and procedures. The NHSH has been developing an online portal that improves the experience for new managers joining NHSH and easy access reference to policies and procedures for existing managers. This portal is also accessible to Argyll and Bute Integrated Managers. | | | | | | | | | | | | |
| 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 FQ1: <table border="1" data-bbox="354 801 1013 1032"> <tr> <td>OFS Attendance Policy</td> <td>10</td> </tr> <tr> <td>OFS Bullying and Harassment</td> <td>7</td> </tr> <tr> <td>OFS Capability Policy</td> <td>3</td> </tr> <tr> <td>OFS Conduct Policy</td> <td>9</td> </tr> <tr> <td>OFS Grievance Policy</td> <td>4</td> </tr> <tr> <td>OFS Investigations Guidance</td> <td>7</td> </tr> </table> | OFS Attendance Policy | 10 | OFS Bullying and Harassment | 7 | OFS Capability Policy | 3 | OFS Conduct Policy | 9 | OFS Grievance Policy | 4 | OFS Investigations Guidance | 7 |
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| OFS Grievance Policy | 4 | | | | | | | | | | | | |
| OFS Investigations Guidance | 7 | | | | | | | | | | | | |
| 3.5 | Resourcing: Recruitment and Redeployment | | | | | | | | | | | | |
| 3.5.1 | An online authorisation process for vacancies was successfully introduced in Children and Families and Justice to process vacancies on JobTrain and TalentLink. This is a significant improvement and removes what is an administratively onerous process for the HR Resourcing Team. Following this, we have begun the roll out to other services to include Adult Services. Other services will be added on a phased basis over the next two quarters. This will speed up the recruitment process for all posts already on the establishment, where the post is being filled on a like for like basis. All authorisations are carried out as per the policy, to maintain financial and management oversight, but this is now electronic and therefore much more efficient. | | | | | | | | | | | | |
| 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. Recommendations from the recruitment review carried out across NHS Highland have identified the need for additional resourcing in recruitment and also proposed the centralisation of the recruitment teams. This will improve resilience and support for the very small resourcing team in Argyll and Bute, who will move from being a standalone team to being part of a wider NHSH Recruitment Team. This will take effect from 3 August 2021. Further details are shown in Appendix 3. | | | | | | | | | | | | |

| | |
|---------------------------------------|---|
| <p>3.6</p> <p>3.6.1</p> | <p>Workforce Planning</p> <p>The Strategic Workforce Planning Group, established in January 2021 and chaired by the Associate Nurse Director, continues to meet and 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 FQ1 the focus was on providing high level workforce data to services to support development of 3 year plans. The deadline for providing three year workforce plans to Scottish Government is 31 March 2022. The NHSH Workforce Planning Team have taken over responsibility for the preparation and submission of Workforce Plans for the HSCP as well as for NHSH. An interim, one year plan is attached as a separate agenda item at this meeting.</p> |
| <p>3.7</p> | <p>Living Wage Consolidation</p> |
| <p>3.7.1</p> | <p>As reported previously, and following a ballot by the Trades Unions, the Council reached a Collective Agreement to change the Local Government Employee Local Conditions of Service. This was successfully implemented on 1st July 2021, and details of all the agreed changes are available on the Council Hub: http://intranet.argyll-bute.gov.uk/my-hr/terms-and-conditions</p> |
| <p>3.7.2</p> | <p>As part of the changes to terms and conditions for Local Government Employees, from 1 July 2021, the Council will pay the successful candidate's entire registration fee (£59.00) for the Protection of Vulnerable Groups (PVG) scheme record. This means that Permanent and Temporary Local Government Employees will no longer have to pay a proportion of their fee (previously £41.00, and the Council paid £18) when applying.</p> |
| <p>3.7.3</p> | <p>The new LGE conditions of service now also include access to an employee benefits package with the provider Vivup. This gives employees access to a wide range of benefits, from salary sacrifice schemes to cycle purchases to discounts from large retailers.</p> |
| <p>3.8</p> | <p>Casual Workers Guidance</p> <p>As the use of Casual Workers has increased over the last 16 months or so, it has become apparent that some of the managers within the HSCP were unaware of the implications of regular and routine use of casual workers.</p> <p>To that end, a Guidance for Managers has been written and circulated to managers. It is available on the Council Hub: http://intranet.argyll-bute.gov.uk/my-hr/casual-recruitment</p> <p>We are also currently transitioning to staff information being hosted on My HR – My Council Works, which is externally facing and therefore accessible to all staff; not just those who are networked. This will not only be a useful tool for those council staff not on the network, but also very useful for the NHS managers who manage council employees for ease of accessing Council policies. It is hoped that all of the relevant policies will be uploaded by the end of the summer.</p> |

| | |
|--------------|--|
| | |
| 4. | RELEVANT DATA AND INDICATORS |
| 4.1 | Attendance |
| 4.1.1 | <p>HSCP NHS absence levels have risen slightly from last quarter, just above the national target of 4%. The percentage absence for NHS employees for Quarter 1 are:</p> <ul style="list-style-type: none"> • April: 4.01% • May: 4.74% • June: 4.59% |
| 4.1.2 | <p>The Council data at Appendix 1b, shows an increase in absence levels during FQ1. In March 2021, the average for HSCP was 1.93 days lost per FTE per month, whereas in June 2021 it has risen to 2.83. (The actual number of absences recorded was 185 which equates to 22.9% of the 805 employees within HSCP). This is not unexpected, as staff are feeling the effects of the last 15 months. Work continues by both HR and the Wellbeing Teams to support managers to get employees on long-term absence back to work, and to tackle short-term absence.</p> <p>Further details are shown in Appendices 1a and 1b. There is an additional rolling graph at Appendix 1c, showing a comparison of Covid related and Non Covid related Absence within Council employees. This is interesting in that the rate of Non Covid related Absence is higher than that of Covid related cases. The numbers for the former are in the high 70s whereas those absent with Covid related reasons are just under 10 employees.</p> |
| 4.1.3 | <p>Return to Work Interviews</p> <p>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 for Q1 remain low, which is disappointing. It is important for absence management and employee wellbeing that this discussion is taking place on an employee's return, after every a period of absence, to ensure that appropriate support can be provided. Currently a 'Notification of end of sickness absence' email is sent to the employee's line manager. As of July a further prompt will be sent to managers after three weeks to remind them to complete the outstanding Return to Work Interview and to record that on MyView. A link to guidance on how to complete will be included in the email and contact details for additional support if required. If after these two prompts the Return to Work Interview remains unrecorded on MyView an email will then be sent to the next level line manager to make them aware. These additional prompts will commence from July. We anticipate that this will have a positive impact on completion numbers.</p> |

| | |
|-------|--|
| 4.1.4 | Training for Once for Scotland Attendance Management Policy has continued to be rolled out in Quarter 1. 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. |
| 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 Q1, within the NHS caseload, there were 13 ER bullying & harassment cases completed with 2 grievances also being closed. No 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. Further details are shown in Appendix 5. |
| 4.3.2 | There has been a slight increase in Council employees raising Grievances in FQ1 as compared to FQ4, with 4 new ones from the beginning of the quarter. This may be due to employees being unable to informally resolve any issues or they may be unwilling to enter in to relationship building measures such as mediation or restorative conversations. In terms of Disciplinary cases, these remain steady with the average being around 3 per month for the HSCP. Two of these cases are ongoing long term due to health problems and the complexity of the cases. It is hoped that both cases will be complete by FQ2. Further details are shown in Appendix 5. |

5. WORK PLANNED FOR THE NEXT 3 MONTHS

5.1 Update on work for FQ1 and plan priorities for FQ2:

| | |
|--|---|
| AB HSCP Culture Group – implement Culture Plan 2021 | Ongoing |
| Continue delivery of Courageous Conversations, management development; improvement to people processes | Ongoing |
| Prepare for the iMatter survey utilising the new management structure so managers can confirm their teams in July ready for the survey in August | FQ2 |
| Continue to support Staff Health and Wellbeing activities to align with Council and tackle HSCP sickness absence | Wellbeing Group established; work ongoing |

| | |
|---|---------|
| Continue to support aspects of the Culture programme and workstreams | Ongoing |
| Seek to understand the outputs from the Listening and Learning survey and what is needed as a result | FQ2 |
| 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 | Ongoing |
| 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.

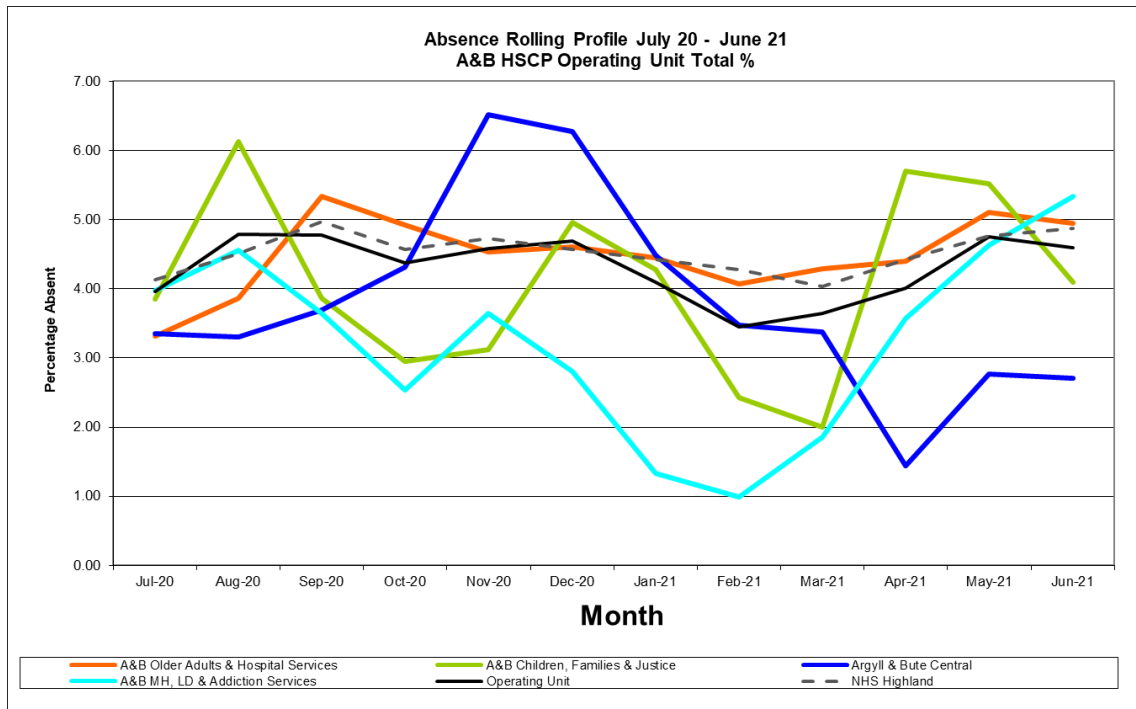
12. DIRECTIONS

| | | |
|--|---|------|
| 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 | |

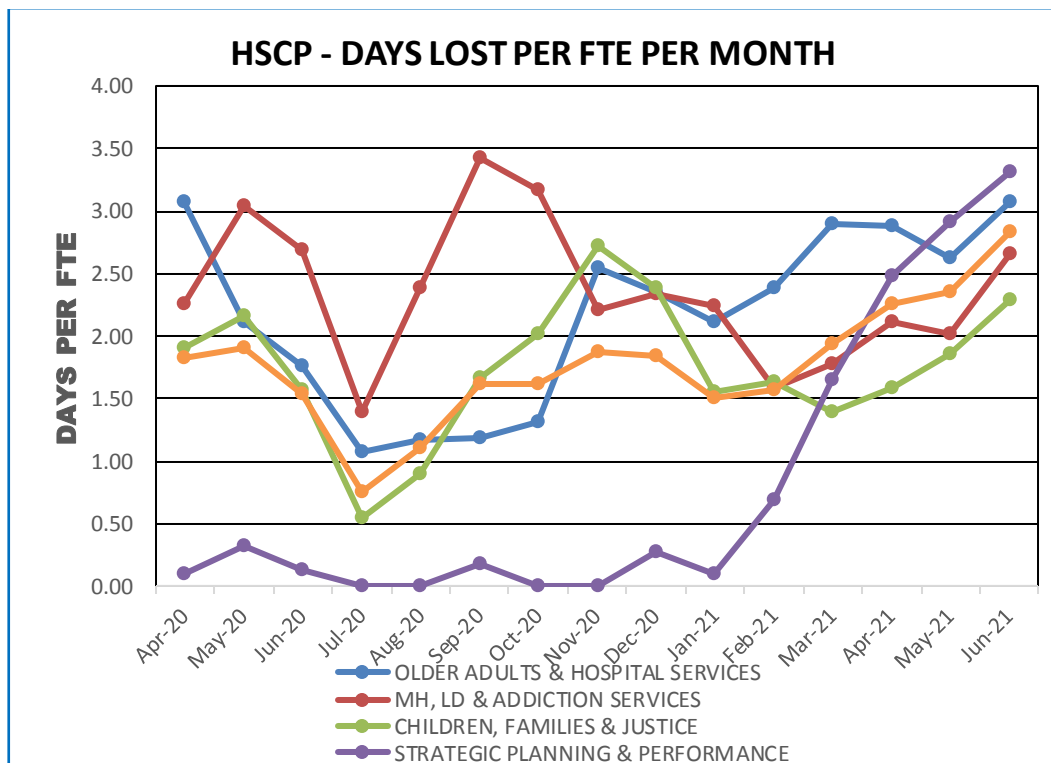
REPORT AUTHOR AND CONTACT

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 hr-hscp@argyll-bute.gov.uk
 Dorothy Ralston, HR&OD Officer, Argyll and Bute Council hr-hscp@argyll-bute.gov.uk

Appendix 1a – HSCP Absence rates – NHS employees

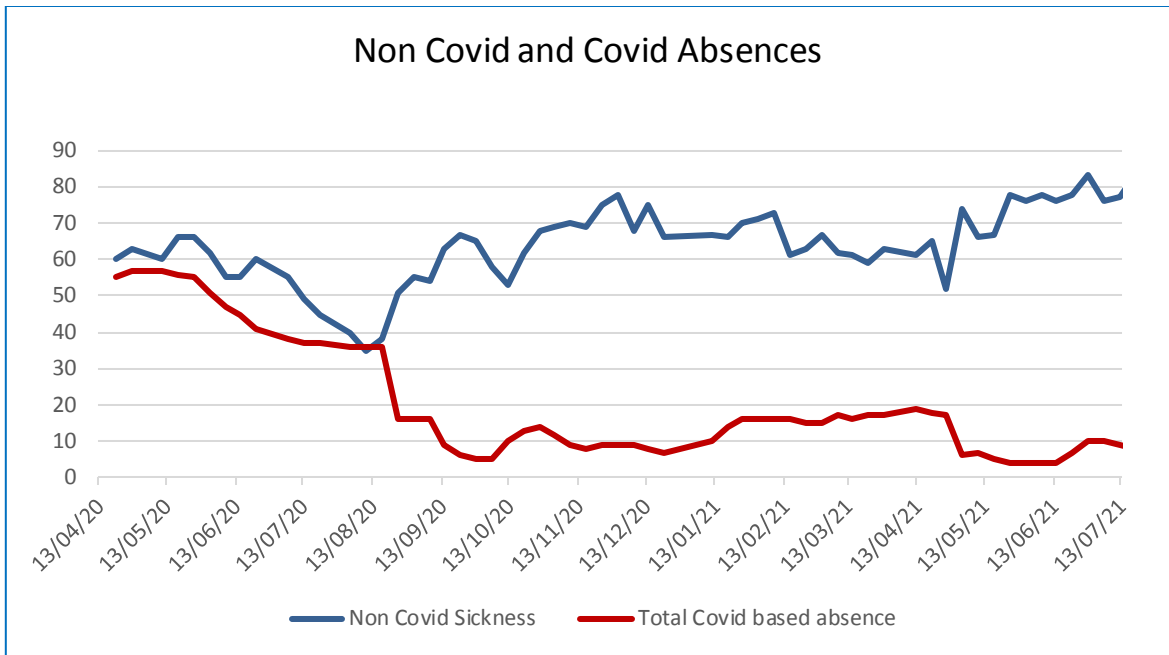


Appendix 1b – HSCP Absence rates Council Employees



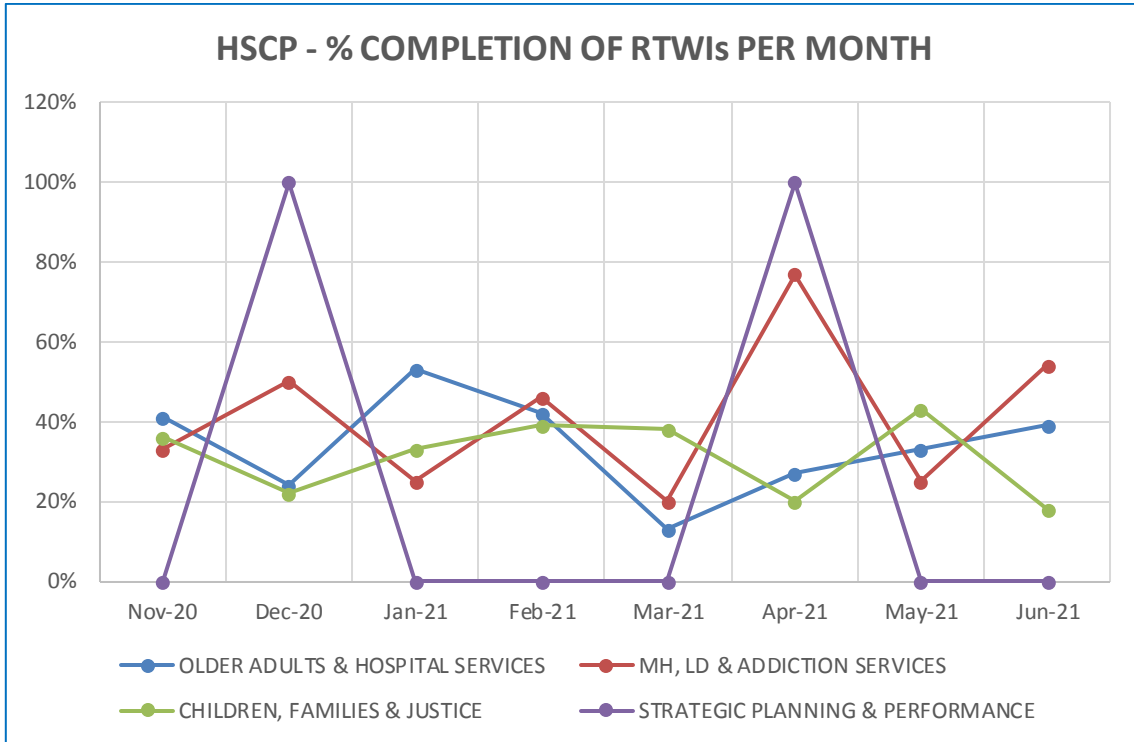
It should be noted that Strategic Planning & Performance only has 18 council employees hence any absence seems steep in comparison to other Services.

Appendix 1c – HSCP Council Employees – Non Covid vs Covid Absences



Appendix 2 – Return to Work Interview Data (Council Staff) FQ1

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 November 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.



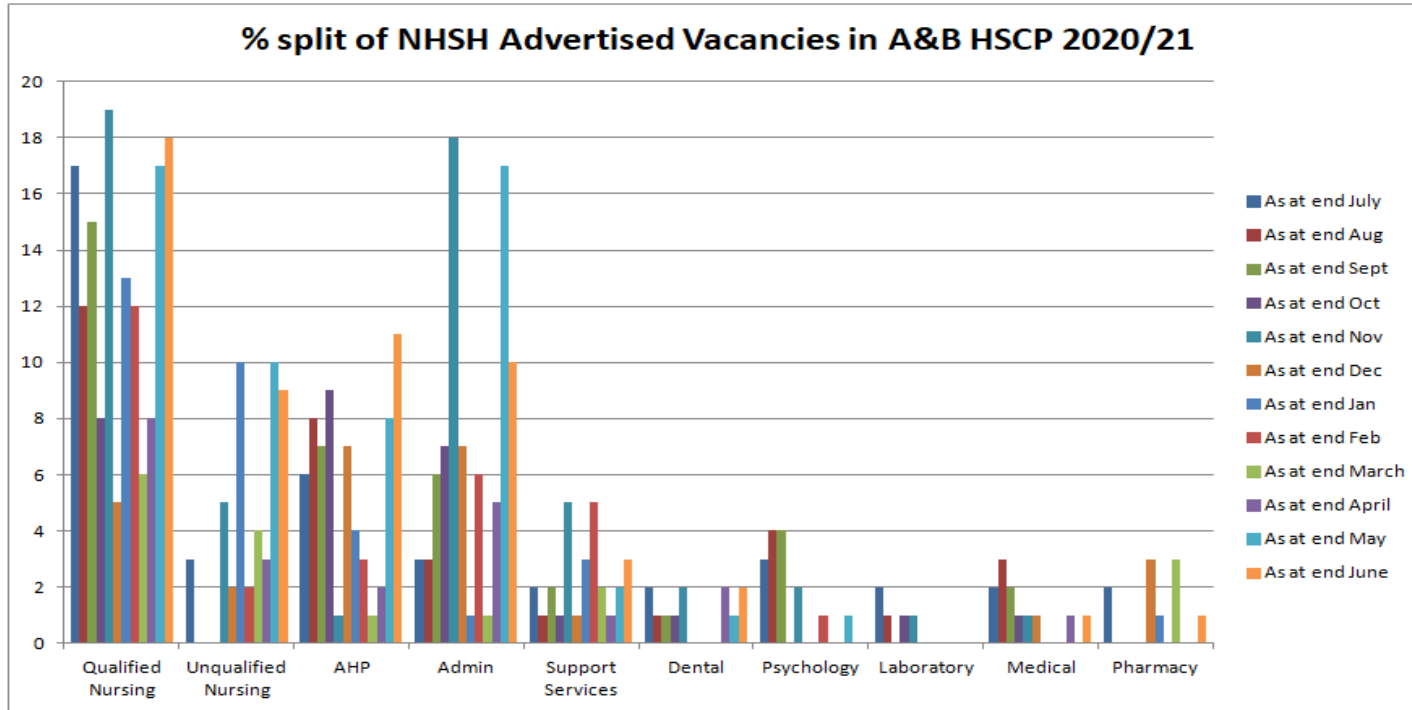
Appendix 3 – Recruitment and Redeployment Activity (Q1)

Attracting and retaining suitable applicants predominantly within nursing and some AHP roles remains challenging across all areas particularly Oban, Lorn and Isles locality and within Mental Health Inpatient Services. Discussion has been sought with Senior HR colleagues in North Highland as to what potential incentives could be made available to attract and retain employees into these critical areas. A strategic approach is being taken to this, led by the HR Director of NHS. We have seen an increase of vacancies submitted by Children & Families over the quarter, this is in relation to Child & Adolescent Mental Health Service. The Communications Team continues to support the recruitment by sharing posts and information relating jobs throughout the UK to relevant groups and contacts on social media. Further work is to be done to highlight health posts via www.abplace2b.scot

3a NHS Vacancies

| | April | | May | | June | |
|--------------------------------|-------|-------|-----|-------|------|-------|
| | New | Re-Ad | New | Re-Ad | New | Re-Ad |
| Adult Services EAST | 10 | 3 | 7 | 3 | 15 | 6 |
| Adult Services WEST | 15 | 3 | 36 | 8 | 19 | 12 |
| Children & Families | 3 | 0 | 10 | 2 | 10 | 0 |
| Corporate Services | 4 | 1 | 1 | 1 | 5 | 2 |
| Totals | 32 | 7 | 54 | 14 | 49 | 20 |
| | 39 | | 68 | | 69 | |

Appendix 3b NHS Advertised Vacancies



Appendix 3c NHS Re-advertised Vacancies



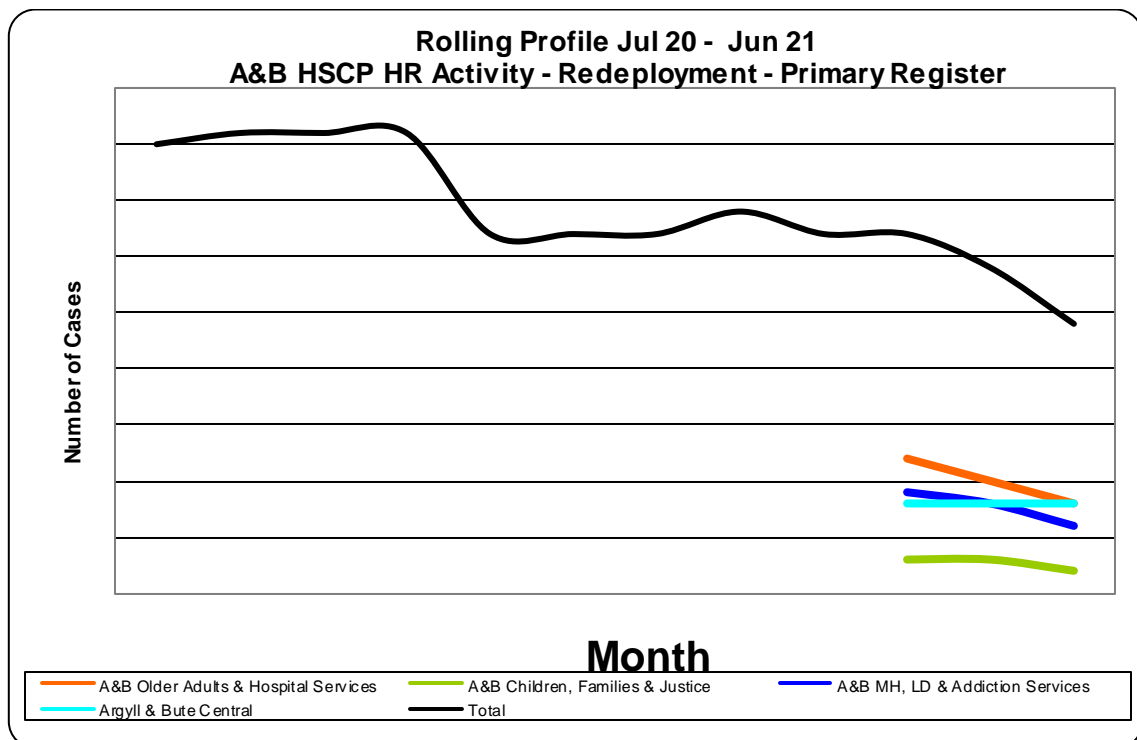
Appendix 3d Council Social Work/Care vacancies

The breakdown of Council vacancies (detailed by Internal/Ring-fenced and External job adverts) for Q1 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.

| | Apr 21 | | May 21 | | Jun 21 | |
|----------------------------------|-----------------------------|----------|------------------------------|----------|-----------------------------|----------|
| | Internal/RF | External | Internal/RF | External | Internal/RF | External |
| Older Adults & Hospital Services | 3 | 6 | 3 | 12 | 1 | 10 |
| MH, LD & Addiction Services | 3 | 2 | 1 | 1 | 4 | 2 |
| Children, Families and Justice | 4 | 2 | 2 | 4 | 5 | 2 |
| Strategy P&P | | | 1 | | | |
| (HSCP PL3 DIRECTORATE) | | | | | | |
| Totals | 20 (Temp 5) (Perm 15) | | 24 (Temp 14) (Perm 10) | | 24 (Temp 7) (Perm 17) | |

Appendix 3e NHS Redeployment

Primary Register



Appendix 4 – Permanent, Fixed Term and Casual Contracts (Q1)

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

| Employees on T/FT contracts | Apr 21 | May 21 | Jun 21 |
|--|------------|------------|------------|
| Older Adults & Hospital Services (ABC) | 34 | 36 | 35 |
| Older Adults & Hospital Services (NHS) | 5 | 5 | 4 |
| MH, LD & Addiction Services (ABC) | 15 | 14 | 15 |
| MH, LD & Addiction Services (NHS) | 4 | 3 | 1 |
| Children, Families and Justice (ABC) | 23 | 21 | 18 |
| Children, Families and Justice (NHS) | 10 | 13 | 13 |
| Strategic Planning and Performance (ABC) | 2 | 2 | 2 |
| Corporate Services (NHS) | 7 | 8 | 8 |
| (HSCP PL3 DIRECTORATE ABC) | 4 | 4 | 4 |
| OVERALL TOTAL | 104 | 106 | 100 |

4b Council Social Work/Care Casual Workers

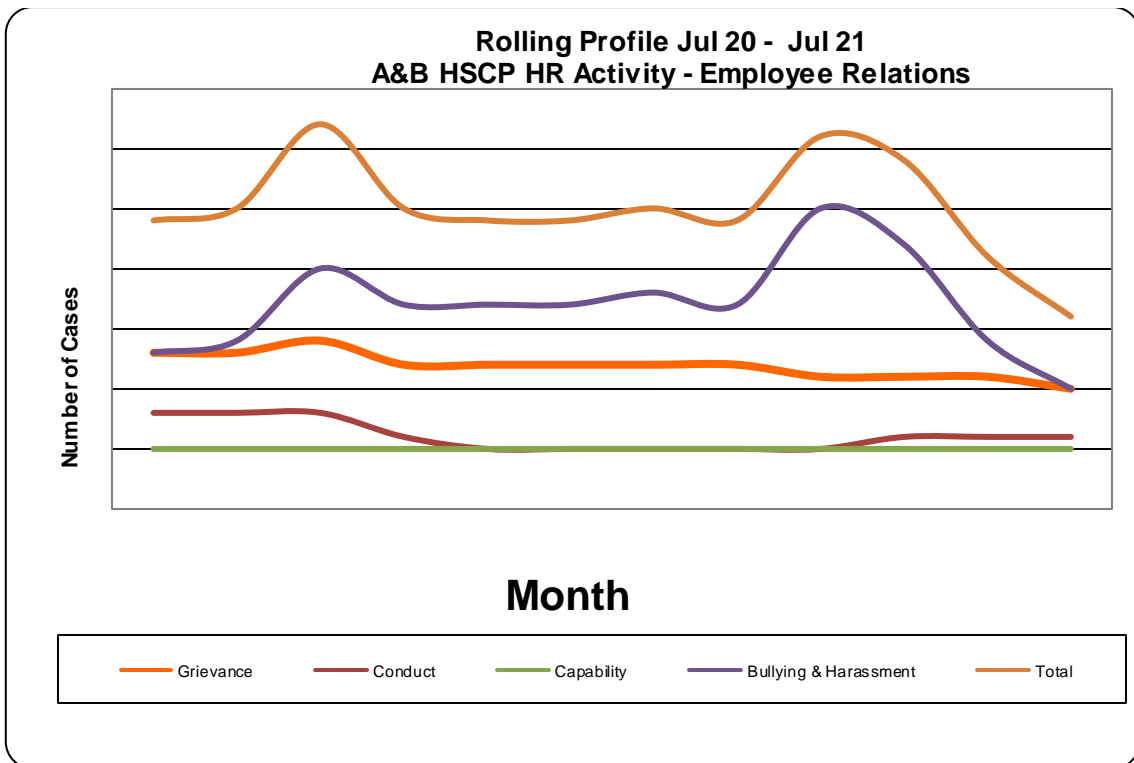
| Total Number of Casual Workers (some also on Perm/Temp contracts) | Apr 21 | May 21 | Jun 21 |
|---|------------|------------|------------|
| Older Adults & Hospital Services | 574 | 547 | 535 |
| MH, LD & Addiction Services | 146 | 129 | 128 |
| Children, Families and Justice | 181 | 181 | 182 |
| OVERALL TOTAL | 901 | 857 | 845 |

Appendix 5 – Employee Relations Cases

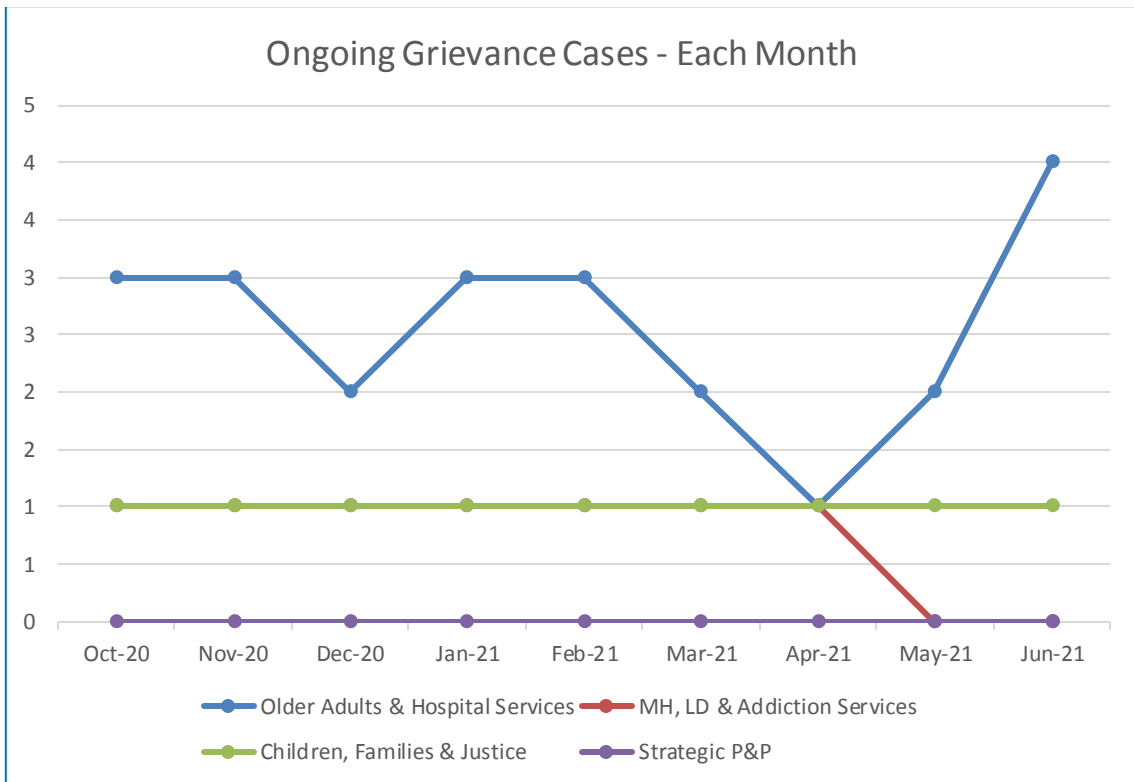
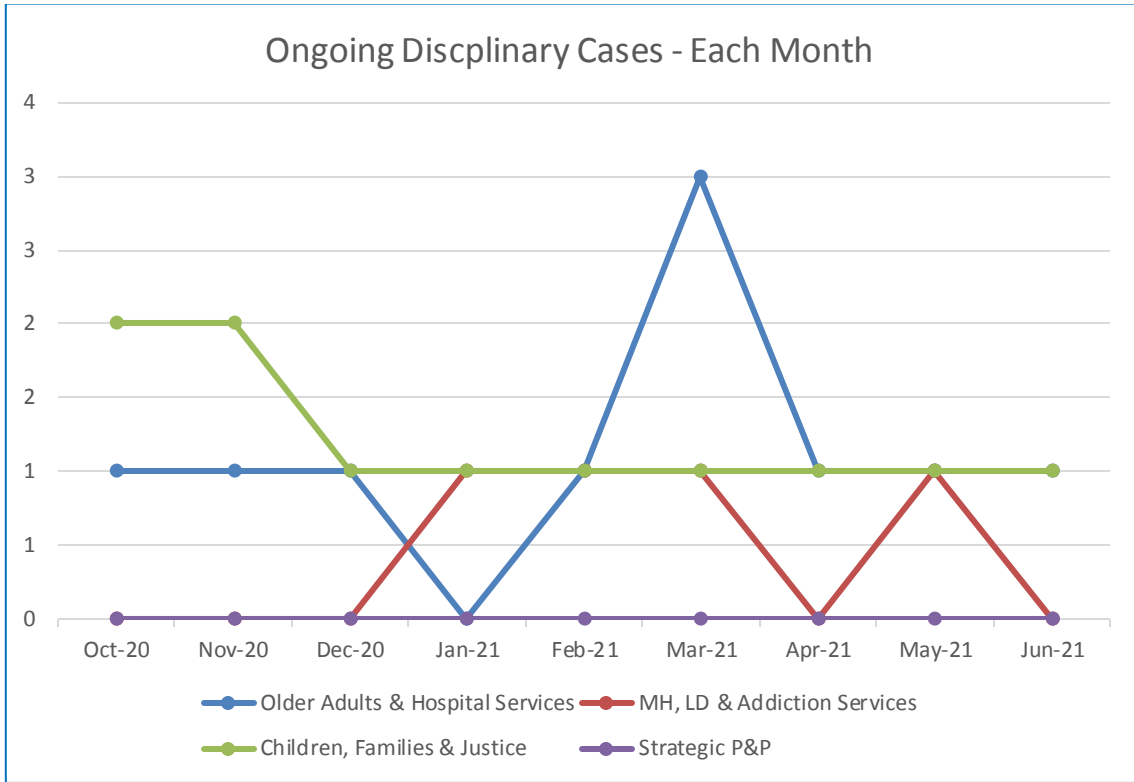
5a NHS ER cases

| NHS | Apr 21 | May 21 | Jun 21 | Q1 New | Q1 Completed/ Closed |
|-----------------------|-----------|-----------|-----------|----------|-------------------------|
| ER ALL | | | | | |
| Grievance | 6 | 6 | 5 | 0 | 2 |
| Conduct | 1 | 1 | 1 | 1 | 1 |
| Capability | 0 | 0 | 0 | 0 | 0 |
| Bullying & Harassment | 17 | 9 | 5 | 0 | 13 |
| Totals | 24 | 16 | 11 | 1 | 16 |

NHS



Appendix 5 b - Council Social Work/Care ER cases





Integration Joint Board

Date of Meeting: 15th September 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;
- ◇ Update on the remobilisation planning in 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.
- Vaccination programme for COVID-19 – has made great progress in A&B since its inception in December 2020.
- Remobilisation, in terms of both health improvements and winter planning.

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.

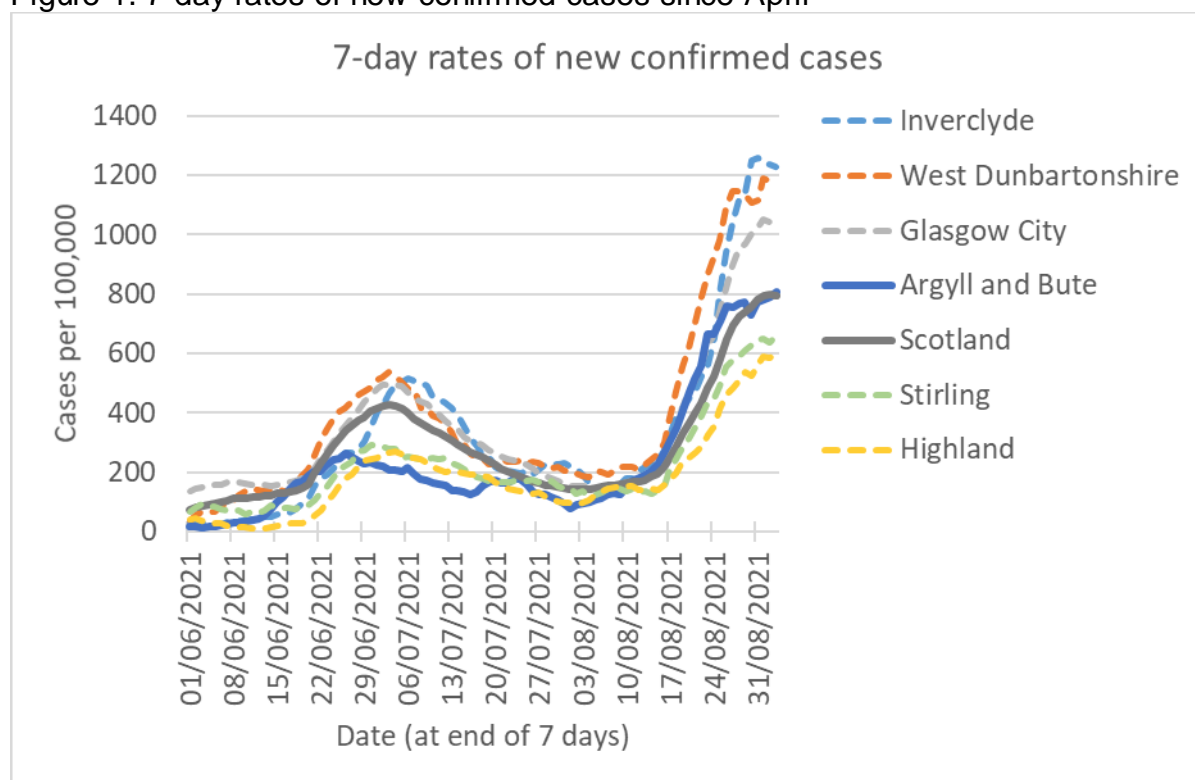
3. DETAIL OF REPORT

A. Epidemiology of COVID-19 in Argyll and Bute

Confirmed cases in Scotland

- As of the date of writing (7th September 2021), 7-day rates of confirmed COVID-19 cases in Scotland are higher than the peak of any other wave of the pandemic in Scotland.
- 7-day rates of confirmed cases in Argyll and Bute rose rapidly during August and, to date, remain high at almost 800 new confirmed cases per 100,000 population at the beginning of September.
- Test positivity is also high with 13% of PCR tests positive in the 7-days to 3rd September in Scotland and in Argyll and Bute.
- Daily 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: 6th September

Epidemiology Briefing – NHS Highland

The report in Appendix 1, was prepared on 6th September by the Public Health Intelligence team within the Public Health Department of NHS Highland. It offers snapshots of information through tables and graphs.

- Rates of confirmed cases in Argyll and Bute are, at this timepoint, highest in those aged 15-19, followed by those age 20-24.
- Up to 3rd September, 7-day reates from highest in Helensburgh, followed by Oban, Lorn and the Isles, with Cowal and Bute also experiencing high

rates of cases (>700 per 100,000) and >300 cases per 100,000 across Mid-Argyll, Kntyre and Islay.

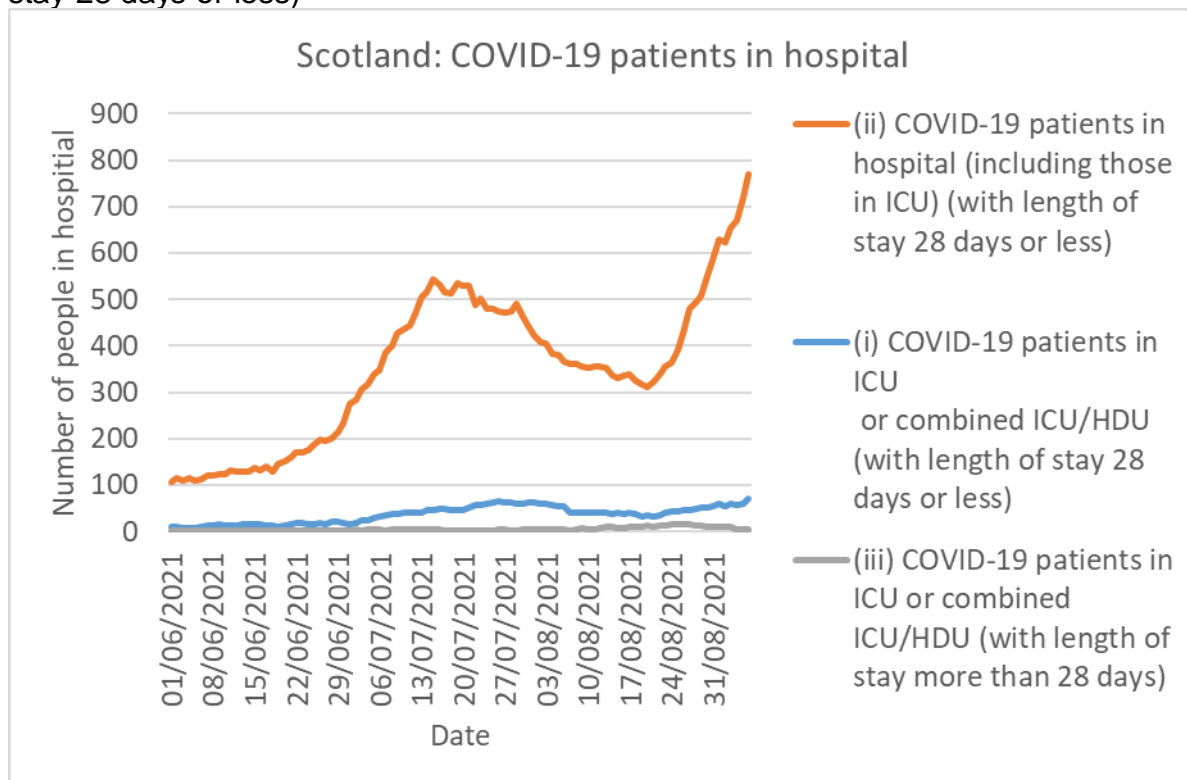
Modelling

As reported by the Scottish Government on 2nd September, with estimates at 17th August:

- The modelled estimate for R is between 1.3 and 1.6 at 17th August, with the growth rate between 5% and 10%.
- Waste water measures of viral RNA have risen to the highest level seen.
- Although there was considerable uncertainty in terms of actual numbers, future hospital occupancy and intensive care use are likely to continue rising as infections rise.
- At 6th September, there were reported to be 771 COVID-19 patients in hospital. This compares to a peak of 2,053 patients at 22nd January 2021.
- At 6th September, there were reported to be 71 COVID-19 patients in ICU or ICU/HDI. This compares to a peak of 161 patients at 22nd January 2021.

[Coronavirus \(COVID-19\): modelling the epidemic - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-covid-19-trends-in-daily-data/)

Figure 2. COVID-19 patients in hospital (including those in ICU) (with length of stay 28 days or less)



<https://www.gov.scot/publications/coronavirus-covid-19-trends-in-daily-data/> Date updated: 6th September

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 h8:00 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 business 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 positives 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 allows 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 of 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.

Testing for members of the public in Argyll and Bute is available via several methods:

- Helensburgh and Oban have testing sites available seven days a week via a drive through and walk-through site respectively.
- Postal tests are available seven days a week to all mainland post codes in Argyll and Bute. Work is underway establish this service on some of the islands with Bute and Mull expected to come online in the coming weeks.
- Scottish Fire and Rescue Service (SFRS) provide postal tests at fire stations, they then arrange courier transport for specimens to labs or provide

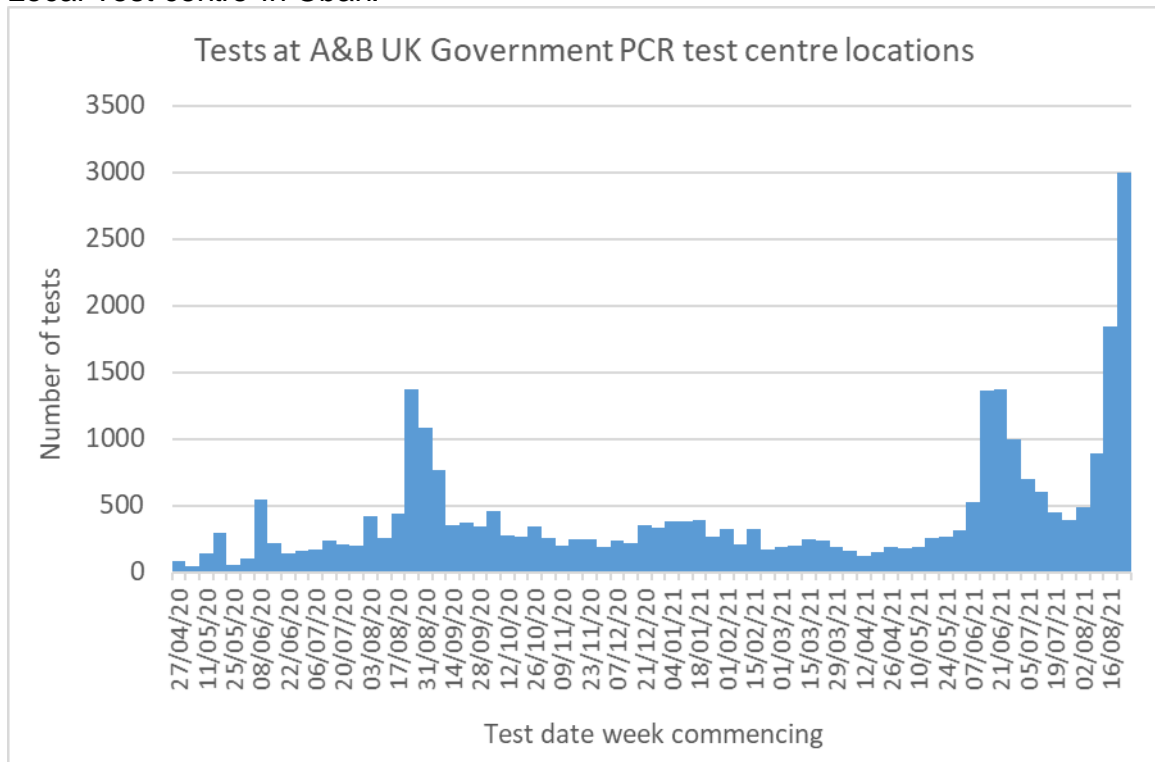
information on how to post completed tests using a priority post box. SFRS recently introduced testing on Gigha, Iona and Mull due to an increase in local demand for testing. They continue to provide testing in; Arrochar, Campbeltown, Cove (Loch Long), Dunoon, Lochgilphead, Tarbert and Rothesay.

- Islands including Coll, Colonsay, Gigha, Islay, Jura, Lismore and Tiree have bespoke arrangements in place for accessing a PCR test. These pathways are monitored regularly and adapted when necessary.

If there is a significant or sustained increase in transmission within a particular geographical area a mobile testing unit (MTU) may be deployed to increase PCR testing capacity. This occurred in Bute in the latter half of August 2021, due to rising incidence in Bute, particularly within Rothesay.

Figure 3 shows the volume of tests conducted at testing site within Argyll and Bute and shows the increase in testing volume towards the end of August.

Figure 3. Volume of PCR tests conducted through Mobile Testing Units or the Local Test centre in Oban.



Data source: NSS Test and Protect Data Virtualisation Layer, NHS Highland BI Data Warehouse. Date updated: 7th September. Includes sites not open at present e.g. Mobile testing units in various locations in Argyll and Bute.

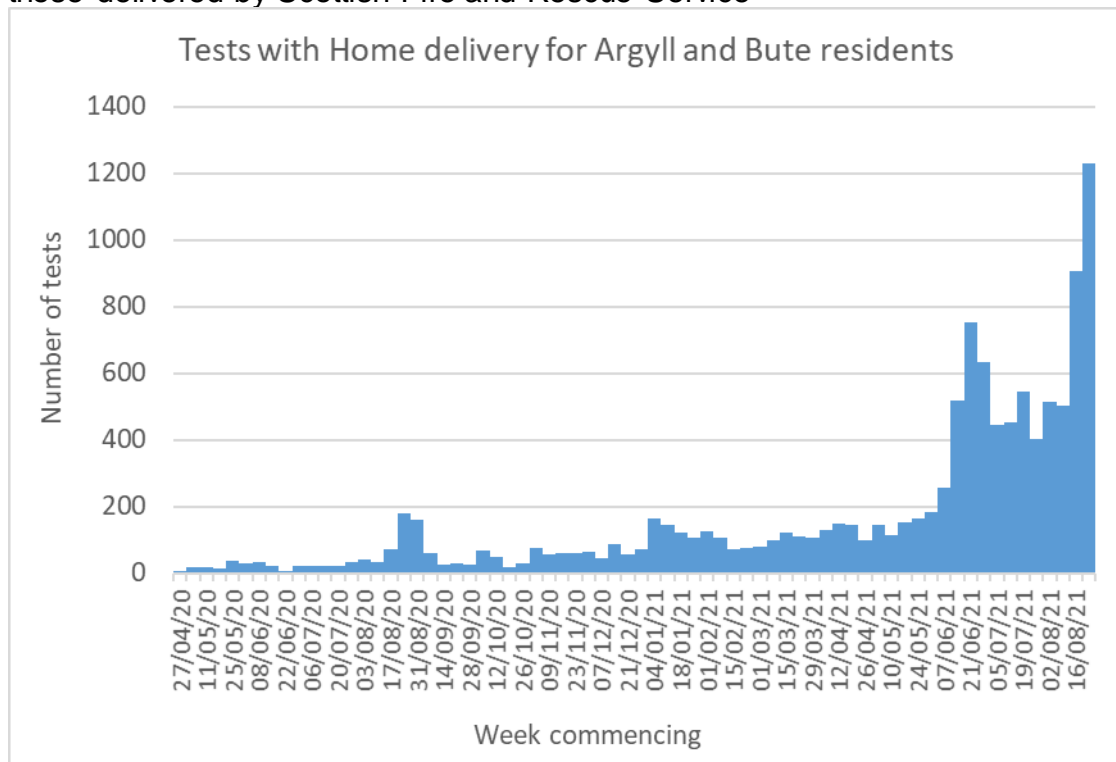
Postal tests are available seven days a week to all mainland post codes in Argyll and Bute.

Scottish Fire and Rescue Service (SFRS) provide postal tests at fire stations, they then arrange courier transport for specimens to labs or provide information on how to post using a priority post box. SFRS recently introduced testing on Gigha, Iona and Mull due to an increase in local demand for testing. They

continue to provide testing in; Arrochar, Campbeltown, Cove (Loch Long), Dunoon, Lochgilphead, Tarbert and Rothesay. Islands including Coll, Colonsay, Gigha, Islay, Jura, Lismore and Tiree have bespoke arrangements in place for accessing a PCR test.

Figure 4 shows the volume of tests conducted via 'Home delivery' for people identified as living in Argyll and Bute. 'Home delivery' includes tests provided through SFRS. As the SFRS was introduced, testing volume via 'Home delivery' increased. In addition, there has been an increase in volume of testing via this route towards the end of August in line with overall increased demand for testing.

Figure 4. Volume of PCR tests conducted through postal pathways including those delivered by Scottish Fire and Rescue Service



Data source: NSS Test and Protect Data Virtualisation Layer, NHS Highland BI Data Warehouse. Date updated: 7th September. Includes sites not open at present e.g. Mobile testing units in various locations in 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, this is measured against submissions of results on the portal compared to eligible staff figures. NHS Highland staff participation rate is around 20%, despite this 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 since the initial rollout of the testing programme. National Services for Scotland (NSS) supply all pathways from a central hub. Innova kits containing 25 tests have been distributed to date, when testing twice per week a kit will last approximately 12 weeks. Innova kit supplies for Health and Social Care staff will be exhausted and replaced by Orient Gene kits containing seven tests by January 2022.

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 approximately 3500 kits have been issued to NHS staff.

Localities can request kits to meet local demand, these are then despatched from Mid Argyll. All future requests by localities will be supplied with Orient Gene 7s test kits.

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 3553 kits have been issued to staff from PPE hubs. Both internal and external services are supplied kits via this pathway.
- The rollout began in early February.
- Volumes requested suggest most 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.
- PPE Hubs are being issued with Orient Gene 7s once Innova 25s supplies run out. It is anticipated this will occur from autumn 2021.

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. Push allocations from August 2021 will provide Orient Gene 7s instead of Innova 25s.

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.

Business Intelligence and Health Intelligence teams have produced a dashboard for NHS Highland containing data for Council area and job role, whilst this is an improvement data fields are not yet complete. The dashboard

can be accessed at:

<http://nhshrmsql09c/reports/powerbi/COVID19%20Testing/Covid%20Testing>

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 in the week beginning 15/02/2021 to fewer than 3900 results entered in the week beginning 23/08/2021. The Scottish Government has placed a target of 80% staff participation for NHS staff.

A reporting system has been developed for internal Social Care staff. The data available indicates high levels of compliance and continuity with the testing programme. To date there have been four inconclusive tests and three 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 was submitted to the Scottish Government on the 28th May, a response from the Scottish Government praised the efforts by staff working on the programme in NHS Highland. Improvement calls between NHS Highland and the Scottish Government were ceased due to the quality of the improvement plan.

Communications and documentation is in development to ensure a smooth transition from use of Innova 25s to the Orient Gene 7s test kits.

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 as part of the test to protect strategy.

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

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>

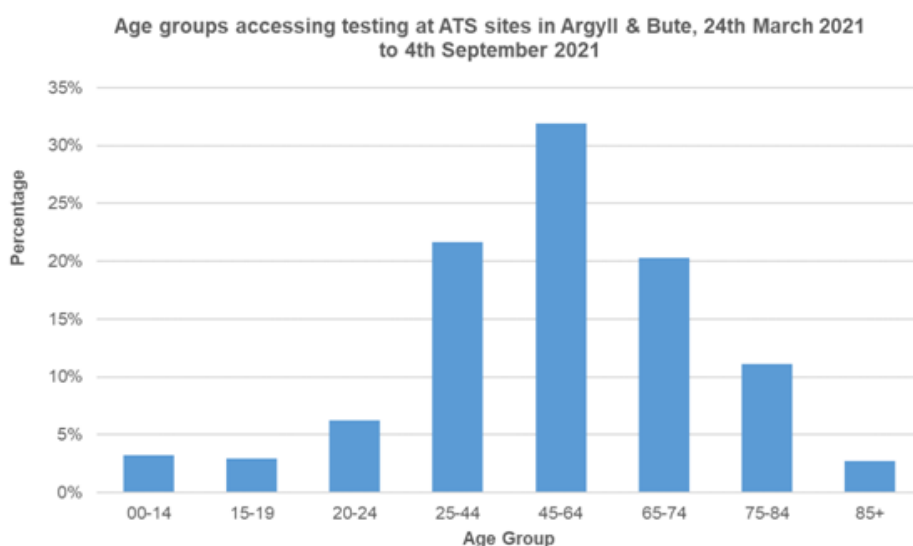
people who are unknowingly infected with the COVID-19 virus and who may subsequently transmit the virus to other people. Positive LFD results have potentially led to earlier identification and isolation of confirmed PCR cases. Another key objective of this type of testing is to normalise testing in communities 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. In addition, pop-up sites are deployed weekly 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 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 out using Lateral Flow Device (LFD) tests which provide results in 30 minutes (although the testing sites are transitioning to a new test which only takes 15 minutes and requires a nasal swab only). People receiving positive results with this form of testing are referred for a confirmatory PCR test to confirm the result is positive or negative. From the 8th June 2021, home PCR tests have been made available at the Community Testing Sites for those who are unable to travel to the closest PCR testing site or those who have been identified as a close contact of a positive case. Furthermore, LFD collect has also been added to the service provided. There are known barriers to people accessing testing and wrap around support via a helpline which provides support for a range of needs such as loneliness, mental health problems, money worries or access to food while self-isolating. Calls to the helpline remain low. The implementation plan also recognises the importance of clear communication messages for the public and a communication plan is in place to ensure the public are aware of the testing sites. Work is underway to increase uptake in those aged 44 and under with a pilot assertive outreach plan in development in an effort to attract those in the age groups who are commonly testing COVID positive.

Results

- By the 4th September, 1643 tests have been conducted at the Asymptomatic Test sites since March 2021. Five tests were positive and five inconclusive.
- Testing at 'spoke' sites started in May.
- From the 8th of June, an LFD collect service was added and 165 LFD kits have been handed out to the public.
- 95 PCR home test kits have been distributed to the public.

Volume of testing by location 24th March 2021 to 4th September 2021

| ATS site | Test results | | | Testing volume |
|---------------------------|--------------|----------|--------------|----------------|
| | Negative | Positive | Insufficient | |
| Campbeltown Victoria Hall | 97 | - | - | 97 |
| Dunoon Queens Hall | 216 | 1 | 2 | 219 |
| Garelochhead | 25 | - | - | 25 |
| Helensburgh Parish Church | 1,007 | 3 | 3 | 1,013 |
| Inveraray | 15 | - | - | 15 |
| Lochgilphead | 23 | 1 | - | 24 |
| Mull | 148 | - | - | 148 |
| Oban Corran Halls | 25 | - | - | 25 |
| Rothsay Moat Centre | 18 | - | - | 18 |
| Tarbert Village Hall | 24 | - | - | 24 |
| Taynuilt | 35 | - | - | 35 |
| Grand total | 1,633 | 5 | 5 | 1,643 |



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.

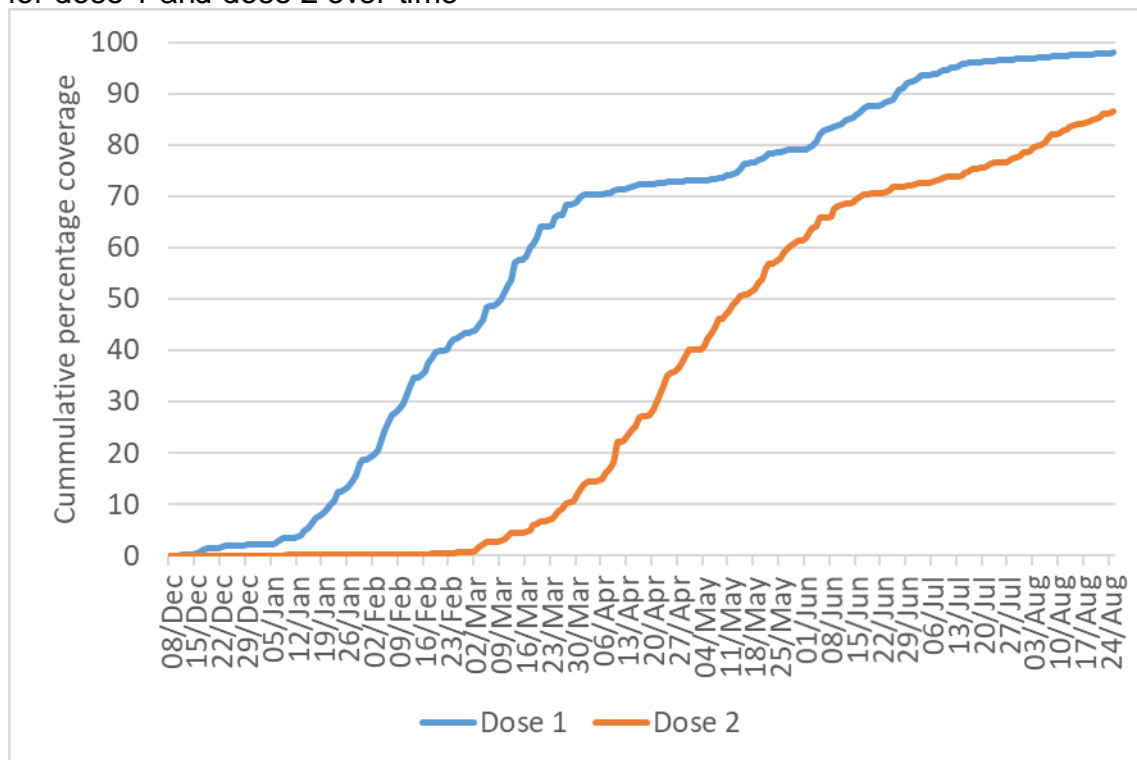
A significant number of people were identified living in the Cardross area who were registered with GPs in Dumbarton but as the vaccine programme is based on board of residence these people were initially missed as not identified in our GP lists. Significant measures were put in place to identify these 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

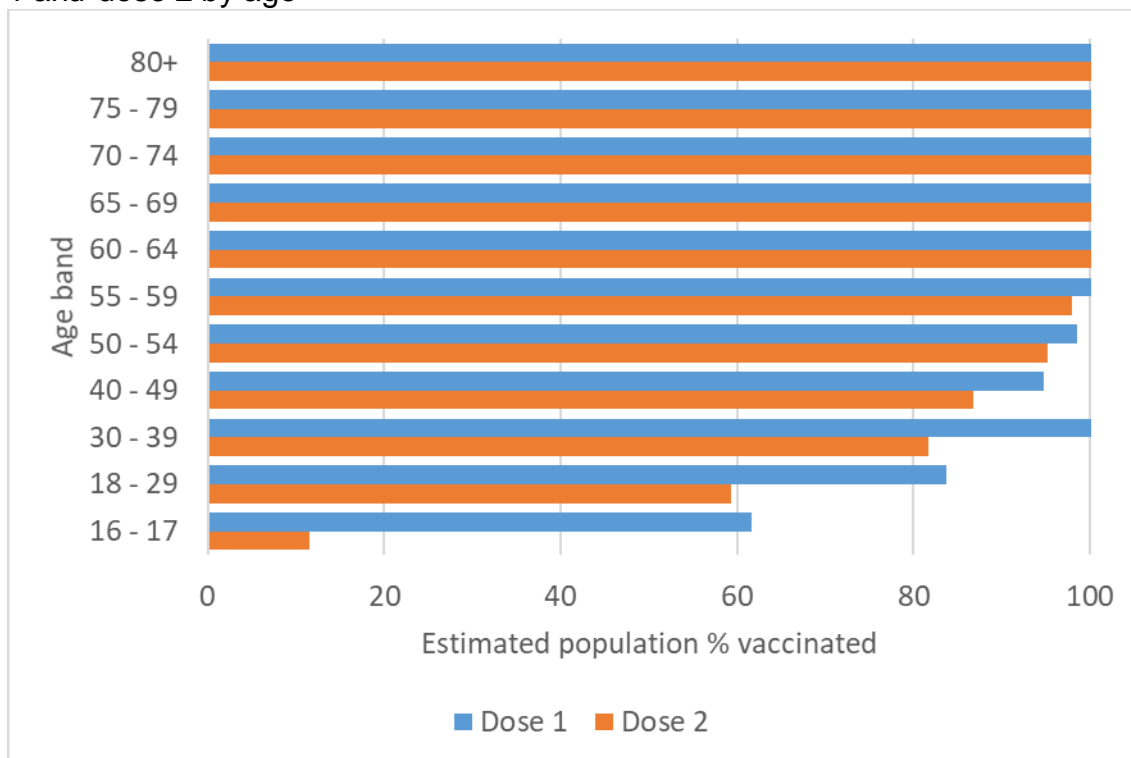
- Public Health Scotland report that 69,987 people in Argyll and Bute (an estimated 98.4% of the population aged 18+) have had a first dose (up to 6th September, updated 7th September).
- 64,166 people in Argyll and Bute (an estimated 90.2% of the population aged 18+) have had a second dose (up to 6th September, updated 7th September).
- An estimated 61.7% of those aged 16 and 17 have had a first dose and 11.5% of a second dose in Argyll and Bute (Figure 3).

Figure 3 Estimated percentage coverage for Argyll and Bute residents aged 18+ 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 4 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 \(nhs.scot\)](#) Date updated: 6th September

D. Remobilisation planning

The Health Improvement Team is responsible for planning and delivering activity and programmes to improve health and wellbeing outcomes and prevent and/or reduce the occurrence of health problems. This work is delivered in partnership with communities and a wide range of partners. Community and Locality Planning is often the locus for health improvement.

Throughout the pandemic across Scotland, the health improvement workforce has been a readily available resource to support the urgent emergency response. In Argyll and Bute the health improvement team has supported community resilience, Covid-19 testing and the vaccination programme. However, this has been to the detriment of core health improvement business and there will be long term implications to health if health improvement is not fully remobilised. Action is ongoing at a number of levels to support this remobilisation:

- **Local** – Dynamic operational planning in Argyll and Bute over the past 18 months to ensure remaining capacity of health improvement team responds to most important needs and staff are not overwhelmed. These priorities include suicide prevention, mental health engagement, Living Well strategy and child poverty. This means there is currently less capacity to support corporate functions in the HSCP like engagement and equality impact assessments.
- **Board wide** – NHS Highland’s remobilisation plan produced in summer 2021 recognises redeployment of the health improvement workforce across north Highland and Argyll & Bute. This is a feature of board wide

planning both within the senior leadership team and the wider health improvement function.

- **National** – Public Health Scotland has a role to support the development of the workforce and organised a series of workshops in September 2021. These workshops considered national action required to ensure a skilled workforce and how to inform clearer expectations for health improvement.

NHS Highland launched their Social Mitigation Strategy in March 2021 to ensure the organisation responds to the emerging priorities arising from the pandemic. It endorses underlying principles of health improvement which include the targeting of services and interventions to those most in need to reduce inequality, and working to prevent problems before they arise. Priorities in this strategy include mental wellbeing, violence against women, financial inclusion and child poverty, alcohol and drugs, and digital inclusion.

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. With all restrictions being lifted in Scotland, the chances for increased transmission will rise as well, so it remains a priority to continue monitoring the pandemic. 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.scot

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COVID-19 Epidemiology Report

6th September 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 03/09/2021

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 | 2146 | 668.8 | 365 | 113.8 |
| Argyll & Bute | 688 | 805.3 | 40 | 46.8 |
| Highland | 1458 | 619.3 | 325 | 138.0 |

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).

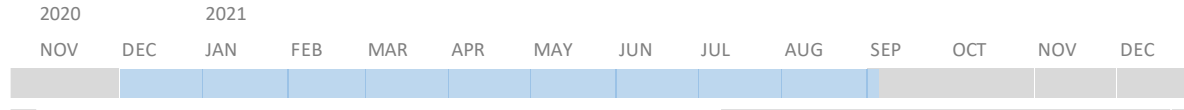
NHS Highland

Number of new positive cases of COVID-19

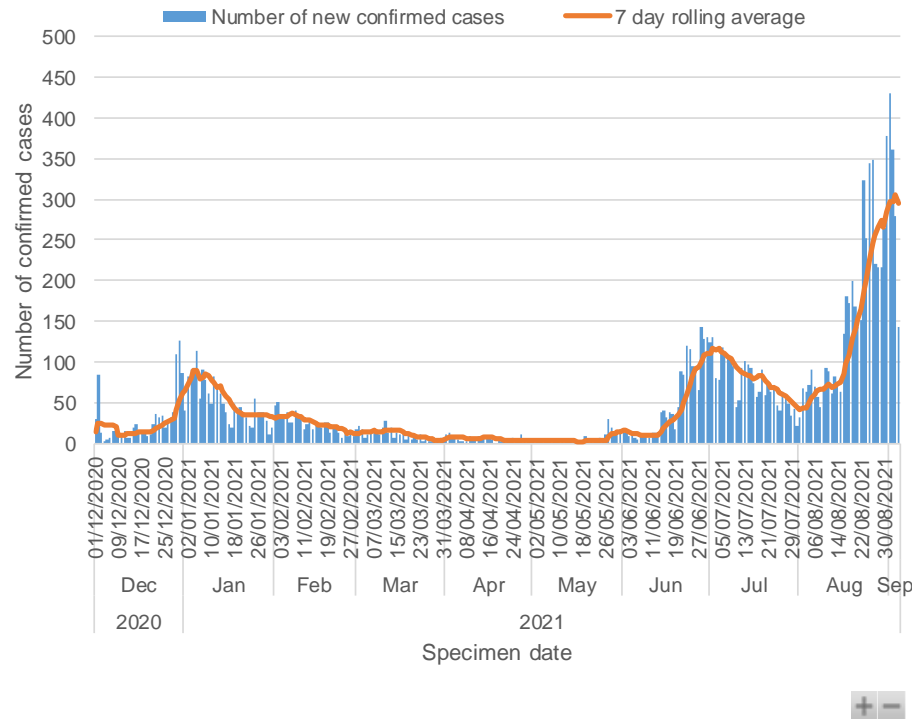


Dec 1, 2020 - Sep 4, 2021

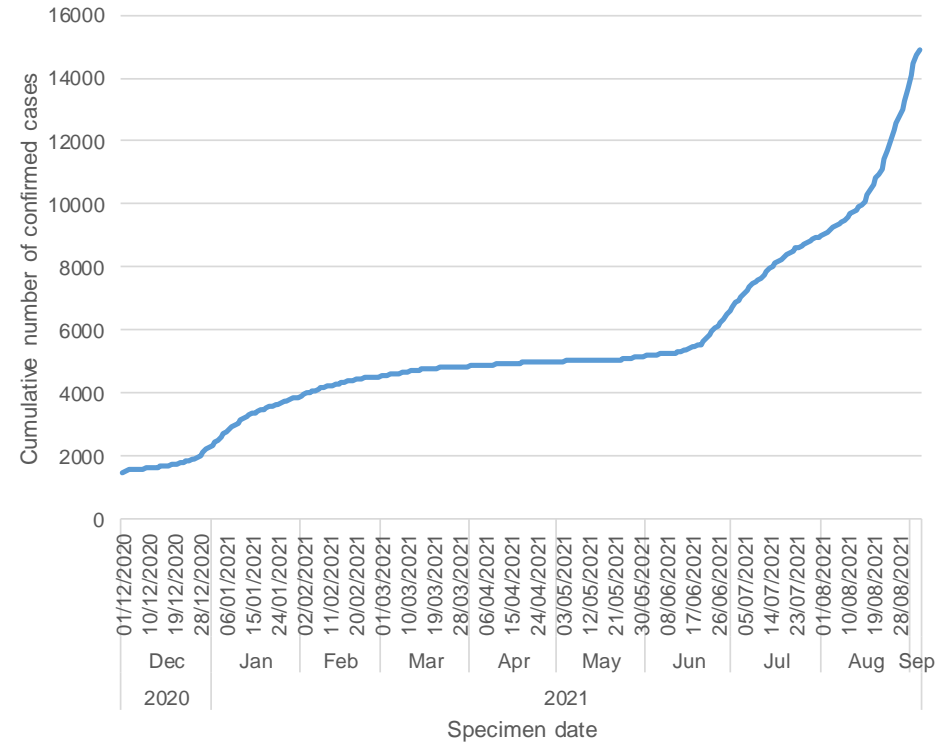
MONTHS ▾



Number of confirmed cases



Cumulative number of confirmed cases



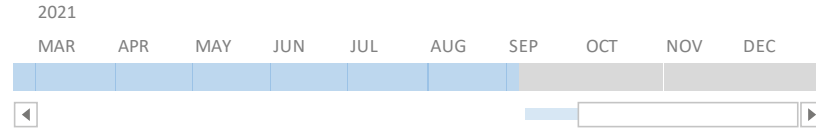
Testing rates vary across the week and data for the most recent three days will be partially complete

NHS Highland

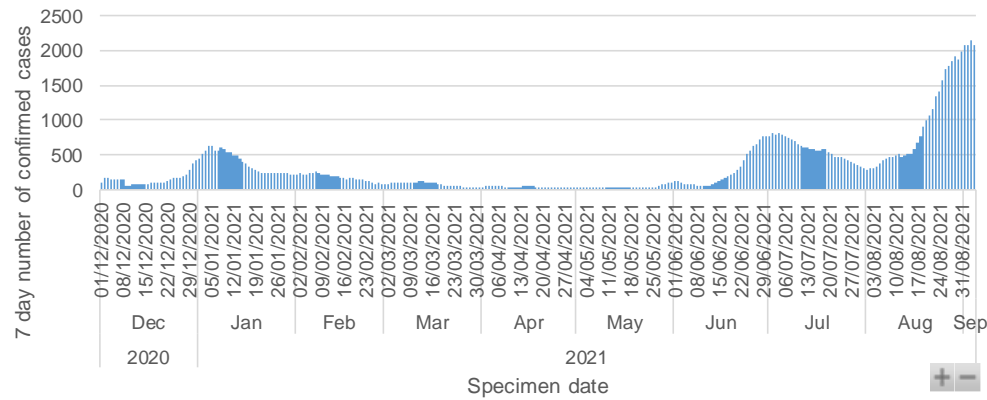
Number and rates of new cases of COVID-19 over 7 days

Dec 1, 2020 - Sep 4, 2021

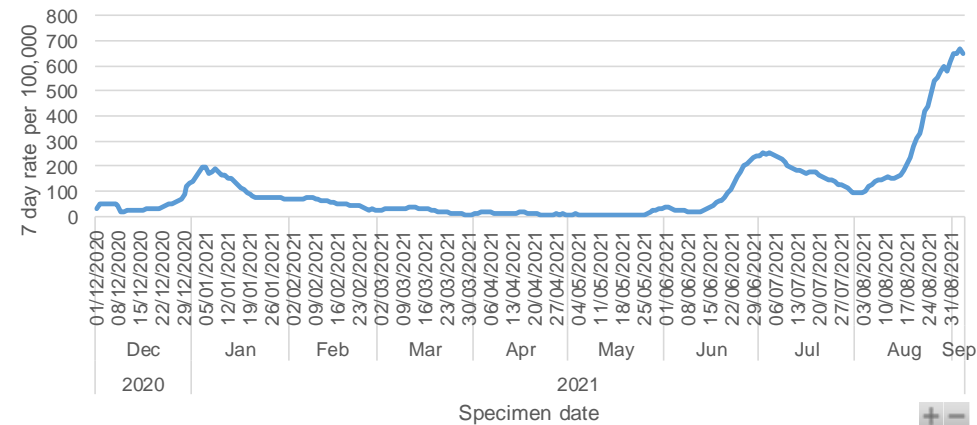
MONTHS ▾



Number of cases



Rates per 100,000 population



Select week ending date

Date

| | | | |
|------------|------------|------------|---|
| 05/09/2021 | 04/09/2021 | 03/09/2021 | ▲ |
| 02/09/2021 | 01/09/2021 | 31/08/2021 | ▼ |

| | Week beginning | Week ending | Number of cases | 7 day rate per 100,000 |
|----------|----------------|-------------|-----------------|------------------------|
| Selected | 28/08/2021 | 03/09/2021 | 2146 | 668.8 |
| Previous | 21/08/2021 | 27/08/2021 | 1781 | 555.1 |

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

Dec 1, 2020 - Sep 4, 2021

MONTHS ▾

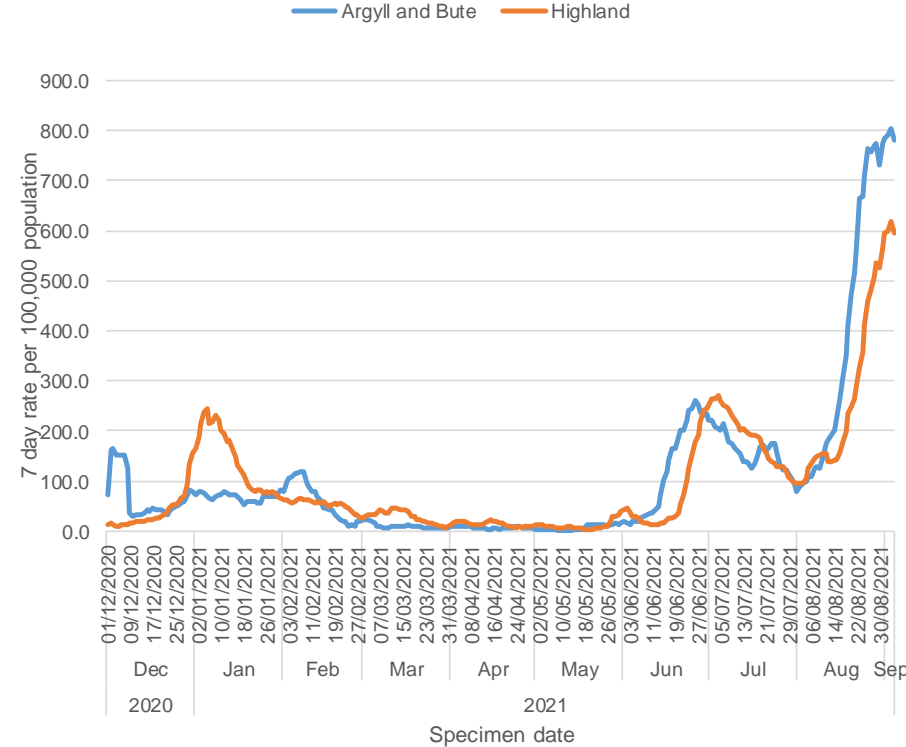
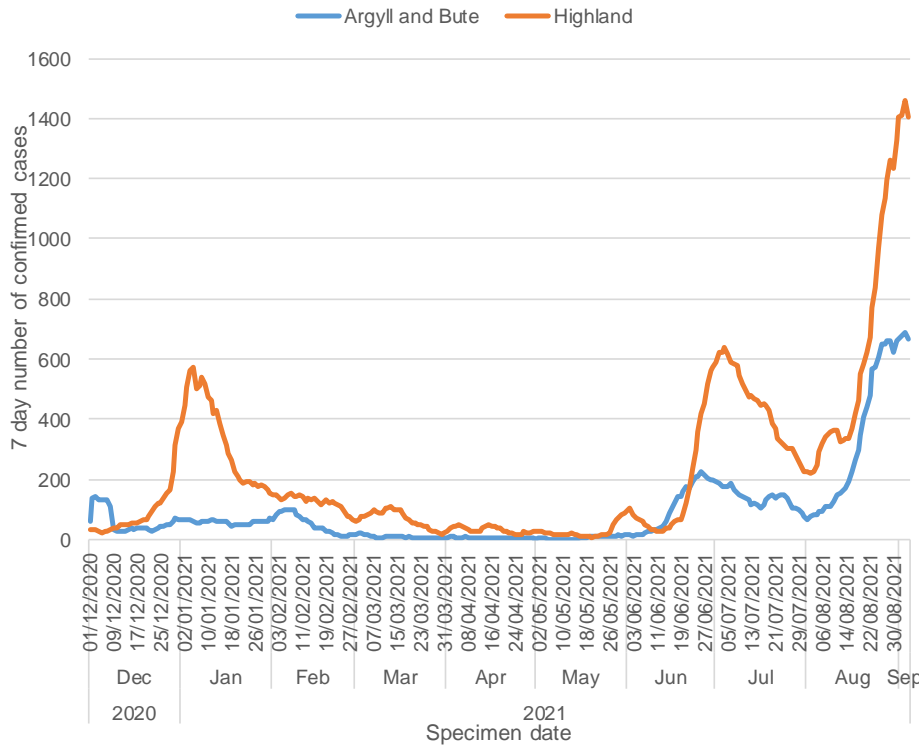


Argyll and Bute

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

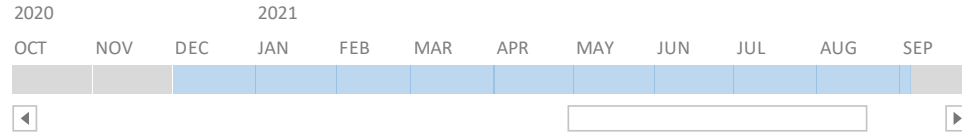
NHS Highland
Broad age category



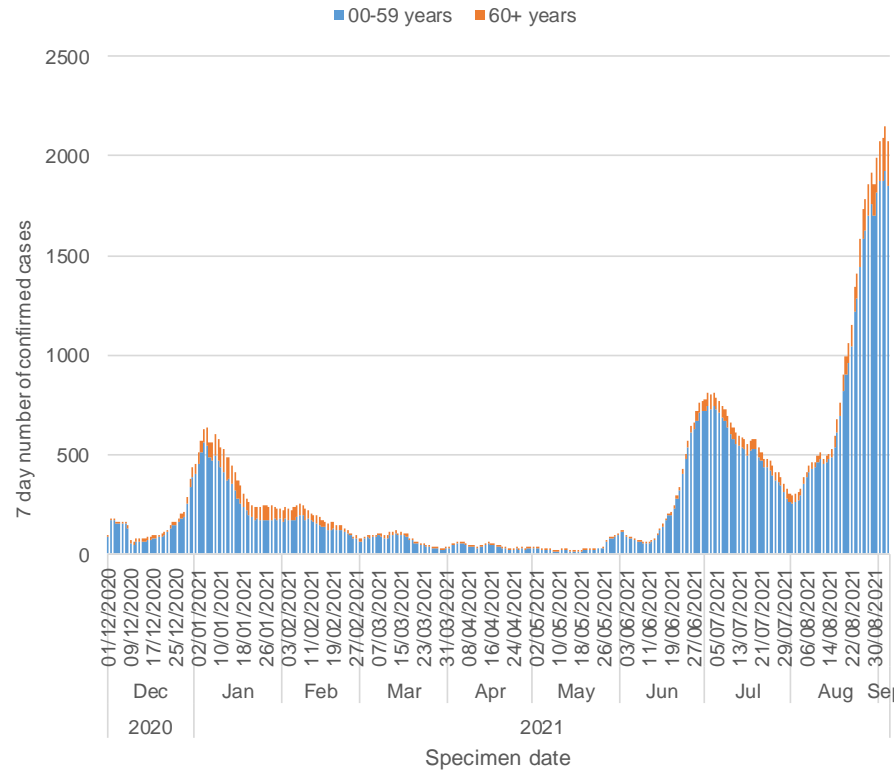
Date

Dec 1, 2020 - Sep 4, 2021

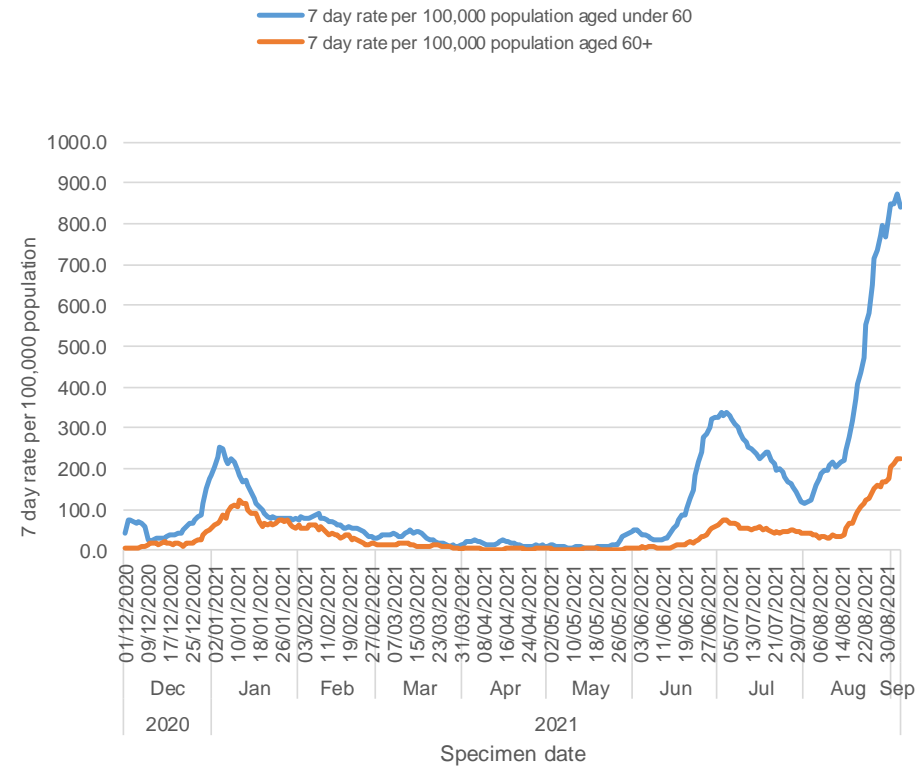
MONTHS ▾



Number of cases



Rates per 100,000 population

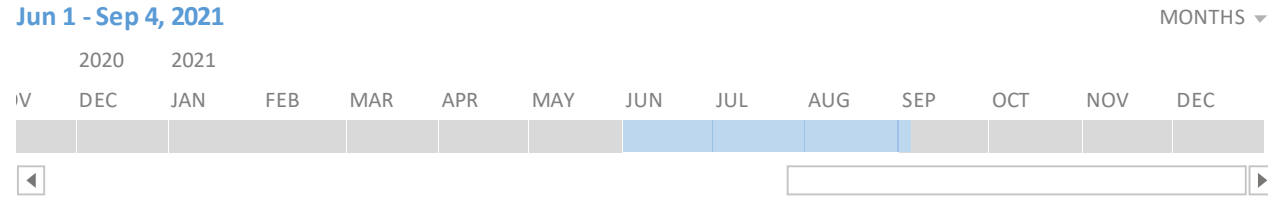


Testing rates vary across the week and data for the most recent three days will be partially complete

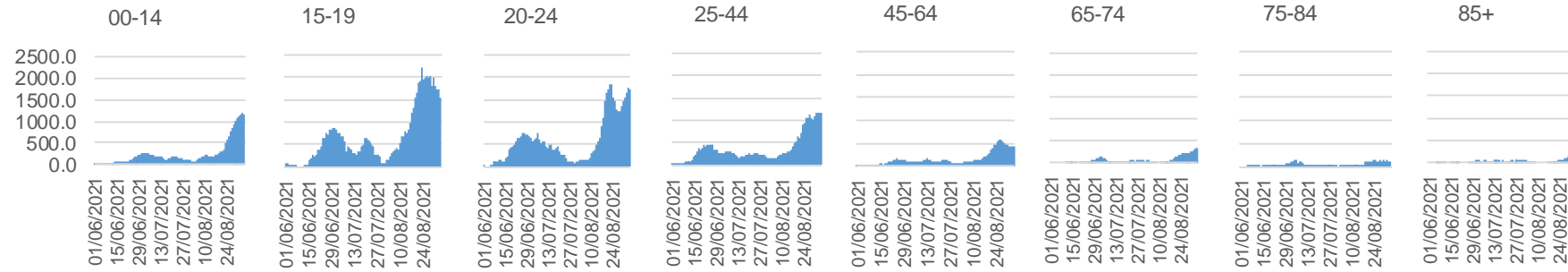
Rate of positive cases of COVID-19 per 100,000 population over seven days by age

NHS Highland Local Authority Areas

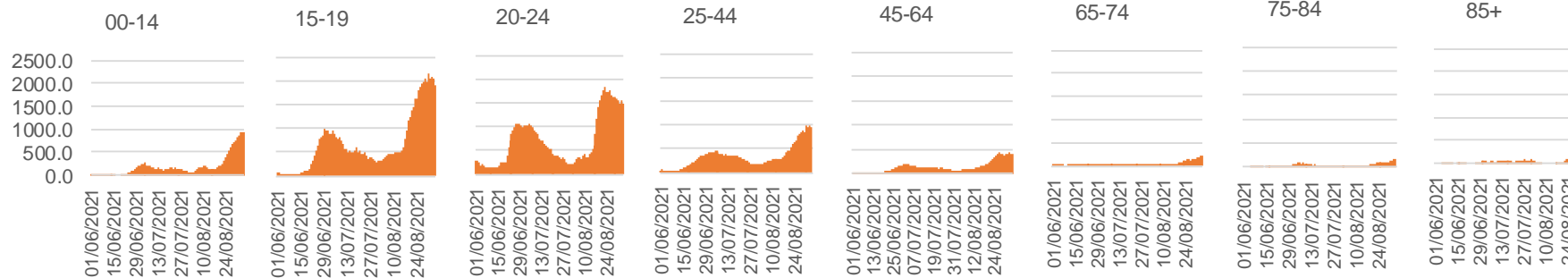
Broad age category



Argyll and Bute



Highland



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

NHS Highland Public Health Intelligence Team

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

NHS Highland

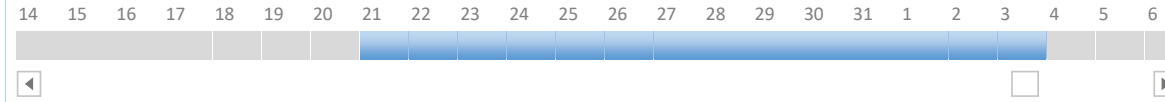
Age and gender

Aug 21 - Sep 3, 2021

AUG 2021

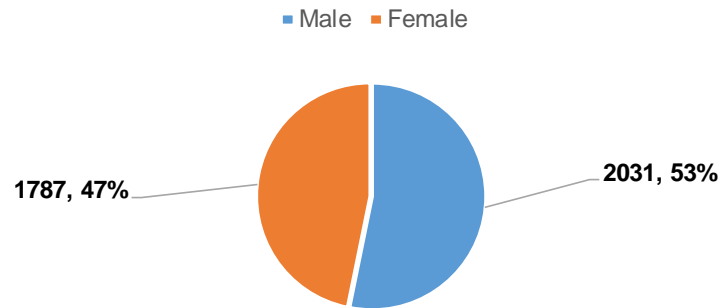
SEP 2021

DAYS ▾

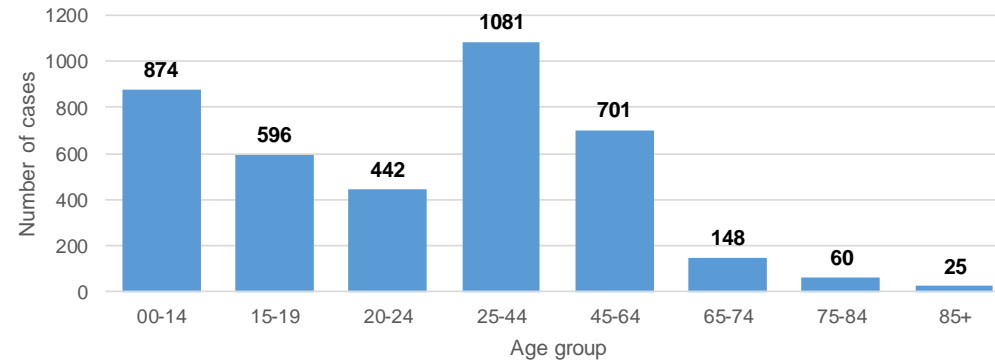


| | |
|-------------------------|------------|
| First date in selection | 21/08/2021 |
| Last date in selection | 03/09/2021 |
| Number of days | 14 |

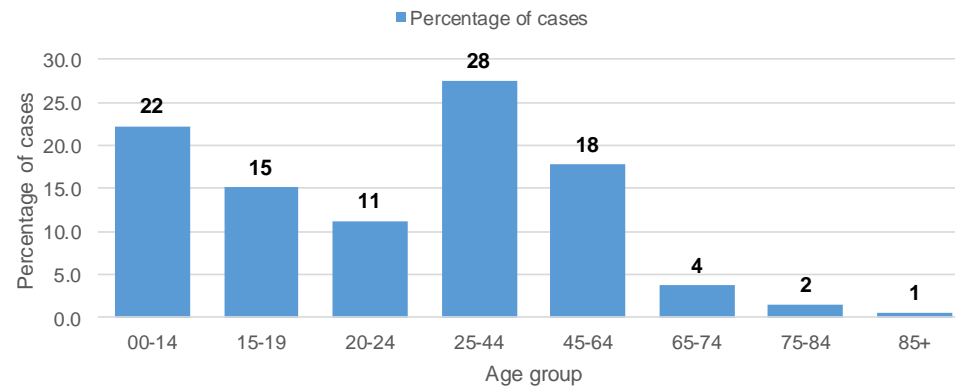
Number and Percentage of confirmed cases of COVID-19 between 21/08/21 and 03/09/21



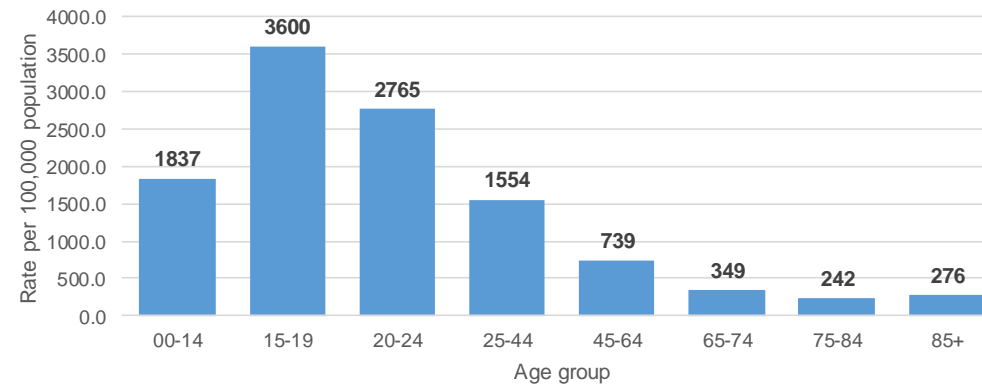
Number of confirmed cases of COVID-19 between 21/08/21 and 03/09/21



Percentage of confirmed cases of COVID-19 between 21/08/21 and 03/09/21

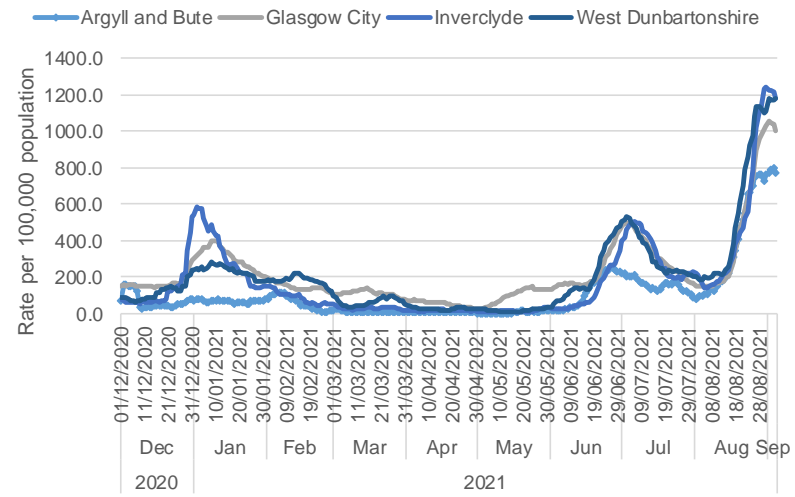


Rate of COVID-19 cases per 100,000 population between 21/08/21 and 03/09/21



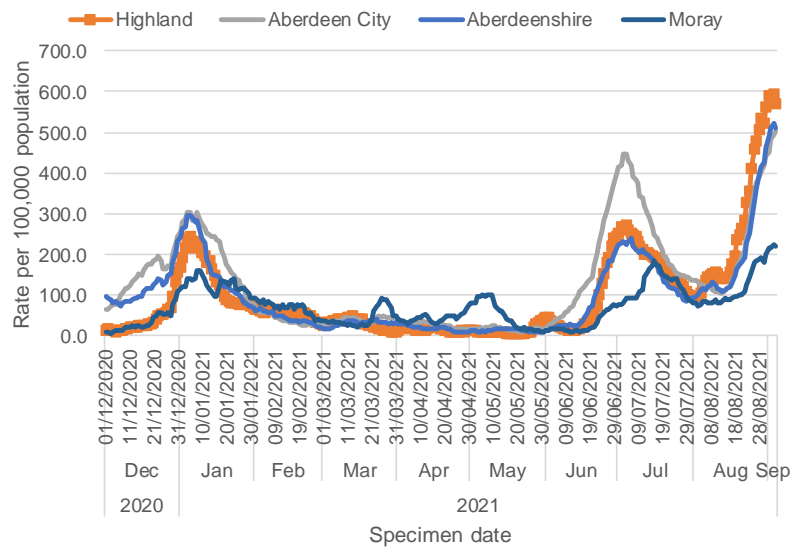
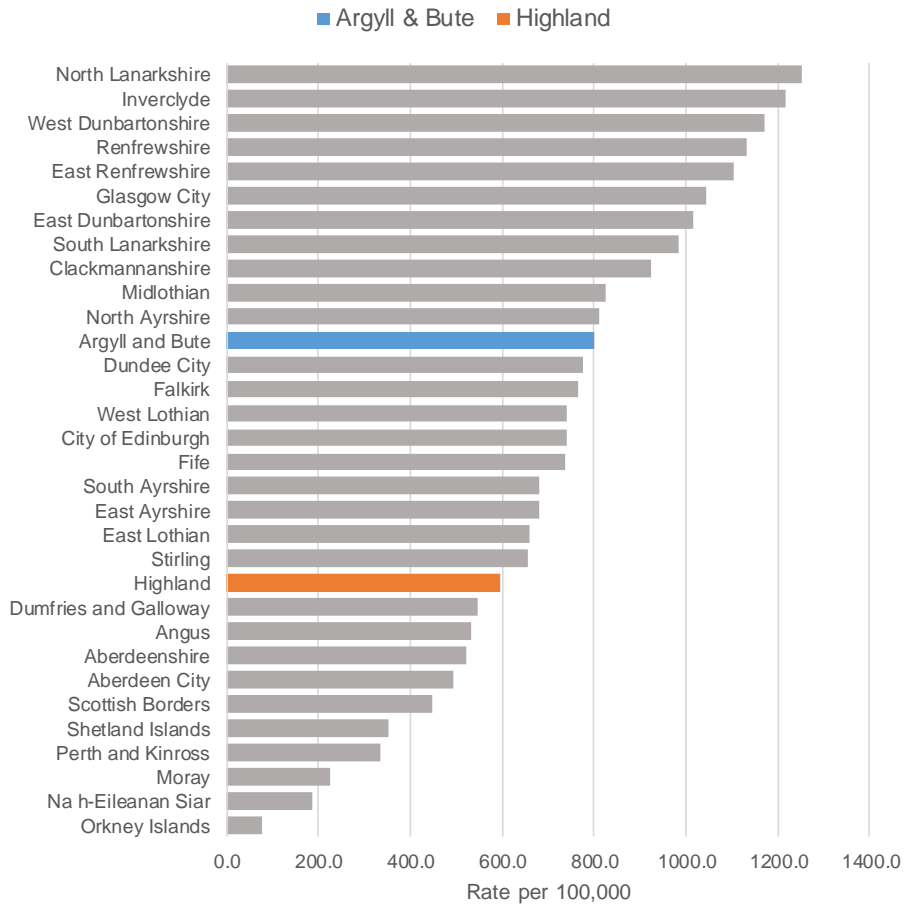
Confirmed new case rate per 100,000 population over 7 days

Local Authority Areas (selected)



05/09/2021 04/09/2021 03/09/2021

7 day rate per 100,000 population for the week ending 03 Sep 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

05/09/2021 ^

04/09/2021

03/09/2021

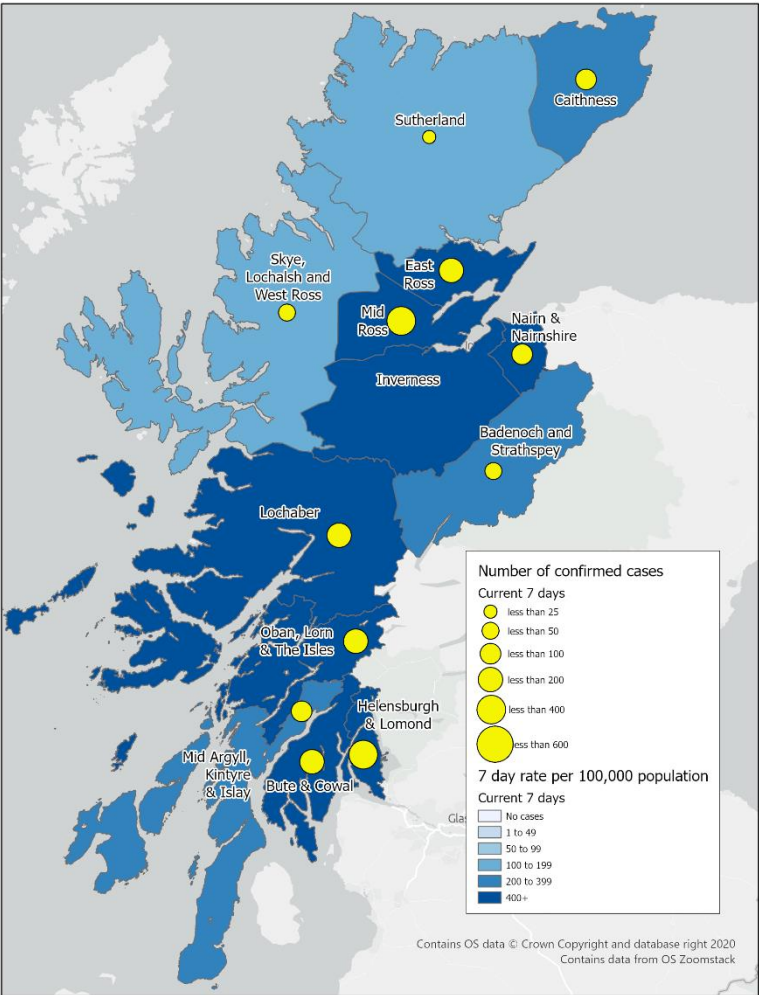
02/09/2021 v

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 (28/08/21 to 03/09/21) | Total number of confirmed cases over the previous 7 days (21/08/21 to 27/08/21) | Change in number of cases | Incidence rate per 100,000 population (28/08/21 to 03/09/21) |
|------------------------------|--|---|---------------------------|--|
| NHS Highland | 2146 | 1781 | + | 669 |
| Badenoch and Strathspey | 40 | 93 | - | 287 |
| Caithness | 68 | 42 | + | 270 |
| East Ross | 138 | 68 | + | 622 |
| Inverness | 646 | 491 | + | 791 |
| Lochaber | 165 | 219 | - | 838 |
| Mid Ross | 294 | 128 | + | 1089 |
| Nairn & Nairnshire | 55 | 37 | + | 409 |
| Skye, Lochalsh and West Ross | 36 | 35 | + | 186 |
| Sutherland | 16 | 20 | - | 125 |
| Highland | 1458 | 1133 | + | 619 |
| Cowal & Bute | 155 | 206 | - | 775 |
| Helensburgh & Lomond | 273 | 273 | nc | 1062 |
| Mid-Argyll, Kintyre & Islay | 71 | 49 | + | 357 |
| Oban, Lorn & The Isles | 189 | 120 | + | 953 |
| Argyll & Bute | 688 | 648 | + | 805 |

nc = no change

Current Week

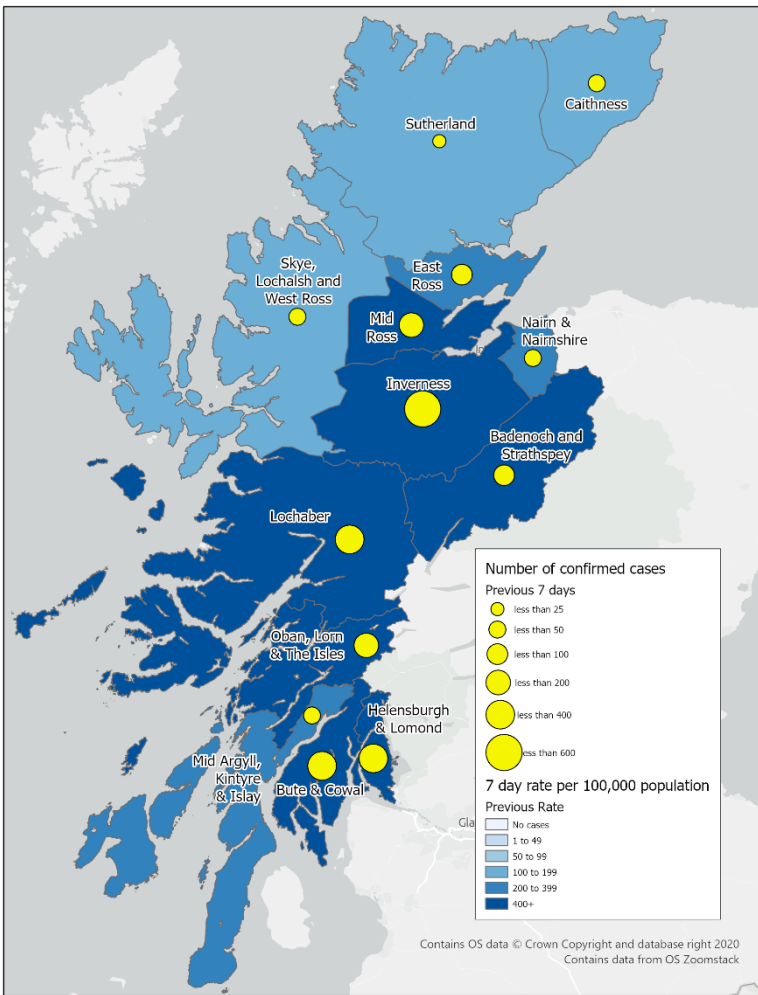


Confirmed cases of COVID-19 in the seven day period 28 August 2021 to 3 September 2021 by NHS Highland Community Partnership

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Directorate of Public Health
Public Health Intelligence Team
Larch House, Inverness
Date: September 2021

Previous Week



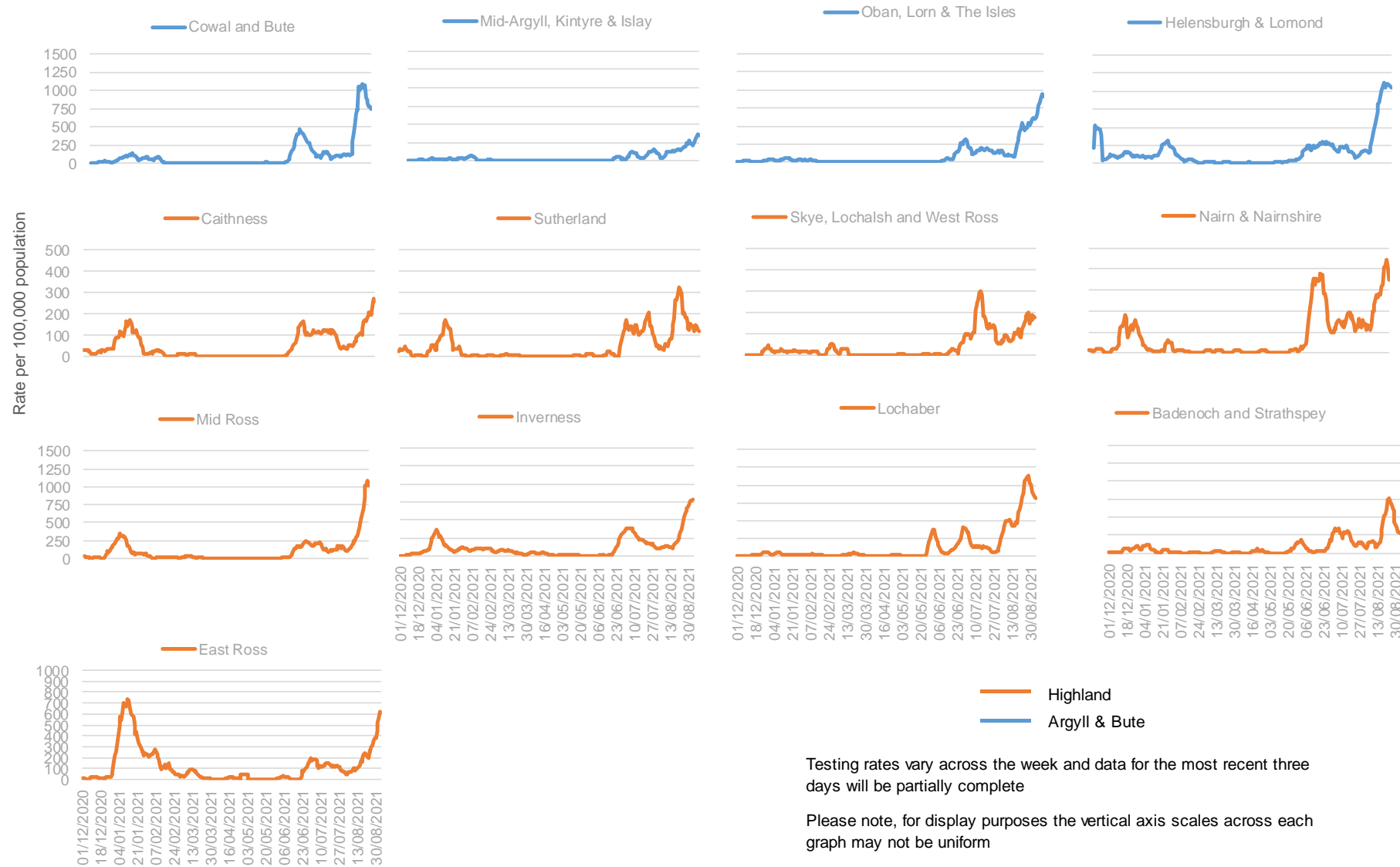
Confirmed cases of COVID-19 in the seven day period 21 August 2021 to 27 August 2021 by NHS Highland Community Partnership

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Directorate of Public Health
Public Health Intelligence Team
Larch House, Inverness
Date: September 2021

NHS Highland Community Partnerships

Confirmed case rate per 100,000 population over seven days



NHS Highland Community Partnerships

Rates of new cases over seven days: 28/08/2021 to 03/09/2021

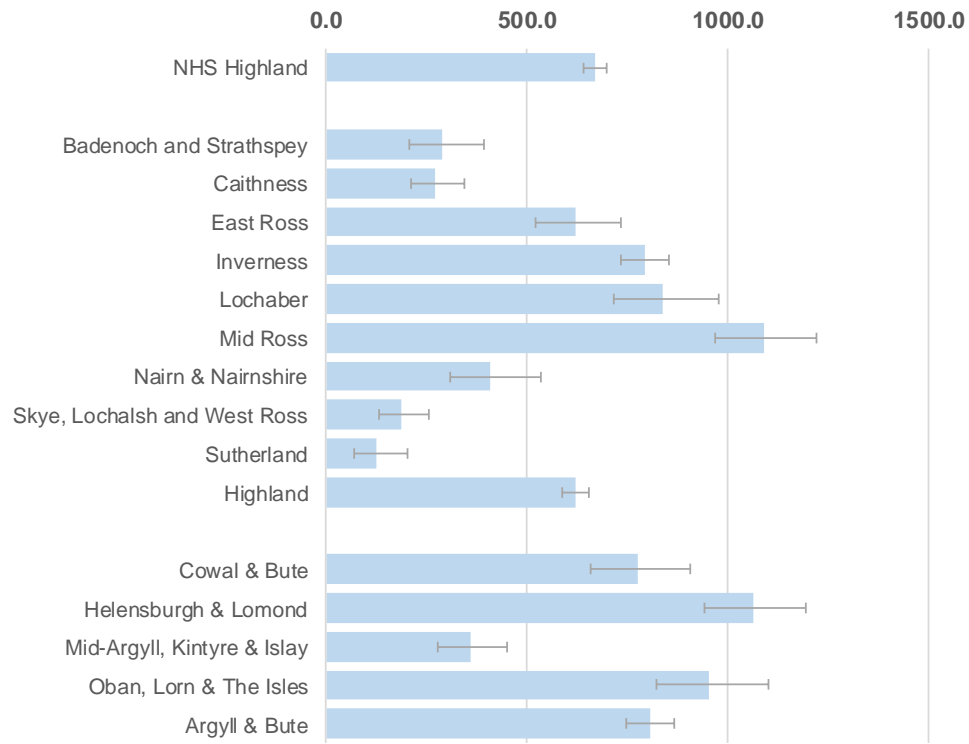


Select week ending date

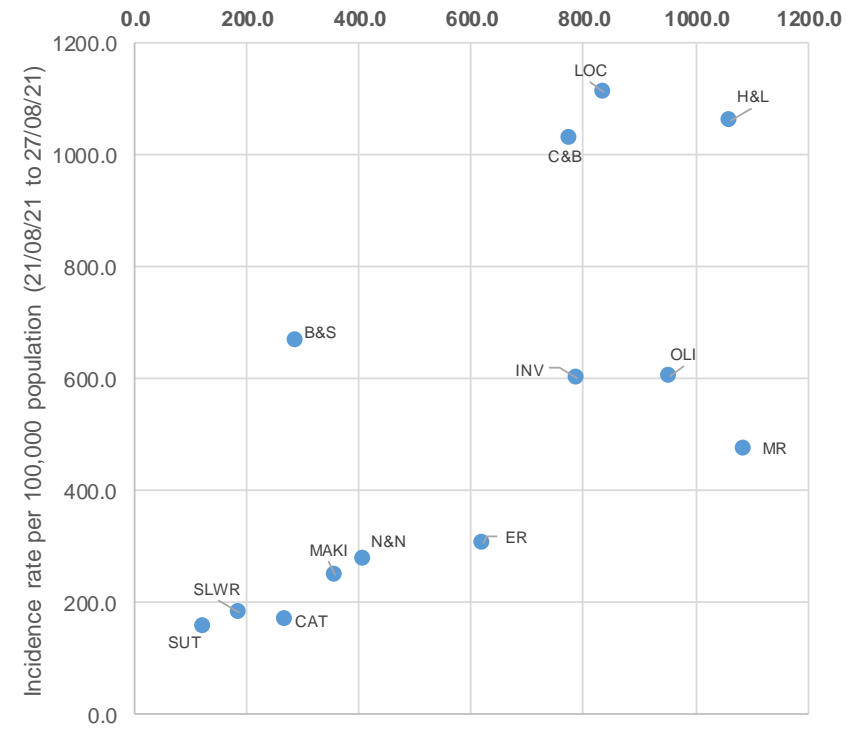
- 05/09/2021
- 04/09/2021
- 03/09/2021
- 02/09/2021

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

Incidence rate per 100,000 population (28/08/21 to 03/09/21)



Incidence rate per 100,000 population (28/08/21 to 03/09/21)

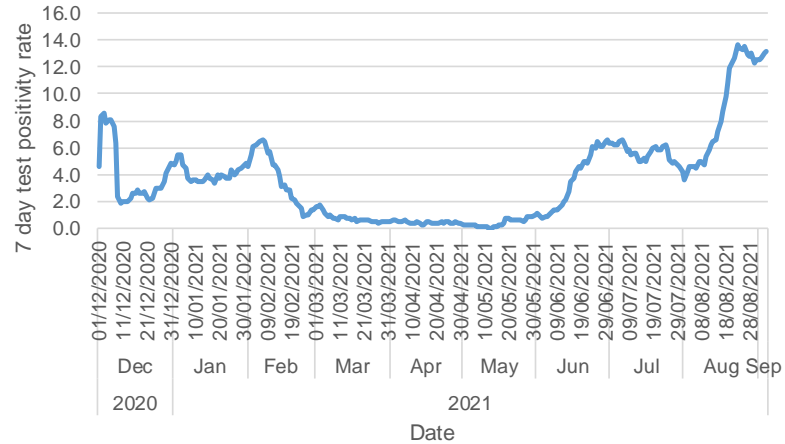


Seven day test positivity rate

NHS Highland Local Authority Areas



Argyll and Bute



Date ✕

Dec 1, 2020 - Sep 4, 2021 DAYS ▾

AUG 2021 SEP 2021

24 25 26 27 28 29 30 31 1 2 3 4 5 6 7 8

Select week ending date

| | | | |
|------------|------------|------------|---|
| 05/09/2021 | 04/09/2021 | 03/09/2021 | ⬆ |
| 02/09/2021 | 01/09/2021 | 31/08/2021 | ⬇ |

Week: 28/08/2021 to 03/09/2021

| | Number of positive tests | Total number of tests | Test positivity rate (%) |
|-----------------|--------------------------|-----------------------|--------------------------|
| Argyll and Bute | 750 | 5757 | 13.0 |
| Highland | 1487 | 13592 | 10.9 |

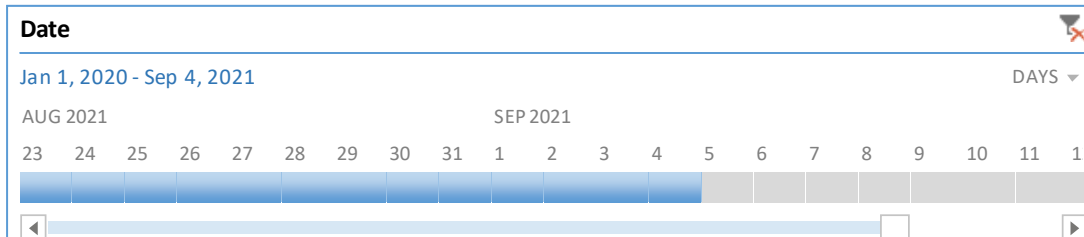
Highland



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

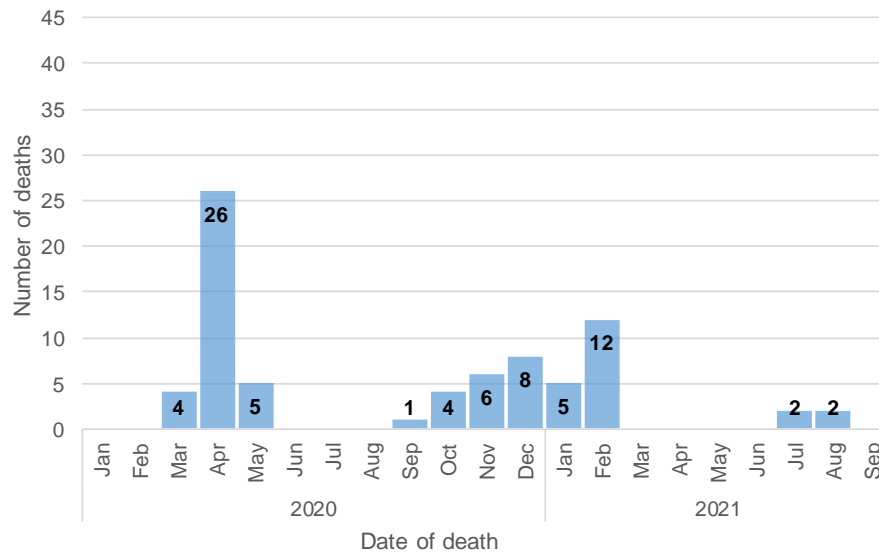
NHS Highland Local Authority Areas



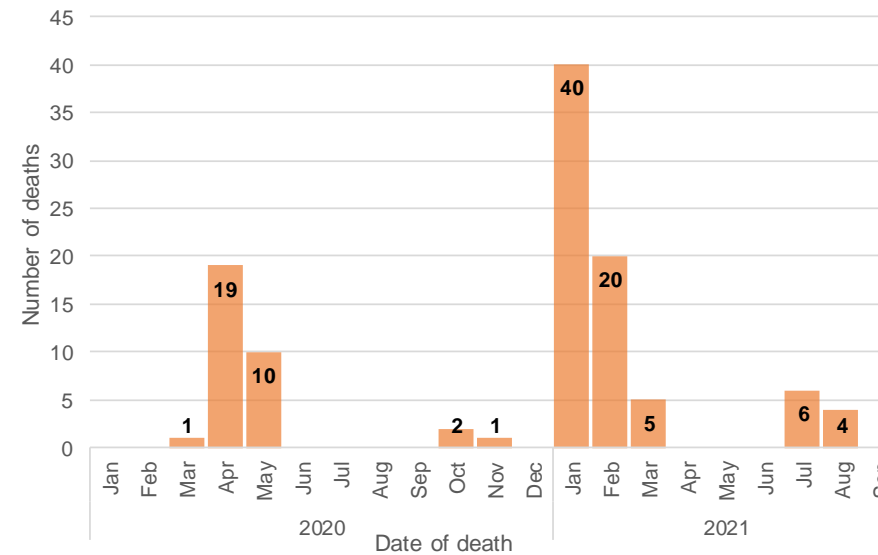
| | | |
|------------------------|--------------------------|-----|
| Argyll and Bute | Total number to date | 75 |
| | Total in selected period | 75 |
| Highland | Total number to date | 108 |
| | Total in selected period | 108 |

Deaths (COVID-19 confirmed) by date of death

Argyll and Bute



Highland

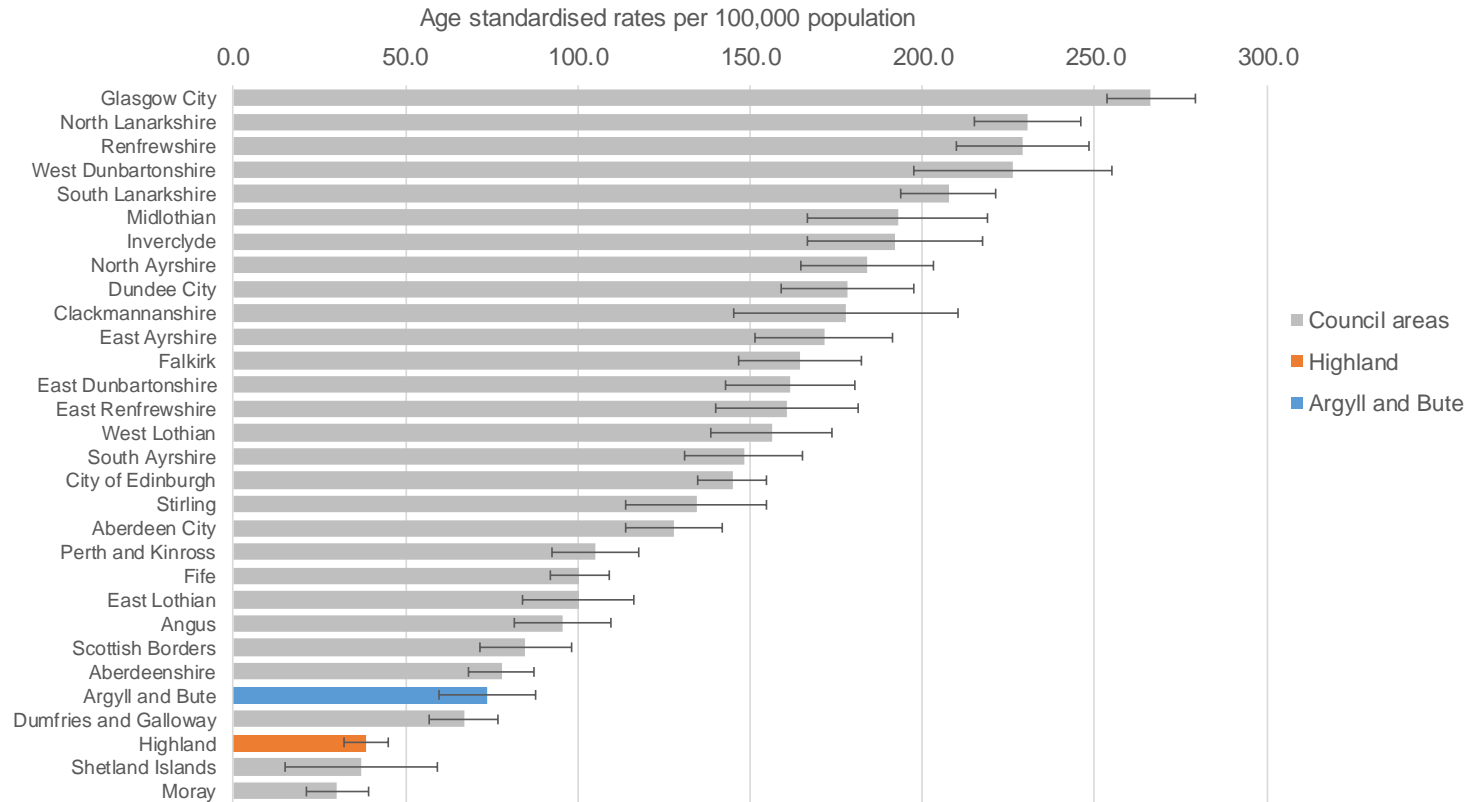


National Records of Scotland (NRS) deaths data linked to ECOSS testing data

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 31st July 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 31st July 2021 and only include deaths that were registered by 11th August 2021.

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Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item:

Date of Meeting: 15 September 2021

Title of Report: Budget Monitoring – 4 months to 31 July 2021

Presented by: James Gow, Head of Finance and Transformation

The Integration Joint Board is asked to:

- Note that the P4 forecast outturn position is a forecast overspend of £1.4 m.
- Note that subsequent analysis and modelling of Social Work Forecasts has reduced the forecast overspend to £0.8m.
- Note that actions are currently being progressed to manage spend and recover the position by the year end.
- Note that there is a year to date overspend of £0.1m as at 31 July 2021.
- Note the Financial Risks analysis for 2021/22.

1. EXECUTIVE SUMMARY

- 1.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 31 July 2021 and an updated financial forecast for the year. The period 4 figures outlined in this report were considered by the Finance and Policy Committee at its meeting on 27th August 2021.
- 1.2 The position for the first 4 months of the year is a small year to date overspend totalling £0.1m. The overall position consists of overspending totalling £105k relating to Social Work budgets and £42k relating to Health budgets. As normal, it should be noted that the Social Work figures are prepared on a cash basis whilst the Health figures are prepared on a full accruals accounting basis.
- 1.3 The forecast position for the current year is more concerning. A forecast overspend totalling £1.4m was reported as at 31 July 2021. Much of the forecast overspend relates to Social Work Budgets. Subsequent detailed analysis has taken place in respect of Social Work Budgets and the forecast has been updated during August, a £0.8m overall overspend is currently forecast.
- 1.4 At this stage in the year the forecast is based on a significant number of assumptions and therefore there are material risks associated with it. However, the forecast overspend position is of concern and management action is now being taken to seek to manage the delivery of services and the savings

programme within the envelope of resources available in 2021/22. There is sufficient time left in the current year for the position to be recovered by the year end, as outlined in the Financial Recovery Plan.

- 1.5 The financial position is now a standing item on the Senior Leadership Team agenda and is reported and discussed in detail every month in addition to the routine monitoring carried out by service managers in partnership with the Finance and Service Improvement teams.

2. INTRODUCTION

- 2.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 31 July 2021. Information is provided in respect of the year to date position and the forecast outturn. Summary information is provided in the detail of the report with further analysis provided within the appendices.

3. DETAIL OF REPORT

3.1 Year to 31 July 2021

In respect of the year date position for the four months to 31 July 2021 the partnership is reporting a relatively small overspend totalling £147k against the budget for the 4 months of £92.97m. As stated above, it should be noted that for the Council services the year to date figure is reported on a near cash basis whereas the Health figures are reported on an accruals basis. Appendix 1 provides an analysis of the variances against budget by service.

- 3.1.1 In respect of the Social Work budgets the adverse variance for the period is £105k (0.5%) against the budget of £19.6m. There are a number of areas where overspending against budget has been identified:

| Service | Overspend Value (%) | Explanation |
|-----------------------|---------------------|--|
| Looked After Children | £0.13m (7%) | High levels of demand and cost for Residential Placements |
| Learning Disability | £0.67m (20%) | Demand for Supported Living and Residential Services and on-going slippage against the savings target for the service. |
| Mental Health | £0.15m (26%) | Demand for Supported Living and Residential Services. |

These cost pressures are partly offset by some underspending on other services and in particular there is a £0.7m favourable variance reported in respect of the Chief Officer budget. This relates to advance funding received in respect of covid-19 costs (£0.3m) and an over-recovery of budgeted vacancy savings (£0.3m).

- 3.1.2 In respect of Health Service budgets, a small overspend of £42k is reported. There are a number of emerging budget pressures as at 31 July:

| Cost Pressure | Value £'000 |
|---|-------------|
| Medical Locum Costs - Dunoon | 111 |
| Transcatheter aortic valve implantations – Golden Jubilee | 95 |

| | |
|--|----|
| Lorn & Islands Hospital surgical services agency staffing | 74 |
| Prescribing Costs – McLachlan Practice Helensburgh & Bute Practice | 96 |
| Oban, Lorn & Islands Maternity Staffing | 52 |
| Campbeltown Hospital Nursing regradings and agency staff | 40 |
| Psychiatric in-patients in New Craigs | 39 |
| GP Locum Cover | 74 |
| Cowal & Bute CMHT bank and agency staffing | 30 |
| Physiotherapy agency staffing | 58 |
| Mull PCC regradings | 28 |

These overspends are being largely offset by savings elsewhere in the Health budget including higher levels of staff vacancies and additional income.

3.2 Forecast Outturn

The current forecast outturn position is of some concern in respect of the financial performance of the HSCP in 2021-22. There are a number of services where material overspends are forecast.

As at the end of Period 4, the HSCP was forecasting an adverse variance for the year totalling £1.4m (0.5%) against the budget of £302m. The forecast improved slightly in comparison with the position reported at the end of period 3 which was a £1.6m deficit. Management action will be required throughout the remainder of the year to manage the position and seek to ensure that the HSCP operates within the resources available to it. The Financial Recovery Plan details the planned action to balance the position. Appendix 2 provides an analysis of the Period 4 forecasts against budget by service area. As outlined below, subsequent analytical work has further reduced the forecast overspend.

3.2.1 Social Work Services were forecasting an overspend of £1.2m as at 31 July. The underlying drivers of the overspending are higher than budgeted demand for social services in a number of areas and forecast slippage in achieving savings targets. The following table summarises the main forecast variances identified at the end of Period 4:

| Service | Annual Budget (£m) | Forecast Outturn (£m) | Forecast Variance (£m) | Explanation |
|-----------------------|--------------------|-----------------------|------------------------|--|
| Looked After Children | 7.3 | 7.8 | (0.6) | Demand for external residential placements |
| Physical Disability | 3.1 | 3.4 | (0.3) | Demand for supporting living services |
| Learning Disability | 15.4 | 17.2 | (1.8) | Demand and costs of commissioned services and slippage with savings targets |
| Mental Health | 2.9 | 3.2 | (0.3) | Demand for Residential Placements |
| Chief Officer | 2.4 | 1.1 | 1.4 | Additional vacancy savings and funding for Scottish Living Wage costs. |
| Older People | 37.6 | 37.3 | 0.3 | Reduced care home placement costs and higher income offset by slippage on savings programme. |
| Other | 8.4 | 8.3 | 0.1 | |
| | | | | |
| Total | 77.1 | 78.3 | (1.2) | |

The forecast position in respect of Social Work has been reported to the Council Policy and Resources Committee as being of concern. As a consequence the HSCP is required to prepare a Financial Recovery Plan (considered as a separate agenda item).

Additional detailed analysis of the forecast overspend in respect of Social Work spend has been undertaken alongside the development of the Financial Recovery Plan. This has resulted in the current forecast for Social Work improving by £576k against the Period 4 forecast. This reduces the overall HSCP forecast overspend to £0.8m and this will be reported in detail to the next meeting of the Finance and Policy Committee on 24 September.

A summary of the improvement to the P4 Forecast is provided below:

| Forecast Change £000s | Explanation |
|----------------------------------|--|
| 352 | Net effect of adjustments across the Social Work budget including refinements to reflect the latest position regarding rates changes, staffing, savings delivery and income forecasts. |
| 117 | Improvements due to reduced demand and delivery of services, mainly in care at home services for older people. |
| 107 | Increase in the vacancy savings forecast for the year to reflect August savings. |
| 576 | Total Improvement to P4 Forecast |

- 3.2.2 The position in respect of Health budgets is less concerning. Whilst there are a number of cost pressures and forecast slippage in the savings programme, these are expected to be largely offset through underspending and additional funding allocations. Appendix 2 provides further detail:

| | Annual Budget (£m) | Forecast Outturn (£m) | Forecast Variance (£m) | Explanation |
|-----------------|--------------------|-----------------------|------------------------|--|
| Health Services | 225.1 | 225.3 | (0.2) | Forecast slippage on savings and overspending on hospital services, offset by vacancies and additional funding |

The Health forecast takes account of anticipated shortfalls against recurring savings targets and emerging cost pressures with an expectation that these will be largely, but not fully, offset by non-recurring savings and budget underspends. It is assumed within the forecast position that all additional costs associated with our response to Covid-19 and for both tranches of the Covid/Covid Booster & expanded Flu Vaccination Programmes will be fully funded by the Scottish Government.

3.3 Savings Delivery

- 3.3.1 As at the end of July, £4.0m of the £9.3m savings target has been achieved. This is 43% of the target. It is currently forecast that £7.1m in savings will be delivered in the current year. This is 77% of the total and leaves a forecast shortfall of £2.2m. This forecast shortfall is contributing significantly to the overall adverse variance. £1.2m of the shortfall relates to the Social Work savings targets and £1m to Health.
- 3.3.2 The Service Improvement Team and the Project Management Office, co-ordinated by NHS Highland, continue to work with managers to progress the savings projects, monitor and report progress. This is done in conjunction with the management accounting teams. As requested by the Finance and Policy Committee each Head of Service provides a detailed savings update report on a rotational basis. This ensures ongoing scrutiny and accountability for progress.
- 3.3.3 It is recognised that slippage within the savings programme is contributing substantially to the forecast overspend against budget. Ensuring the on-going prioritisation and reporting of performance in respect of the savings programme is an important strand of the steps now being taken by the Strategic Leadership Team in managing the overall financial position. Appendix 3 provides detail on the savings programme by project.

3.4 Financial Risks

- 3.4.1 A detailed report on Financial Risks is presented every 2 months to the Finance and Policy Committee. This report provides an analysis of financial risks along with details of the perceived likelihood, financial impact and current mitigations in respect of each risk. The Finance and Policy Committee, at its meeting on 27th August considered a report which described 24 risks to financial performance categorised as follows:

| Likelihood / Range | Remote | Unlikely | Possible | Likely | Almost certain | Total |
|--------------------|----------|----------|-----------|----------|----------------|-----------|
| <£100k | 0 | 2 | 3 | 2 | 0 | 7 |
| £100k - £300k | 0 | 1 | 9 | 3 | 1 | 14 |
| £300k - £500k | 0 | 0 | 1 | 0 | 0 | 1 |
| £500k - £1.5m | 0 | 0 | 2 | 0 | 0 | 2 |
| >£1.5m | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 3 | 15 | 5 | 1 | 24 |

Two of these risks have been quantified as potentially being over £500,000, these relate to the uplift in the service level agreement (SLA) with NHS Greater Glasgow & Clyde (GG&C) which is now under negotiation, and to the potential for further slippage with the Savings Programme. The risk in respect of funding of pay settlements now only relates to council employed staff and the value associated with this risk has therefore reduced.

- 3.4.2 Current financial forecasts now take into account those risks which were identified earlier in the year which are now reflected in actual service delivery costs. Emerging financial risks continue to be considered as part of routine financial management processes. The total financial value associated with the risks summarised above is estimated at £1.6m.

3.5 Earmarked Reserves

The JJB approved earmarked reserves of £6.586m at the end of financial year 2020/21, these are listed below. To date £2.3m has been drawn down from reserves. This is £2.0m in respect of Social Work budgets and £0.3m in respect of Health budgets, largely to fund covid related costs.

| Name | £ 000 |
|------------------------------------|--------------|
| Covid-19 support | 2,748 |
| Primary Care Transformation Fund | 1,793 |
| Community Living Change Fund | 300 |
| ACT Aros Residences Upgrade | 250 |
| Mental Health Action 15 Fund | 239 |
| Alcohol & Drugs Partnership | 160 |
| Best start maternity services | 146 |
| Technology Enabled Care | 144 |
| Other reserves individually <£100k | 806 |
| Total | 6,586 |

4. RELEVANT DATA AND INDICATORS

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

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 The Integrated Joint Board has a responsibility to set a balanced budget which is aligned to the Strategic Plan. It is required to ensure that financial decisions are in line with Strategic Priorities and the delivery of high quality services. This needs to be considered as options are developed to ensure the HSCP operates within the resources allocated to it.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – the forecast outturn position is currently an overspend of £1.4 m as at 31 July 2021. The HSCP is required to prepare a recovery plan.

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

6.3 Clinical Governance – None.

7. PROFESSIONAL ADVISORY

7.1 Professional Leads have been consulted with in respect of the implications of the savings programme.

8. EQUALITY AND DIVERSITY IMPLICATIONS

8.1 None directly from this report, however proposals to address the forecast deficit will consider equalities implications.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

9.1 None directly from this report.

10. RISK ASSESSMENT

10.1 There are a number of financial risks which may impact on the forecast outturn. These are reviewed regularly and are reported separately.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

11.1 None directly from this report, however any proposals to address the forecast deficit will need to take into consideration impacts upon stakeholders and engagement with the communities served.

12. CONCLUSIONS

12.1 This report provides a summary of the financial position as at 31 July 2021. An overspend against budget was forecast at £1.4m. The overall forecast underspend has subsequently reduced to £0.8m following detailed review of Social Work Forecasts. It is based upon a detailed analysis of forecast costs and demand for services along with progress in respect of the savings programme. On-going high levels of demand for Social Work services is the key driver of the forecast overspend position at present. Forecast shortfalls in achieving recurring savings targets have also contributed to the forecast overspend position. The Strategic Leadership Team are currently taking actions to address the financial position outlined in the Financial Recovery Plan.

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 – Year to Date Position as at 31 July 2021

Appendix 2 – Forecast Outturn for 2021-22 as at 31 July 2021

Appendix 3a – Savings achieved and forecast as at 31 July 2021

Appendix 3b – Unachieved savings only as at 31 July 2021

Appendix 3c – Savings action tracker as at 31 July 2021

AUTHOR NAME: James Gow, Head of Finance and Transformation

EMAIL: james.gow@argyll-bute.gov.uk

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ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP
REVENUE BUDGET MONITORING SUMMARY - YEAR TO DATE POSITION AS AT 31 JULY 2021

APPENDIX 1

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

For information:

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

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

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

| Service | Actual £000 | Budget £000 | Variance £000 | % Variance | Explanation |
|--|----------------|----------------|------------------|---------------|---|
| COUNCIL SERVICES: | | | | | |
| Chief Officer | 149 | 812 | 663 | 81.7% | Underspend is due to advanced funding received from the Scottish Government for Covid-19 costs (£291k), over-recovery on vacancy savings (£319k) and other small underspends. These are partially offset by slippage against budget savings (£58k). The position is also impacted by outstanding accruals from 2020/21. |
| Service Development | 125 | 127 | 2 | 1.6% | Outwith reporting criteria. |
| Looked After Children | 2,071 | 1,939 | (132) | (6.8%) | Overspends on Residential Placements partially offset by underspends in Fostering, Adoption and Supporting Young People Leaving Care. |
| Child Protection | 831 | 856 | 25 | 2.9% | Outwith reporting criteria. |
| Children with a Disability | 159 | 152 | (7) | (4.6%) | Outwith reporting criteria. |
| Criminal Justice | 34 | 81 | 47 | 58.0% | Underspends on staffing and staff travel and subsistence costs. |
| Children and Families Central Management Costs | 680 | 758 | 78 | 10.3% | Reflects slippage on additional funding received for implementing The Promise and underspends on staff costs. |
| Older People | 9,773 | 9,892 | 119 | 1.2% | Underspends on the Homecare, Care Home Placement and Telecare budgets. These are offset by an under-recovery on budget savings within Older People of £301k. |
| Physical Disability | 964 | 868 | (96) | (11.1%) | Demand driven overspends and budget profiling in Supported Living, Residential Care and Respite and an overspend on equipment purchases within the Integrated Equipment Store. |
| Learning Disability | 4,086 | 3,413 | (673) | (19.7%) | Demand for Supported Living and Residential Services as well as YTD slippage against budget savings of £268k. |
| Mental Health | 708 | 563 | (145) | (25.8%) | The YTD overspend arises due to demand within Supported Living, Residential Care and Respite. |
| Adult Services Central Management Costs | 129 | 143 | 14 | 9.8% | Outwith reporting criteria. |
| COUNCIL SERVICES TOTAL | 19,709 | 19,604 | (105) | (0.5%) | |
| HEALTH SERVICES: | | | | | |
| | | | | | Explanation |
| Community & Hospital Services | 18,899 | 18,555 | (344) | (1.9%) | Unachieved savings, bank, agency and locum costs, unfunded nurse regradings |
| Mental Health and Learning Disability | 4,655 | 4,843 | 188 | 3.9% | Vacancies |
| Children & Families Services | 2,863 | 2,800 | (63) | (2.2%) | Outwith reporting criteria. |
| Commissioned Services - NHS GG&C | 22,428 | 22,435 | 7 | 0.0% | Outwith reporting criteria. |
| Commissioned Services - Other | 1,435 | 1,328 | (107) | (8.1%) | Increased number of patients receiving TAVI cardiac procedure at GJNH |
| General Medical Services | 6,288 | 6,233 | (55) | (0.9%) | Outwith reporting criteria. |
| Community and Salaried Dental Services | 1,133 | 1,142 | 9 | 0.8% | Outwith reporting criteria. |
| Other Primary Care Services | 3,923 | 3,923 | (0) | (0.0%) | Outwith reporting criteria. |
| Prescribing | 6,852 | 6,691 | (161) | (2.4%) | Unachieved savings |
| Public Health | 681 | 703 | 22 | 3.2% | Outwith reporting criteria. |

| Service | Actual £000 | Budget £000 | Variance £000 | % Variance | Explanation |
|------------------------------|----------------|----------------|------------------|---------------|---|
| Lead Nurse | 1,270 | 1,280 | 9 | 0.7% | Outwith reporting criteria. |
| Management Service | 185 | 268 | 83 | 31.1% | Miscellaneous non-pay underspends |
| Planning & Performance | 817 | 682 | (135) | (19.8%) | Unachieved A&B wide savings |
| Budget Reserves | 0 | 367 | 367 | 0.0% | Anticipated additional in year SG allocations |
| Income | (719) | (561) | 158 | (28.1%) | Long stay mental health inpatient |
| Estates | 2,702 | 2,682 | (20) | (0.8%) | Outwith reporting criteria. |
| HEALTH SERVICES TOTAL | 73,411 | 73,369 | (42) | (0.1%) | |
| | | | | | |
| GRAND TOTAL | 93,120 | 92,973 | (147) | (0.2%) | |

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

APPENDIX 2

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

| Service | Annual Budget £000 | Forecast Outturn £000 | Variance £000 | % Variance | Explanation |
|--|-----------------------|--------------------------|------------------|---------------|--|
| COUNCIL SERVICES: | | | | | |
| Chief Officer | 2,441 | 1,090 | 1,351 | 55.3% | Underspend reflects additional Covid-19 funding for lost client income (£325k) which offsets reductions in receipts in service areas as well as recognition of additional SLW funding from the SG and recognition of uncommitted centrally held funds of £628k. The forecast also includes the over-recovery of vacancy savings (£538k) which is partially offset by a bad debt provision of £70k and slippage on savings of £87k. |
| Service Development | 440 | 435 | 5 | 1.1% | Outwith reporting criteria. |
| Looked After Children | 7,258 | 7,817 | (559) | (7.7%) | Demand for External Residential Placements (£695k) and staffing overspends in the Children's Houses (£159k). These are partially offset by forecast underspends in Fostering (£265k) and Adoption (£41k) due to lower than budgeted demand as well as additional income from external adoption placements. |
| Child Protection | 3,229 | 3,227 | 2 | 0.1% | Outwith reporting criteria. |
| Children with a Disability | 835 | 847 | (12) | (1.4%) | Outwith reporting criteria. |
| Criminal Justice | 115 | 78 | 37 | 32.2% | The forecast underspend arises due to staff vacancies and staff travel and subsistence costs. |
| Children and Families Central Management Costs | 3,042 | 3,012 | 30 | 1.0% | Outwith reporting criteria. |
| Older People | 37,599 | 37,284 | 315 | 0.8% | Underspend is across the Care Home Placement budget and higher than budgeted income from the HSCP Care Homes and Telecare. These are offset by forecast overspends on Progressive Care, Respite, under-recovery of client income in non-residential services and slippage on budget savings of £652k. |
| Physical Disability | 3,068 | 3,395 | (327) | (10.7%) | Higher than budgeted demand for Supported Living (£296k), Respite (£16k) and higher than budgeted equipment purchasing in the Integrated Equipment Service (£25k). |
| Learning Disability | 15,408 | 17,241 | (1,833) | (11.9%) | The forecast overspend reflects higher than budgeted demand for services in Supported Living (£1.507m) and forecast slippage on savings (£424k). |
| Mental Health | 2,924 | 3,219 | (295) | (10.1%) | Higher than budgeted demand for services in Supported Living (£77k), Respite (£19k) and Residential Placements (£218k). These are partially offset by an underspend on payments to third parties. |
| Adult Services Central Management Costs | 692 | 612 | 80 | 11.6% | Lower than budgeted payments to third parties due to the end of contracted spend (£25k). In addition, at the end of this contract term the third party returned unspent funds of £28k resulting in one-off unbudgeted income. |
| COUNCIL SERVICES TOTAL | 77,051 | 78,257 | (1,206) | (1.6%) | |

| Service | Annual Budget £000 | Forecast Outturn £000 | Variance £000 | % Variance | Explanation |
|--|--------------------|-----------------------|----------------|---------------|--|
| HEALTH SERVICES: | | | | | Explanation |
| Community & Hospital Services | 56,959 | 57,679 | (720) | (1.2%) | Unachieved savings, medical locum costs & agency nursing |
| Mental Health and Learning Disability | 14,992 | 14,726 | 266 | 1.8% | Vacancies |
| Children & Families Services | 8,539 | 8,639 | (100) | (1.2%) | Unachieved savings |
| Commissioned Services - NHS GG&C | 67,304 | 67,414 | (110) | (0.2%) | Unachieved savings |
| Commissioned Services - Other | 3,983 | 4,083 | (100) | (2.4%) | Tavi cardiac procedures at Golden Jubilee |
| General Medical Services | 19,037 | 19,052 | (15) | (0.1%) | Outwith reporting criteria. |
| Community and Salaried Dental Services | 3,630 | 3,539 | 90 | 2.6% | Vacancies |
| Other Primary Care Services | 10,722 | 10,722 | 0 | 0.0% | Outwith reporting criteria. |
| Prescribing | 20,261 | 20,365 | (104) | (0.5%) | Unachieved savings |
| Public Health | 1,871 | 1,901 | (30) | (1.6%) | Outwith reporting criteria. |
| Lead Nurse | 2,308 | 2,308 | 0 | 0.0% | Outwith reporting criteria. |
| Management Service | 2,410 | 2,146 | 265 | 12.3% | Forecast reduced non-pay spend |
| Planning & Performance | 2,209 | 2,334 | (125) | (5.4%) | Unachieved A&B wide savings |
| Budget Reserves | 4,170 | 3,670 | 500 | 13.6% | Anticipated additional in year SG allocations |
| Income | (1,733) | (1,733) | 0 | 0.0% | Outwith reporting criteria. |
| Estates | 8,442 | 8,442 | 0 | 0.0% | Outwith reporting criteria. |
| HEALTH SERVICES TOTAL | 225,103 | 225,286 | (183) | (0.1%) | |
| GRAND TOTAL | 302,154 | 303,543 | (1,389) | (0.5%) | |

Annex 3 (a)

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2021/22

| Ref. | Savings Description | Manager | Year to 31 July 2021 | | | | Full Year Forecast | | | |
|----------|---|--|----------------------|-------------|-----------|----------|--------------------|-----------|----------|--|
| | | | Target | Achievement | Shortfall | % | Achievement | Shortfall | % | |
| | | | £' 000 | £' 000 | £' 000 | Achieved | £' 000 | £' 000 | Achieved | |
| 1819-7 | Thomson Court | Jane Williams | 10 | 10 | 0 | 100% | 10 | 0 | 100% | |
| 1819-8 | Assessment and Care Management | Caroline Cherry | 42 | 28 | 14 | 66% | 28 | 14 | 66% | |
| 1819-14 | Redesign of Internal and External Childrens Residential Placements | Patricia Renfrew | 22 | 22 | 0 | 100% | 22 | 0 | 100% | |
| 1819-18 | Review provision of HSCP care homes | Caroline Cherry | 99 | 99 | 0 | 100% | 99 | 0 | 100% | |
| 1819-19b | Review and Redesign of Learning Disability Services - Sleepovers and Technology Argyll Wide | Jim Littlejohn | 118 | 0 | 118 | 0% | 18 | 100 | 15% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Sleepovers and Technology - Mid Argyll | Jim Littlejohn | 4 | 0 | 4 | 0% | 2 | 2 | 50% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Sleepovers and Technology - Kintyre | Jim Littlejohn | 3 | 0 | 3 | 0% | 1 | 1 | 50% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Sleepovers and Technology - Lorn | Jim Littlejohn | 15 | 0 | 15 | 0% | 7 | 7 | 50% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Sleepovers and Technology - Bute | Jim Littlejohn | 1 | 0 | 1 | 0% | 1 | 1 | 50% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Sleepovers and Technology - Cowal | Jim Littlejohn | 12 | 0 | 12 | 0% | 6 | 6 | 50% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Sleepovers and Technology - Helensburgh | Jim Littlejohn | 16 | 0 | 16 | 0% | 8 | 8 | 50% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Packages of Care Mid Argyll | Jim Littlejohn | 34 | 33 | 1 | 98% | 34 | 0 | 99% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Packages of Care Kintyre | Jim Littlejohn | 26 | 5 | 21 | 20% | 16 | 10 | 60% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Packages of Care Lorn | Jim Littlejohn | 46 | 22 | 24 | 48% | 34 | 12 | 74% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Packages of Care Cowal | Jim Littlejohn | 11 | 11 | 0 | 100% | 11 | 0 | 100% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Packages of Care Helensburgh | Jim Littlejohn | 13 | 0 | 13 | 0% | 7 | 7 | 50% | |
| 1819-19c | Review and Redesign of Learning Disability Rothesay Resource Centre | Jane Williams | 3 | 3 | 0 | 100% | 3 | 0 | 100% | |
| 1819-19c | Review and Redesign of Learning Disability Assiat Cowal Resource Centre | Jane Williams | 30 | 30 | 0 | 100% | 30 | 0 | 100% | |
| 1819-19b | Review of Ext Residential Learning Disability Placements | Jim Littlejohn | 194 | 0 | 194 | 0% | 29 | 165 | 15% | |
| 1819-22 | Adult Care West - Restructure of Neighbourhood Teams (SW & Health) | Caroline Cherry | 250 | 0 | 250 | 0% | 0 | 250 | 0% | |
| 1819-25 | Older People Day/Resource Centre - Address high levels of management - consolidate opening hours - shared resource | Caroline Cherry | 57 | 0 | 57 | 0% | 57 | 0 | 100% | |
| 1819-31 | Integrate HSCP Admin, digital Tech and Central Appoint System | Patricia Renfrew/ Kirsteen Larkin | 104 | 0 | 104 | 0% | 52 | 52 | 50% | |
| 1819-33 | Catering, Cleaning and other Ancillary Services | Tricia / Jayne Jones / Caroline Cherry | 70 | 0 | 70 | 0% | 35 | 35 | 50% | |
| 1819-42 | Contract Management reducing payments to Commissioned External providers | Stephen Whiston | 33 | 0 | 33 | 0% | 17 | 17 | 50% | |
| 1819-46 | Adopt a Single Community Team Approach to undertaking Assessment and Care Management | Caroline Cherry | 120 | 0 | 120 | 0% | 0 | 120 | 0% | |
| 1920-16 | Redesign review of Criminal Justice service to become self funding | Shona Williams | 20 | 20 | 0 | 100% | 20 | 0 | 100% | |
| 1920-40 | Implement best practice approaches for care at home and re-ablement across all areas following Bute pilot | Caroline Cherry/ G McCreedy | 300 | 127 | 174 | 42% | 170 | 130 | 57% | |
| 1920-41 | Extend use of external home care transferring hours as gaps occur | Donald Watt | 33 | 0 | 33 | 0% | 8 | 25 | 25% | |
| 1920-43 | Cap on overtime | Donald Watt | 87 | 18 | 69 | 21% | 35 | 52 | 41% | |
| 1920-45 | Planned changes in staffing for Bowman Court in line with Lorne Campbell Court structure | Donald Watt | 28 | 28 | 0 | 100% | 28 | 0 | 100% | |
| 2021-5 | Bring staffing within ECCT teams and Mull Progressive Care Centre into line with best practice elsewhere | Caroline Cherry/ Donald Watt | 85 | 58 | 27 | 69% | 85 | 0 | 100% | |
| 2021-7a | 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) - Dementia Rothesay | Donald Watt | 10 | 0 | 10 | 0% | 10 | 0 | 100% | |
| 2021-7a | 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) - Oban Day Centre | Donald Watt | 10 | 0 | 10 | 0% | 10 | 0 | 100% | |
| 2021-7a | 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) - Struan Day Centre | Donald Watt | 18 | 0 | 18 | 0% | 18 | 0 | 100% | |
| 2021-7b | 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) - Lochside | Jim Littlejohn | 29 | 0 | 29 | 0% | 29 | 0 | 100% | |
| 2021-7b | 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) - Woodlands | Jim Littlejohn | 27 | 0 | 27 | 0% | 27 | 0 | 100% | |
| 2021-7b | 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) - Lorn Resource | Jim Littlejohn | 44 | 17 | 27 | 39% | 44 | 0 | 100% | |
| 2021-7b | 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) - Pheonix | Jim Littlejohn | 22 | 0 | 22 | 0% | 22 | 0 | 100% | |
| 2021-7b | 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) - ASIST | Jim Littlejohn | 41 | 0 | 41 | 0% | 41 | 0 | 100% | |
| 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 by fwd and not yet delivered | Jim Littlejohn | 50 | 0 | 50 | 0% | 25 | 25 | 50% | |
| 2021-32 | Review housing support services and remove where not required for LD and PD clients - Mid Argyll | Julie Lusk | 26 | 0 | 26 | 0% | 13 | 13 | 50% | |
| 2021-32 | Review housing support services and remove where not required for LD and PD clients - Kintyre | Julie Lusk | 19 | 0 | 19 | 0% | 9 | 9 | 50% | |
| 2021-32 | Review housing support services and remove where not required for LD and PD clients - Lorn | Julie Lusk | 45 | 0 | 45 | 0% | 23 | 23 | 50% | |
| 2021-32 | Review housing support services and remove where not required for LD and PD clients - Cowal | Julie Lusk | 39 | 18 | 21 | 46% | 29 | 11 | 73% | |
| 2021-32 | Review housing support services and remove where not required for LD and PD clients - Helensburgh | Julie Lusk | 45 | 0 | 45 | 0% | 23 | 23 | 50% | |
| 2021-42a | integrated equipment store - increased consistency in prescribing | Julie Lusk/Jim Littlejohn | 70 | 70 | 0 | 100% | 70 | 0 | 100% | |
| 2021-46 | Improved rostering of staff for school hostels | Patricia Renfrew | 6 | 6 | 0 | 100% | 6 | 0 | 100% | |
| 2122-01 | Align business model for staffing for the 3 childrens homes | Mark Lines | 100 | 85 | 15 | 85% | 100 | 0 | 100% | |
| 2122-02 | Carry out hostel review to achieve best value in admin and catering | Mark Lines | 44 | 21 | 23 | 47% | 44 | 0 | 100% | |
| 2122-03 | Do not replace independent chair of panel | Mark Lines | 8 | 6 | 2 | 75% | 6 | 2 | 75% | |
| 2122-08 | Pay for care home placements for older people in line with national contract with no added enhancements | Donald Watt | 70 | 70 | 0 | 100% | 53 | 18 | 75% | |

| Ref. | Savings Description | Manager | Target £ '000 | Year to 31 July 2021 | | | Full Year Forecast | | |
|---------------|---|-----------------|------------------|-----------------------|---------------------|---------------|-----------------------|---------------------|---------------|
| | | | | Achievement £ '000 | Shortfall £ '000 | % Achieved | Achievement £ '000 | Shortfall £ '000 | % Achieved |
| 2122-09 | When a new client is assessed as requiring 24 hour care and refuses care home placement, offer to fund a package of care at home up to £50k allowing the service user to fund the additional hours of care if they choose to remain at home | Donald Watt | 60 | 0 | 60 | 0% | 15 | 45 | 25% |
| 2122-11 | Remove funding for all lunch clubs | Donald Watt | 29 | 0 | 29 | 0% | 29 | 0 | 100% |
| 2122-12 | Reduce payments to voluntary organisations for non-contracted services | Donald Watt | 60 | 60 | 0 | 100% | 60 | 0 | 100% |
| 2122-15a | End grants paid to link clubs, some of which are no longer providing services | Nikki Gillespie | 2 | 0 | 2 | 0% | 2 | 0 | 100% |
| 2122-19 | remove existino underspends in contact & welfare budoe | Brian Reid | 50 | 50 | 0 | 100% | 50 | 0 | 100% |
| 2122-20 | reduction in staff travel | Brian Reid | 20 | 20 | 0 | 100% | 20 | 0 | 100% |
| 2122-21 | align budgets with spending levels in sundry Social work Childrens budgets | Brian Reid | 24 | 24 | 0 | 100% | 24 | 0 | 100% |
| 2122-22 | remove underspend in fostering budget | Mark Lines | 70 | 70 | 0 | 100% | 70 | 0 | 100% |
| 2122-23 | remove vacant assessment and reviewing officer post | Mark Lines | 50 | 50 | 0 | 100% | 50 | 0 | 100% |
| 2122-24 | community justice to be self funding | Mark Lines | 50 | 50 | 0 | 100% | 50 | 0 | 100% |
| 2122-47 | Reduce care home placements budgets as numbers have been falling pre Covid | Donald Watt | 90 | 90 | 0 | 100% | 90 | 0 | 100% |
| 2122-49 | Reduce social work travel budget | Donald Watt | 16 | 16 | 0 | 100% | 16 | 0 | 100% |
| 2122-50 | Reduction and realignment of the Development and Flexibility Budget Lines £13k and sundry other social work underspends £11k | Donald Watt | 24 | 24 | 0 | 100% | 24 | 0 | 100% |
| 2122-51 | Do not fill vacant posts in day services as service is being re-designed | Jim Littlejohn | 30 | 30 | 0 | 100% | 30 | 0 | 100% |
| 2122-52 | Reduction in mental health team travel £5.5k | Jim Littlejohn | 6 | 6 | 0 | 100% | 6 | 0 | 100% |
| 2122-53 | Removal of out of area day services no longer required | Jim Littlejohn | 13 | 13 | 0 | 100% | 13 | 0 | 100% |
| 2122-54 | Reduction in supported living packages through improved commissioning | Jim Littlejohn | 30 | 0 | 30 | 0% | 30 | 0 | 100% |
| 2122-55 | Reduction in travel for Social Work Mental health & Addictions team travel | Nikki Gillespie | 2 | 2 | 0 | 100% | 2 | 0 | 100% |
| 2122-57 | Savings from review of Jeans Bothy SLA already completed | Nikki Gillespie | 5 | 5 | 0 | 100% | 5 | 0 | 100% |
| 2122-70 | From Social Work: unallocated growth monies for 2020/21 | David Forshaw | 782 | 782 | 0 | 100% | 782 | 0 | 100% |
| 2122-71b | Non-recurring vacancy savings for one year only, reflecting continued reduction of activity into 2021/22 due to pandemic | D Forshaw | 250 | 250 | 0 | 100% | 250 | 0 | 100% |
| Totals | | | 4,270 | 2,348 | 1,922 | 55% | 3,088 | 1,182 | 72% |

ARGYLL & BUTE HEALTH SAVINGS PLAN 2021/22

| Ref. | Savings Description | Manager | Target £ '000 | Year to 31 July 2021 | | | Full Year Forecast | | |
|----------|---|---------------------------|------------------|-----------------------|---------------------|---------------|-----------------------|---------------------|---------------|
| | | | | Achievement £ '000 | Shortfall £ '000 | % Achieved | Achievement £ '000 | Shortfall £ '000 | % Achieved |
| 1819-32 | Catering & cleaning review | Caroline Cherry | 20 | 0 | 20 | 0% | 20 | 0 | 100% |
| 1819-44 | Advanced Nurse Practitioners - Oban | Caroline Henderson | 14 | 0 | 14 | 0% | 0 | 14 | 0% |
| 1819-53 | Vehicle Fleet Services (see also 2021-57) | Stephen Whiston | 18 | 0 | 18 | 0% | 18 | 0 | 100% |
| 1920-3 | Health Promotion Discretionary Budgets | Alison McGrovy | 54 | 0 | 54 | 0% | 0 | 54 | 0% |
| 1920-4 | Review of Service Contracts | Judy Orr | 64 | 0 | 64 | 0% | 0 | 64 | 0% |
| 1920-8a | GP Prescribing | Fiona Thomson | 324 | 324 | 0 | 100% | 324 | 0 | 100% |
| 1920-8b | GP Prescribing | Fiona Thomson | 500 | 103 | 397 | 21% | 500 | 0 | 100% |
| 1920-22 | Dunoon Medical Services (see also 2021-16) | Rebecca Heliwell | 100 | 0 | 100 | 0% | 0 | 100 | 0% |
| 1920-35 | Bed reduction savings - Dunoon | Jane Williams | 150 | 0 | 150 | 0% | 0 | 150 | 0% |
| 1920-38a | LH Theatre nurse staffing - HAK112 | Caroline Henderson | 30 | 0 | 30 | 0% | 30 | 0 | 100% |
| 1920-38b | Lorn & Islands Hospital staffing | Caroline Henderson | 28 | 0 | 28 | 0% | 28 | 0 | 100% |
| 2021-1 | Mental Health redesign of dementia services (excludes commissioned services) | Caroline Cherry | 200 | 0 | 200 | 0% | 200 | 0 | 100% |
| 2021-2 | Standardise procurement of food across all sites and expansion in conjunction with Council for early years | Caroline Cherry | 69 | 0 | 69 | 0% | 69 | 0 | 100% |
| 2021-3 | AHP - carry out workforce planning and establishment setting to find efficiencies in posts and realign services provided to match | Linda Currie | 86 | 0 | 86 | 0% | 86 | 0 | 100% |
| 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% | 100 | 0 | 100% |
| 2021-4b | Right size admin budgets Mid Argyll and LH | Caroline Cherry | 45 | 0 | 45 | 0% | 45 | 0 | 100% |
| 2021-15 | Investment fund savings - reduce spend on Care & repair by £60k originally funded as short term investment | C Cherry / J Littlejohn | 60 | 0 | 60 | 0% | 0 | 60 | 0% |
| 2021-16 | Rationalisation of medical services for Dunoon (adds to 1920-22) | Rebecca Heliwell | 20 | 0 | 20 | 0% | 0 | 20 | 0% |
| 2021-17 | Ongoing grip and control of all non-essential expenditure | Caroline Cherry/Jule Lusk | 256 | 0 | 256 | 0% | 256 | 0 | 100% |
| 2021-19 | Redesign of hotel services to reflect reduction in inpatient numbers | Caroline Cherry | 99 | 0 | 99 | 0% | 99 | 0 | 100% |
| 2021-20 | Centralised booking of medical records - reduction in admin costs | Stephen Whiston | 97 | 0 | 97 | 0% | 97 | 0 | 100% |
| 2021-23 | Catering & domestic - spending below budgets | Caroline Cherry | 30 | 0 | 30 | 0% | 30 | 0 | 100% |
| 2021-29 | Dunoon Gum clinic - underspend | Caroline Cherry | 20 | 0 | 20 | 0% | 0 | 20 | 0% |
| 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% | 40 | 0 | 100% |
| 2021-58 | Additional income from other health boards (being achieved in 19/20) | George Morrison | 200 | 0 | 200 | 0% | 200 | 0 | 100% |
| 2021-64 | Review of Forensic Medical Examiner Costs - particularly Bute & Cowal and Out of hours costs (full year saving may only be available in 2021/22) | Rebecca Heliwell | 50 | 0 | 50 | 0% | 0 | 50 | 0% |
| 2021-65 | Review of support payments to GP practices | Rebecca Heliwell | 50 | 0 | 50 | 0% | 0 | 50 | 0% |
| 2021-66 | Community dental practices | Donald MacFarlane | 15 | 0 | 15 | 0% | 0 | 15 | 0% |
| 2122-04 | Bring back unlogy services from NHS Greater Glasgow & Clyde and offer from Oban Hospital instead | Caroline Henderson | 110 | 0 | 110 | 0% | 0 | 110 | 0% |
| 2122-05 | Only pay for escort travel where it is essential | Alan Beresford | 35 | 35 | 0 | 100% | 35 | 0 | 100% |
| 2122-10 | Redirect Oban Integrated Care Funding (used to pay grants to a range of voluntary sector organisations) to pay for day responder service as in other areas | Donald Watt | 74 | 43 | 31 | 58% | 43 | 31 | 58% |
| 2122-15b | End grants paid to link clubs, some of which are no longer providing services | Nikki Gillespie | 5 | 0 | 5 | 0% | 5 | 0 | 100% |
| 2122-16 | Reduce befriender service following review of clients | Nikki Gillespie | 12 | 12 | 0 | 100% | 12 | 0 | 100% |
| 2122-17 | Encourage clients to have individual tenancies with housing association - they will qualify for benefits covering housing costs - rather than HSCP paying for rents and council tax - encouraging fuller independence for clients | Nikki Gillespie | 9 | 0 | 9 | 0% | 0 | 9 | 0% |
| 2122-18 | Reduce Senior Dental Officer post by 0.4 WTE | Donald MacFarlane | 40 | 0 | 40 | 0% | 40 | 0 | 100% |
| 2122-25 | Remove 0.7 health visitor post following retirements | Patricia Renfrew | 35 | 0 | 35 | 0% | 0 | 35 | 0% |
| 2122-26 | Remove advanced nurse vulnerable groups post | Patricia Renfrew | 60 | 0 | 60 | 0% | 0 | 60 | 0% |

| Ref. | Savings Description | Manager | Target £ '000 | Year to 31 July 2021 | | | Full Year Forecast | | |
|--|--|----------------------|------------------|-----------------------|---------------------|---------------|-----------------------|---------------------|---------------|
| | | | | Achievement £ '000 | Shortfall £ '000 | % Achieved | Achievement £ '000 | Shortfall £ '000 | % Achieved |
| 2122-27 | staff travel reduction | Patricia Renfrew | 5 | 5 | 0 | 100% | 5 | 0 | 100% |
| 2122-28 | Reduction in Staff Nurse and Community Children's Nurse hours | Patricia Renfrew | 16 | 0 | 16 | 0% | 16 | 0 | 100% |
| 2122-29 | slight reduction in admin hours | Patricia Renfrew | 6 | 0 | 6 | 0% | 6 | 0 | 100% |
| 2122-30 | Introduce more re-use of walking frames and improved procurement of musculo-skeletal supplies | Linda Currie | 20 | 0 | 20 | 0% | 20 | 0 | 100% |
| 2122-31 | Kintyre OT £13; Kintyre Physio £4k; Mid Argyll Physio £4k | Linda Currie | 21 | 0 | 21 | 0% | 21 | 0 | 100% |
| 2122-32 | 1% general efficiency requirement across all hospital budgets | split | 487 | 0 | 487 | 0% | 380 | 107 | 78% |
| 2122-33 | centralise lab ordering £20k and theatre stock ordering £5 along with North Highland | Caroline Henderson | 25 | 5 | 20 | 20% | 25 | 0 | 100% |
| 2122-34 | Oban hospital: outreach clinics £5k; TSSU transfer to N Highland £5k | Caroline Henderson | 10 | 0 | 10 | 0% | 10 | 0 | 100% |
| 2122-35 | Mid Argyll hospital removal of surplus budgets on hotel services £20k, comms £4.3k; GMS out of hours £2k; equipment £1.5k | Tina Watt | 28 | 0 | 28 | 0% | 28 | 0 | 100% |
| 2122-36 | Campbeltown hospital patients travel £30k | Margaret Macfarlane | 30 | 0 | 30 | 0% | 30 | 0 | 100% |
| 2122-37 | Campbeltown hospital catering £14k; | Margaret Macfarlane | 14 | 0 | 14 | 0% | 14 | 0 | 100% |
| 2122-38 | Campbeltown hospital sundry underspends comms £8k; portering £1; pharmacy £5k; general management discretionary £5k, transport £2k; GMS out of hours £1.5k | Margaret Macfarlane | 22 | 9 | 13 | 42% | 22 | 0 | 100% |
| 2122-39 | Bute patient travel £10k | Jane Williams | 10 | 10 | 0 | 100% | 10 | 0 | 100% |
| 2122-40 | Cowal Pharmacy | Jayne Lawrence-Winch | 10 | 0 | 10 | 0% | 0 | 10 | 0% |
| 2122-41 | Islay: save admin on patient travel £26k | Alan Beresford | 26 | 26 | 0 | 100% | 26 | 0 | 100% |
| 2122-42 | Islay: saving on local outreach clinics and accommodation through more remote clinics | Alan Beresford | 15 | 0 | 15 | 0% | 15 | 0 | 100% |
| 2122-43 | Oban Patient travel £25k; staff travel £10k | Kate Brown | 35 | 0 | 35 | 0% | 35 | 0 | 100% |
| 2122-44 | Oban paramedical supplies £5k | Kate Brown | 5 | 0 | 5 | 0% | 5 | 0 | 100% |
| 2122-45 | Helensburgh: Linen services £8.8k, window cleaning £2k | Carol-Anne McDade | 9 | 9 | 0 | 100% | 9 | 0 | 100% |
| 2122-46 | Helensburgh outreach clinics £8k; casualty payments £14k, | Carol-Anne McDade | 22 | 8 | 14 | 36% | 8 | 14 | 36% |
| 2122-56 | Reduction in travel for Health Mental health & Addictions team travel | Nikki Gillespie | 3 | 3 | 0 | 100% | 3 | 0 | 100% |
| 2122-58 | review of Community Mental Health SLA with NHS GG&C and improved contract management of this service | Nikki Gillespie | 30 | 30 | 0 | 100% | 30 | 0 | 100% |
| 2122-59 | HSCP telephony new contract £153k; | Stephen Morrow | 153 | 0 | 153 | 0% | 153 | 0 | 100% |
| 2122-60 | Planning & Performance team - reduce budget for travel & printing £3k; Consultant Travel £10k | Stephen Whiston | 13 | 0 | 13 | 0% | 13 | 0 | 100% |
| 2122-61 | re-grade of project manager post in Planning & Performance team | Stephen Morrow | 7 | 0 | 7 | 0% | 7 | 0 | 100% |
| 2122-62 | removal of surplus from social prescribing budget | Nicola Schinaia | 30 | 30 | 0 | 100% | 30 | 0 | 100% |
| 2122-63 | removal of surplus from public engagement £8k | Nicola Schinaia | 8 | 8 | 0 | 100% | 8 | 0 | 100% |
| 2122-64 | Medical director budget - reduce Travel | Rebecca Helliwell | 4 | 4 | 0 | 100% | 4 | 0 | 100% |
| 2122-65 | Lead Nurse budget reduce Travel £2k and Child Protection £5k | Liz Higgins | 7 | 0 | 7 | 0% | 7 | 0 | 100% |
| 2122-66 | Savings from building rationalisation following increase in home working | Kevin Willan | 100 | 12 | 88 | 12% | 12 | 88 | 12% |
| 2122-67 | Finance Hours reduction of 0.6 Band 4 £17k; travel and stationery £3k; | Morven Moir | 20 | 20 | 0 | 100% | 20 | 0 | 100% |
| 2122-69 | People & Change saving on Travel and printing £4k | Charlie Gibson | 4 | 4 | 0 | 100% | 4 | 0 | 100% |
| 2122-71a | Non-recurring vacancy savings for one year only, reflecting continued reduction of activity into 2021/22 due to pandemic | M Moir | 750 | 750 | 0 | 100% | 750 | 0 | 100% |
| Totals | | | 5,062 | 1,450 | 3,612 | 29% | 4,065 | 997 | 80% |
| Non Recurring Savings - Social Work | | | | | | | | | |
| sub-total | | | 0 | 0 | 0 | | | | |
| Non Recurring Savings - Health | | | | | | | | | |
| AB2021-2 Dunoon Gum Clinic | | | 0.0 | 20.0 | (20.0) | | | | |
| AB1920-3 Bed reduction savings : Dunoon | | | 0.0 | 150.0 | (150.0) | | | | |
| sub-total | | | 0 | 170 | (170) | | | | |
| Totals | | | 0 | 170 | (170) | | | | |
| ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2020/21 | | | 9,332 | 3,967 | 5,365 | 43% | 7,153 | 2,179 | 77% |

Appendix 3 (b)

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2021/22

| Ref. | Savings Description | Manager | Year to 31 July 2021 | | | | Full Year Forecast | | | |
|----------|---|--|----------------------|-------------|-----------|----------|--------------------|-----------|----------|--|
| | | | Target | Achievement | Shortfall | % | Achievement | Shortfall | % | |
| | | | £' 000 | £' 000 | £' 000 | Achieved | £' 000 | £' 000 | Achieved | |
| 1819-8 | Assessment and Care Management | Caroline Cherry | 42 | 28 | 14 | 66% | 28 | 14 | 66% | |
| 1819-19b | Review and Redesign of Learning Disability Services - Sleepovers and Technology Argyll Wide | Jim Littlejohn | 118 | 0 | 118 | 0% | 18 | 100 | 15% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Sleepovers and Technology - Mid Arqvl | Jim Littlejohn | 4 | 0 | 4 | 0% | 2 | 2 | 50% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Sleepovers and Technology - Kintyre | Jim Littlejohn | 3 | 0 | 3 | 0% | 1 | 1 | 50% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Sleepovers and Technology - Lorn | Jim Littlejohn | 15 | 0 | 15 | 0% | 7 | 7 | 50% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Sleepovers and Technology - Bute | Jim Littlejohn | 1 | 0 | 1 | 0% | 1 | 1 | 50% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Sleepovers and Technology - Cowal | Jim Littlejohn | 12 | 0 | 12 | 0% | 6 | 6 | 50% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Sleepovers and Technology - Helensburgh | Jim Littlejohn | 16 | 0 | 16 | 0% | 8 | 8 | 50% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Packages of Care Mid Argyll | Jim Littlejohn | 34 | 33 | 1 | 98% | 34 | 0 | 99% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Packages of Care Kintyre | Jim Littlejohn | 26 | 5 | 21 | 20% | 16 | 10 | 60% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Packages of Care Lorn | Jim Littlejohn | 46 | 22 | 24 | 48% | 34 | 12 | 74% | |
| 1819-19a | Review and Redesign of Learning Disability Services - Packages of Care Helensburgh | Jim Littlejohn | 13 | 0 | 13 | 0% | 7 | 7 | 50% | |
| 1819-19b | Review of Ext Residential Learning Disability Placements | Jim Littlejohn | 194 | 0 | 194 | 0% | 29 | 165 | 15% | |
| 1819-22 | Adult Care West - Restructure of Neighbourhood Teams (SW & Health) | Caroline Cherry | 250 | 0 | 250 | 0% | 0 | 250 | 0% | |
| 1819-25 | Older People Day/Resource Centre - Address high levels of management - consolidate opening hours - shared resource | Caroline Cherry | 57 | 0 | 57 | 0% | 57 | 0 | 100% | |
| 1819-31 | Integrate HSCP Admin, digital Tech and Central Appoint System | Patricia Renfrew/ Kirsteen Larkin | 104 | 0 | 104 | 0% | 52 | 52 | 50% | |
| 1819-33 | Catering, Cleaning and other Ancillary Services | Tricia / Jayne Jones / Caroline Cherry | 70 | 0 | 70 | 0% | 35 | 35 | 50% | |
| 1819-42 | Contract Management reducing payments to Commissioned External providers | Stephen Whiston | 33 | 0 | 33 | 0% | 17 | 17 | 50% | |
| 1819-46 | Adopt a Single Community Team Approach to undertaking Assessment and Care Management | Caroline Cherry | 120 | 0 | 120 | 0% | 0 | 120 | 0% | |
| 1920-40 | Implement best practice approaches for care at home and re-ablement across all areas following Bute pilot | Caroline Cherry/ G McCready | 300 | 127 | 174 | 42% | 170 | 130 | 57% | |
| 1920-41 | Extend use of external home care transferring hours as gaps occur | Donald Watt | 33 | 0 | 33 | 0% | 8 | 25 | 25% | |
| 1920-43 | Cap on overtime | Donald Watt | 87 | 18 | 69 | 21% | 35 | 52 | 41% | |
| 2021-5 | Bring staffing within ECCT teams and Mull Progressive Care Centre into line with best practice elsewhere | Caroline Cherry/ Donald Watt | 85 | 58 | 27 | 69% | 85 | 0 | 100% | |
| 2021-7a | 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) - Dementia Rothesay | Donald Watt | 10 | 0 | 10 | 0% | 10 | 0 | 100% | |
| 2021-7a | 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) - Oban Day Centre | Donald Watt | 10 | 0 | 10 | 0% | 10 | 0 | 100% | |
| 2021-7a | 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) - Struan Day Centre | Donald Watt | 18 | 0 | 18 | 0% | 18 | 0 | 100% | |
| 2021-7b | Review of provisioning of day services and remodel considering options of Jim Littlejohn | Jim Littlejohn | 29 | 0 | 29 | 0% | 29 | 0 | 100% | |
| 2021-7b | Review of provisioning of day services and remodel considering options of Jim Littlejohn | Jim Littlejohn | 27 | 0 | 27 | 0% | 27 | 0 | 100% | |
| 2021-7b | 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) - Lorn Resource | Jim Littlejohn | 44 | 17 | 27 | 39% | 44 | 0 | 100% | |
| 2021-7b | 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) - Phoenix | Jim Littlejohn | 22 | 0 | 22 | 0% | 22 | 0 | 100% | |
| 2021-7b | 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) - ASIST | Jim Littlejohn | 41 | 0 | 41 | 0% | 41 | 0 | 100% | |
| 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% | 25 | 25 | 50% | |

| Ref. | Savings Description | Manager | Year to 31 July 2021 | | | | Full Year Forecast | | |
|---------------|---|-----------------|----------------------|-------------|--------------|------------|--------------------|--------------|------------|
| | | | Target | Achievement | Shortfall | % | Achievement | Shortfall | % |
| | | | £' 000 | £' 000 | £' 000 | Achieved | £' 000 | £' 000 | Achieved |
| 2021-32 | Review housing support services and remove where not required for LD and PD clients - Mid Arqvl | Julie Lusk | 26 | 0 | 26 | 0% | 13 | 13 | 50% |
| 2021-32 | Review housing support services and remove where not required for LD and PD clients - Kintyre | Julie Lusk | 19 | 0 | 19 | 0% | 9 | 9 | 50% |
| 2021-32 | Review housing support services and remove where not required for LD and PD clients - Lorn | Julie Lusk | 45 | 0 | 45 | 0% | 23 | 23 | 50% |
| 2021-32 | Review housing support services and remove where not required for LD and PD clients - Cowal | Julie Lusk | 39 | 18 | 21 | 46% | 29 | 11 | 73% |
| 2021-32 | Review housing support services and remove where not required for LD and PD clients - Helensburgh | Julie Lusk | 45 | 0 | 45 | 0% | 23 | 23 | 50% |
| 2122-01 | Align business model for staffing for the 3 children's homes | Mark Lines | 100 | 85 | 15 | 85% | 100 | 0 | 100% |
| 2122-02 | Carry out hostel review to achieve best value in admin and catering | Mark Lines | 44 | 21 | 23 | 47% | 44 | 0 | 100% |
| 2122-03 | Do not replace independent chair of panel | Mark Lines | 8 | 6 | 2 | 75% | 6 | 2 | 75% |
| 2122-09 | When a new client is assessed as requiring 24 hour care and refuses care home placement, offer to fund a package of care at home up to £30k, allowing the service user to fund the additional hours of care if they chose to remain at home | Donald Watt | 60 | 0 | 60 | 0% | 15 | 45 | 25% |
| 2122-11 | Remove funding for all lunch clubs | Donald Watt | 29 | 0 | 29 | 0% | 29 | 0 | 100% |
| 2122-15a | End grants paid to link clubs, some of which are no longer providing services | Nikki Gillespie | 2 | 0 | 2 | 0% | 2 | 0 | 100% |
| 2122-54 | Reduction in supported living packages through improved commissioning | Jim Littlejohn | 30 | 0 | 30 | 0% | 30 | 0 | 100% |
| Totals | | | 2,360 | 438 | 1,922 | 19% | 1,196 | 1,164 | 51% |

ARGYLL & BUTE HEALTH SAVINGS PLAN 2020/21

| Ref. | Savings Description | Manager | Year to 31 July 2021 | | | | Full Year Forecast | | |
|----------|---|----------------------------|----------------------|-------------|-----------|----------|--------------------|-----------|----------|
| | | | Target | Achievement | Shortfall | % | Achievement | Shortfall | % |
| | | | £' 000 | £' 000 | £' 000 | Achieved | £' 000 | £' 000 | Achieved |
| 1819-32 | Catering & cleaning review | Caroline Cherry | 20 | 0 | 20 | 0% | 20 | 0 | 100% |
| 1819-44 | Advanced Nurse Practitioners - Oban | Caroline Henderson | 14 | 0 | 14 | 0% | 0 | 14 | 0% |
| 1819-53 | Vehicle Fleet Services | Stephen Whiston | 18 | 0 | 18 | 0% | 18 | 0 | 100% |
| 1920-3 | Health Promotion Discretionary Budgets | Alison McGrory | 54 | 0 | 54 | 0% | 0 | 54 | 0% |
| 1920-4 | Review of Service Contracts | Judy Orr | 64 | 0 | 64 | 0% | 64 | 0 | 100% |
| 1920-8b | GP Prescribing | Fiona Thomson | 500 | 103 | 397 | 21% | 500 | 0 | 100% |
| 1920-22 | Dunoon Medical Services | Rebecca Heliwell | 100 | 0 | 100 | 0% | 0 | 100 | 0% |
| 1920-35 | Bed reduction savings - Dunoon | Jane Williams | 150 | 0 | 150 | 0% | 0 | 150 | 0% |
| 1920-38a | LIH Theatre nurse staffing - HAK112 | Caroline Henderson | 30 | 0 | 30 | 0% | 30 | 0 | 100% |
| 1920-38b | Lorn & Islands Hospital staffing | Caroline Henderson | 28 | 0 | 28 | 0% | 28 | 0 | 100% |
| 2021-1 | Mental Health redesign of dementia services (excludes commissioned services) | Caroline Cherry | 200 | 0 | 200 | 0% | 200 | 0 | 100% |
| 2021-2 | Standardise procurement of food across all sites and expansion in conjunction with Council for early years | Caroline Cherry | 69 | 0 | 69 | 0% | 69 | 0 | 100% |
| 2021-3 | AHP - carry out workforce planning and establishment setting to find efficiencies in posts and realign services provided to match | Linda Currie | 86 | 0 | 86 | 0% | 86 | 0 | 100% |
| 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% | 100 | 0 | 100% |
| 2021-4b | Right size admin budgets Mid Argyll and LIH | Caroline Cherry | 45 | 0 | 45 | 0% | 45 | 0 | 100% |
| 2021-15 | Investment fund savings - reduce spend on Care & repair by £60k originally funded as short term investment | C Cherry / J Littlejohn | 60 | 0 | 60 | 0% | 0 | 60 | 0% |
| 2021-16 | Rationalisation of medical services for Dunoon | Rebecca Heliwell | 20 | 0 | 20 | 0% | 0 | 20 | 0% |
| 2021-17 | Ongoing grip and control of all non-essential expenditure | Caroline Cherry/Julie Lusk | 256 | 0 | 256 | 0% | 256 | 0 | 100% |
| 2021-19 | Redesign of hotel services to reflect reduction in inpatient numbers | Caroline Cherry | 99 | 0 | 99 | 0% | 99 | 0 | 100% |
| 2021-20 | Centralised booking of medical records - reduction in admin costs | Stephen Whiston | 97 | 0 | 97 | 0% | 97 | 0 | 100% |
| 2021-23 | Catering & domestic - spending below budgets | Caroline Cherry | 30 | 0 | 30 | 0% | 30 | 0 | 100% |
| 2021-29 | Dunoon Gum clinic - underspend | Caroline Cherry | 20 | 0 | 20 | 0% | 0 | 20 | 0% |
| 2021-57 | Fleet management - electric vehicles, improved accuracy of mileage claims using postcodes; fuel savings through use of telematic data | Stephen Whiston | 40 | 0 | 40 | 0% | 40 | 0 | 100% |
| 2021-58 | Additional income from other health boards (being achieved in 19/20) | George Morrison | 200 | 0 | 200 | 0% | 200 | 0 | 100% |

| Ref. | Savings Description | Manager | Year to 31 July 2021 | | | | Full Year Forecast | | | |
|--|---|----------------------|----------------------|-----------------------|---------------------|---------------|-----------------------|---------------------|---------------|--|
| | | | Target £' 000 | Achievement £' 000 | Shortfall £' 000 | % Achieved | Achievement £' 000 | Shortfall £' 000 | % Achieved | |
| 2021-64 | Review of Forensic Medical Examiner Costs - particularly Bute & Cowal and Out of hours costs (full year saving may only be available in 2021/22) | Rebecca Heliwell | 50 | 0 | 50 | 0% | 0 | 50 | 0% | |
| 2021-65 | Review of support payments to GP practices | Rebecca Heliwell | 50 | 0 | 50 | 0% | 0 | 50 | 0% | |
| 2021-66 | Community dental practices | Donald MacFarlane | 15 | 0 | 15 | 0% | 0 | 15 | 0% | |
| 2122-04 | Bring back urology services from NHS Greater Glasgow & Clyde and offer from Oban Hospital instead | Caroline Henderson | 110 | 0 | 110 | 0% | 0 | 110 | 0% | |
| 2122-10 | Redirect Oban Integrated Care Funding (used to pay grants to a range of voluntary sector organisations) to pay for day responder service as in | Donald Watt | 74 | 43 | 31 | 58% | 43 | 31 | 58% | |
| 2122-15b | End grants paid to link clubs, some of which are no longer providing services | Nikki Gillespie | 5 | 0 | 5 | 0% | 5 | 0 | 100% | |
| 2122-17 | Encourage clients to have individual tenancies with housing association - they will qualify for benefits covering housing costs - rather than HSCP paying for rents and council tax - encouraging fuller independence for | Nikki Gillespie | 9 | 0 | 9 | 0% | 0 | 9 | 0% | |
| 2122-18 | Reduce Senior Dental Officer post by 0.4 WTE | Donald Macfarlane | 40 | 0 | 40 | 0% | 40 | 0 | 100% | |
| | | | 35 | 0 | 35 | 0% | 0 | 35 | 0% | |
| 2122-25 | Remove 0.7 health visitor post following retirements | Patricia Renfrew | | | | | | | | |
| 2122-26 | Remove advanced nurse vulnerable groups post | Patricia Renfrew | 60 | 0 | 60 | 0% | 0 | 60 | 0% | |
| 2122-28 | Reduction in Staff Nurse and Community Children's Nurse hours | Patricia Renfrew | 16 | 0 | 16 | 0% | 16 | 0 | 100% | |
| 2122-29 | slight reduction in admin hours | Patricia Renfrew | 6 | 0 | 6 | 0% | 6 | 0 | 100% | |
| 2122-30 | introduce more re-use of walking frames and improved procurement of musculo skeletal supplies | Linda Currie | 20 | 0 | 20 | 0% | 20 | 0 | 100% | |
| 2122-31 | Kintyre OT £13; Kintyre Physio £4k; Mid Argyll Physio £4k | Linda Currie | 21 | 0 | 21 | 0% | 21 | 0 | 100% | |
| 2122-32 | 1% general efficiency requirement across all hospital budgets | split | 487 | 0 | 487 | 0% | 380 | 107 | 78% | |
| 2122-33 | centralise lab ordering £20k and theatre stock ordering £5 along with North Highland | Caroline Henderson | 25 | 5 | 20 | 20% | 25 | 0 | 100% | |
| 2122-34 | Oban hospital: outreach clinics £5k; TSSU transfer to N Highland £5k | Caroline Henderson | 10 | 0 | 10 | 0% | 10 | 0 | 100% | |
| 2122-35 | Mid Argyll hospital removal of surplus budgets on hotel services £20k, comms £4.3k; GMS out of hours £2k; equipment £1.5k | Tina Watt | 28 | 0 | 28 | 0% | 28 | 0 | 100% | |
| 2122-36 | Campbeltown hospital patients travel £30k | Margaret Macfarlane | 30 | 0 | 30 | 0% | 30 | 0 | 100% | |
| 2122-37 | Campbeltown hospital catering £14k; | Margaret Macfarlane | 14 | 0 | 14 | 0% | 14 | 0 | 100% | |
| 2122-38 | Campbeltown hospital sundry underspends comms £6k; portering £1; pharmacy £6k; general management discretionary £5k, transport £2k; GMS out of hours £1.5k | Margaret Macfarlane | 22 | 9 | 13 | 42% | 22 | 0 | 100% | |
| 2122-40 | Cowal Pharmacy | Jayne Lawrence-Winch | 10 | 0 | 10 | 0% | 0 | 10 | 0% | |
| 2122-42 | Islay: saving on local outreach clinics and accommodation through more remote clinics | Alan Beresford | 15 | 0 | 15 | 0% | 15 | 0 | 100% | |
| 2122-43 | Oban Patient travel £25k; staff travel £10k | Kate Brown | 35 | 0 | 35 | 0% | 35 | 0 | 100% | |
| 2122-44 | Oban paramedical supplies £5k | Kate Brown | 5 | 0 | 5 | 0% | 5 | 0 | 100% | |
| 2122-46 | Helensburgh outreach clinics £8k; casualty payments £14k, | Carol-Anne McDade | 22 | 8 | 14 | 36% | 8 | 14 | 36% | |
| 2122-59 | HSCP telephony new contract £153k; | Stephen Morrow | 153 | 0 | 153 | 0% | 153 | 0 | 100% | |
| 2122-60 | Planning & Performance team - reduce budget for travel & printing £3k; Consultant Travel £10k | Stephen Whiston | 13 | 0 | 13 | 0% | 13 | 0 | 100% | |
| 2122-61 | re-grade of project manager post in Planning & Performance team | Stephen Morrow | 7 | 0 | 7 | 0% | 7 | 0 | 100% | |
| 2122-65 | Lead Nurse budget reduce Travel £2k and Child Protection £5k | Liz Higgins | 7 | 0 | 7 | 0% | 7 | 0 | 100% | |
| 2122-66 | Savings from building rationalisation following increase in home working | Kevin Willan | 100 | 12 | 88 | 12% | 12 | 88 | 12% | |
| Totals | | | 3,792 | 180 | 3,612 | 5% | 2,795 | 997 | 74% | |
| ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2020/21 | | | 6,152 | 618 | 5,535 | 10% | 3,991 | 2,161 | 65% | |

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2021/22

| Ref. | Unachieved Savings Description | Manager | Target £'000 | Achieved £'000 | Forecast £'000 | Actions Completed as at 30th June 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 |
|------------------------------|---|-------------------------------|--------------|----------------|----------------|---|--|---|--|--|
| 1819-8/22/46 | Adult Care West - Restructure of Community Teams (SW & Health) and adopt a single community team approach to undertaking assessment and care management | Caroline Cherry / G Mc Cready | 412 | 28 | 28 | SLWG established . CRG process has been reviewed and new process to be cascaded to all area managers. This will ensure standardisation of Care Packages and increased quality control. Initial savings of 28K identified from staffing resource in Kintyre. | This work has to be re scoped. Working group identified and terms of reference and membership agreed. | Re-focus onto deliverable actions supported by project plan | The detail of the scope of this work has to be re-visited and alternative options explored. SG engagement in new policy direction is currently being completed in September. The outcome of this work will help inform future direction. | To be revisited following SG engagement in new National Care Standards. |
| 1819-19b | Development of Core & Cluster Models and Repatriation of Out of Area Placements | Jim Littlejohn | 312 | 0 | 47 | SIO now appointed. Service Manager with a focus on this portfolio appointed. Fyne View site awaiting resolution of fire issues. 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. Saving expected following negotiation of new supported living rate for Daldorch. 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 completion 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. | See MH/LD Progress Update Report | Complexities in service delivery and local housing opportunities. See MH/LD progress update for more information | Please see paragraph 3.19 in the MH/LD progress update for full details. |
| 1819-19a / 2021-30 / 2021-32 | Review of LD Care Packages A&B wide (overall target split equally across 4 localities) | Jim Littlejohn | 394 | 79 | 237 | 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 Daldorch moving from residential to supported living - variation now approved by Care Inspectorate | See MH/LD Progress Update Report | See paragraph 3.24 in Update Report | See Update Report |
| 1819-25 / 2021-7a | Older People Day Centres - 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) | Donald Watt | 96 | 0 | 96 | 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. No vacancies being filled on permanent basis as services paused. | Initial scoping meetings have taken place to explore the focus from previous model to a more respite focussed service. This change has been identified post Covid based on demand for this Service. New Manager in post for Thompson Court and SIO supporting to manage change. | This change will ensure the delivery of the saving . | Forecasting full achievement | n/A |
| 2021-7b | 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) | Jim Littlejohn | 162 | 17 | 162 | 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. 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 | Full delivery of Savings forecast | Forecasting full achievement | n/A |

| Ref. | Unachieved Savings Description | Manager | Target £'000 | Achieved £'000 | Forecast £'000 | Actions Completed as at 30th June 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 | 127 | 170 | SIO appointed. Scrutiny of block contracts has been started to identify areas of down time. Final agreement for the Tighnabruich 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. Further work is on-going in Oban (with Lesley) and MAKI, learning from the Strachur work | 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. | In addition to an increase in the demand for service and a number of providers unable to sustain their service contracts has resulted in this work being put on hold. | 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 Providers sustainability issues. |
| 2021-5 & 1920-45 | Bring staffing within ECCT teams and Mull Progressive Care Centre into line with best practice elsewhere | Caroline Cherry/Morvan McAlister, | 85 | 58 | 85 | Project team established and new area manager leading . | Work to progress and realise the full savings in terms of identifying areas for efficiency. | Focus onto deliverable actions supported by project plan | No shortfall forecast | n/a |
| 1819-31 | Integrate HSCP Admin, digital Tech and Central Appointment System | Tricia Renfrew/ Kirsteen Larkin/ Stephen Whiston | 104 | 0 | 52 | 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 |
| 2122-01 | Align business model for staffing for the 3 children's homes | Mark Lines | 100 | 85 | 100 | Further £31k to be declared M2 from bank staff savings | Options identified for remaining £15k savings | expect to deliver in full | No shortfall forecast | N/A |
| 1920-43 | Cap on overtime CAH internal service | Donald Watt | 87 | 18 | 35 | A saving of £18,221 has been declared against this line through Carr Gomm agreeing to no uplift this year. 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. |
| 1819-33 | Catering, Cleaning and other Ancillary Services | Jayne Jones / Caroline Cherry | 70 | 0 | 35 | Catering review on shared services basis is continuing with Council. Programme Manager in post and is exploring opportunities to reduce costs or generate additional income. Catering services at Thompson court being utilised to deliver early years provision. | Continue to rationalise catering services across the HSCP. | Full realisation of savings. | There has been some slippage in the recruitment of the programme manager. Forecasting on 50% but expectation fully realised next year. | Confident that these savings will be delivered longer term. |
| 2122-09 | When a new client is assessed as requiring 24 hour care and refuses care home placement, offer to fund a package of care at home up to £30k, allowing the service user to fund the additional hours of care if they chose to remain at home | Donald Watt | 60 | 0 | 15 | Agreement by HOS of Adults and LD/MH to explore a joint approach. Agreement to establish a multi skilled review team. | Review and approval of new policy on capping the amount of care to 30K. This is currently being drafted and will be progressed for approval. Once approved this will ensure consistency across high packages of care. | | | |
| 2122-02 | Carry out hostel review to achieve best value in admin and catering | Mark Lines | 44 | 21 | 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. Ronnie Mahoney progressing with both managers and options have been identified to deliver. Timing will depend on staff turnover to some extent. | expect to deliver in full | No shortfall forecast | N/A |

| Ref. | Unachieved Savings Description | Manager | Target £'000 | Achieved £'000 | Forecast £'000 | Actions Completed as at 30th June 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 |
|---------------|---|-----------------|--------------|----------------|----------------|--|---|---|--|--|
| 1819-42 | Contract Management reducing payments to Commissioned External providers | Stephen Whiston | 33 | 0 | 17 | Ewan currently working with NHS Highland to identify contract managers and to agree a timetable for 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. To assess if this saving should be allocated to home care as bulk of contracts are for home care | SLAs review completed and cost profile completed. | Delays in reviewing SLA, and difficulties anticipated in reducing costs due to notice periods etc. | Full year effect expected to be achieved. |
| 1920-41 | Extend use of external home care transferring hours as gaps occur | Donald Watt | 33 | 0 | 8 | 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 |
| 2122-54 | Reduction in supported living packages through improved commissioning | Jim Littlejohn | 30 | 0 | 30 | 3.1 In order to support the reviews of existing care packages, both Heads of Service for Adult Care have agreed to support the development of a Reviewing Team, consisting of 1 x Care Assessment and Reviewing Officer and 2 x Reviewing Officers to focus on the review of care packages over £30k. The new posts are currently going through job evaluation process. | See Update Report MH/LD | Full achievement of Savings. | | |
| 2122-11 | Remove funding for all lunch clubs | Donald Watt | 29 | 0 | 29 | This work needs to link to the wider community assets work. A programme Board for catering has been established and will take the lunch club work forward to identify actual service delivery, costs and income. Highlighted that the agreed rate for payment for lunches (agreed annually by Council as part of fees and charges paper) does not appear to be applied consistently. | continue with review of all the lunch clubs and related costs and funding | Representation on the community assets project will ensure that this reduction will not impact on community assets. | Forecast full saving | N/A |
| 2122-03 | Do not replace independent chair of panel | Mark Lines | 8 | 6 | 6 | Contract terminated and last panel with independent chair held in May | Savings achieved from end of May. To be calculated and declared. | expect to deliver in full | Forecast full saving | N/A |
| 2122-15a | End grants paid to link clubs, some of which are no longer providing services | Nikki Gillespie | 2 | 0 | 2 | met with and discussed with Kintyre Link Club | To notify provider of the removal of the funding. | expect to deliver in full | Forecast full saving | N/A |
| Totals | | | 2,361 | 439 | 1,198 | | | | | |

ARGYLL & BUTE HEALTH SAVINGS PLAN 2020/21

| Ref. | Unachieved Savings Description | Manager | Target £'000 | Achieved £'000 | Forecast £'000 | Actions completed to 31 July 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 |
|---------|---|---------|--------------|----------------|----------------|--|---|---|---|---|
| 2122-32 | 1% general efficiency requirement across all hospital budgets | split | 487 | 0 | 380 | Workshops have been held to ensure managers are aware of the accountability to meeting efficiency. Some services have made significant progress. | continue to progress identification of savings areas. Bute - progress across a number of areas including: outreach clinics (£10k), ECCT – underspend on continence products (£10k), resettlement budget (£5k), Pharmacy (£3k), plus various smaller savings Mid Argyll - every department's budgets had been reviewed with finance team, and some small savings identified. Looking at OOH taxi provision as we still have porters on call. Arranging meeting with LH reps to review outreach clinics H&L - Also looking at Minor injuries service. Savings of c £5k from continence products has been identified. 1% discussed at team meetings but limited options available. | Four weekly meeting with chief finance Officer where progress is reported and details of efficiencies explored. | Managers are continuing to explore opportunities to realise this saving . | Ongoing progress meetings. SIO and PMO officers supporting opportunities to explore . |

| Ref. | Unachieved Savings Description | Manager | Target £'000 | Achieved £'000 | Forecast £'000 | Actions Completed as at 30th June 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 |
|-----------------------|--|----------------------------|--------------|----------------|----------------|--|---|---|---|---|
| 1920-8b | GP Prescribing | Fiona Thomson | 500 | 103 | 500 | | Clinical Pharmacists will work with GP practices to deliver savings from 6 areas. Plans agreed for 2020/21 reviewed and updated for delivery in 21/22 as follows: 1. Practice based medicines optimisation = £290k 2. Inhaler Switches (First line/triple therapy devices) = £40k 3. Repeat Prescribing Systems = £45k 4. Scriptswitch = £110k 5. Review of Thiamine prescribing = £8k 6. Brands to Generic = £5k | Full delivery of Saving | No expected shortfall | Not yet identified |
| 2021-17 | Ongoing grip and control of all non-essential expenditure | Caroline Cherry/Julie Lusk | 256 | 0 | 256 | 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 to be declared. To allocate savings to service managers. | Realise full savings are expected. | No shortfall | Ongoing monitoring through four weekly savings meeting. |
| 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 | 218 | 0 | 218 | 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. | Programme manager now progressing project on full time basis. Lunch clubs review progressing | 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. |
| 2021-1 | Mental Health redesign of dementia services (excludes commissioned services) | Caroline Cherry | 200 | 0 | 200 | Closure of Knapdale as part of service redesign was approved by the IJB in March 20. all patients now moved on. Working on staff redeployment which is nearly complete - can't declare saving until all staff redeployed. | Declared as non-recurrent saving in 2020/21. Consultant post being recruited (readvertised) which will reduce locum costs, and the new SW posts being recruited to. Team lead now matched in and admin worker appointed. 2 HCAs in trial posts and 4 staff still supernumerary. | Expect to deliver in full with any balance as non-recurrent saving in 2021/22 | No shortfall | N/A |
| 2021-58 | Additional income from other health boards (being achieved in 19/20) | George Morrison | 200 | 0 | 200 | Work ongoing to assess savings for declaration, summer income levels are at budgeted levels | Continue to assess, Normally two thirds of income achieved in first 6 months of year. | Updated forecast | N/A | N/A |
| 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 | 197 | Rapid move to digital working, use of MS Teams and less travel due to Covid 19 . Working with North Highland on use of Netcall system for appointment booking. Looking at Active Clinical & Referral Triage. Workshops taken place to scope. Work re-started in October. SW has established a Business Admin Transformation Board. | To take forward with 1819-31 review of social work admin. Updates on progress being provided monthly to Service Transformation Board and progress being made | Updated forecast | No shortfall | N/A |
| 2122-59 | HSCP telephony new contract £153k; | Stephen Morrow | 153 | 0 | 153 | contract awarded and implementation completed. | Work to verify savings is to be undertaken | Updated Forecast to full realisations. | Delays due to BT capacity | Not yet identified |
| 1920-35 | Bed reduction savings : Dunoon | Jayne Lawrence-Winch | 150 | 0 | 0 | Saving has been declared non-recurrently | 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 | Remobilisation following Covid. | Non-recurrent savings declared of £120k last year and expect to make it recurrent this year |

| Ref. | Unachieved Savings Description | Manager | Target £'000 | Achieved £'000 | Forecast £'000 | Actions Completed as at 30th June 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 | 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. Agreed to tender in parallel with building works once funding agreed by Scot Gov. | 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 |
| 2122-04 | Bring back urology services from NHS Greater Glasgow & Clyde and offer from Oban Hospital instead | Caroline Henderson | 110 | 0 | 0 | Requires engagement of service management in Raigmore to progress | Engage with Raigmore to progress governance arrangements | Further discussions are ongoing to explore opportunities for development of this service. | Slippage on negotiating with NHS Highland of the move. Planning assumption was governance would sit with Raigmore. | |
| 2122-66 | Savings from building rationalisation following increase in home working | Kevin Willan | 100 | 12 | 12 | home working survey completed | results of survey to be assessed. Mid Argyll to be targeted as area of opportunity | Full delivery of Saving | Work is progressing to identify further opportunities. | |
| 2021-3 | AHP - carry out workforce planning and establishment setting to find efficiencies in posts and realign services provided to match | Linda Currie | 86 | 0 | 86 | Target fully met for 2020/21 with balance from non-recurring. A review of the workforce will be completed in Oct and will inform any savings declared after Oct | Preparation for Oct review | Updated forecast | | Not yet identified |
| 2122-10 | Redirect Oban Integrated Care Funding (used to pay grants to a range of voluntary sector organisations) to pay for day responder service as in other areas | Donald Watt | 74 | 43 | 43 | Frailty contract altered with saving being phased in £43k in 21/22 and full £74k by end of year | To identify how shortfall will be covered for 21/22 | maximise savings | | |
| 1920-38a/b & 1819-44 | Lorn & Islands Hospital staffing | Caroline Henderson / George Morrison | 72 | 0 | 58 | LH workforce being monitored for savings opportunities. Current impact of covid on staffing is making it difficult to implement any workforce savings. | To continue to discuss at four weekly savings meetings and report to NHS PMO office. | 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. |
| 1920-4 | Review of Service Contracts | Ewan MacGregor | 64 | 0 | 64 | Contract currently being reviewed | 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. | |
| 2021-15 | Investment fund savings - reduce spend on Care & repair by £60k originally funded as short term investment | J Littlejohn/C Cherry | 60 | 0 | 0 | Report presented to SLT in July following end to end process review. Decision to not progress was made. CCH and procurement to contact providers and ask for some contribution towards this saving. | Procurement and HOS to meet with Care and Repair and renegotiate terms of the contract. New contract manager to be identified to progress discussion.s | Update forecast | Provider sustainability concerns. | Meetings with provider |
| 2122-26 | Remove advanced nurse vulnerable groups post | Patricia Renfrew | 60 | 0 | 0 | Workforce planning review to be completed to ensure minimum safety levels for service delivery. | Outcome of workforce planning will inform next steps. | Next steps. | Risk on Service deliverability staffing levels. | |
| 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 | 58 | 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 | Update forecast | Expected to achieve full savings . | |
| 1920-3 | Health Promotion Discretionary Budgets | Nicola Schinaia | 54 | 0 | 0 | Postholder has yet to be redeployed | assess alternative savings for next year | Update forecast | Expected staff member to be made permanent redeployed. | Not yet identified |

| Ref. | Unachieved Savings Description | Manager | Target £'000 | Achieved £'000 | Forecast £'000 | Actions Completed as at 30th June 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 |
|---------|---|------------------------------------|--------------|----------------|----------------|--|---|---|--|--|
| 2021-64 | Review of Forensic Medical Examiner Costs - particularly Bute & Cowal and Out of hours costs (full year saving may only be available in 2021/22) | Rebecca Heliwell & George Morrison | 50 | 0 | 0 | Contracts costs and end dates collated showing wide variation in costs and low usage 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 . Alternatively include along with new hospital contracts for Dunoon | | Covid-19 | Not yet identified |
| 2021-65 | Review of support payments to GP practices | Rebecca Heliwell & George Morrison | 50 | 0 | 0 | not yet progressed | New Director to take the lead for progressing this when in post due in next few months. | | | Not yet identified |
| 2021-4b | Right size admin budgets Mid Argyll and LH | Caroline Cherry | 45 | 0 | 45 | Review has shown currently no scope for savings at present | assess savings for next meeting | Paused due to Covid | | Not yet identified |
| 2122-18 | Reduce Senior Dental Officer post by 0.4 WTE | John Lyon | 40 | 0 | 40 | post vacant early April. Replacement post to be charged across Community dental / public dental service to create saving | confident to deliver. Going to workforce monitoring in May to recruit to vacancy | expect to deliver in full | N/A | N/A |
| 2122-25 | Remove 0.7 health visitor post following retirements | Patricia Renfrew | 35 | 0 | 0 | subject to review through workforce planning process. | | Report fully in September | | Not yet identified |
| 2122-43 | Oban Patient travel £25k; staff travel £10k | Morven McPhlips | 35 | 0 | 35 | | expected to deliver later in year | | | |
| 2122-36 | Campbeltown hospital patients travel £30k | Margaret Macfarlane | 30 | 0 | 30 | | expected to deliver later in year | | | |
| 2122-35 | Mid Argyll hospital removal of surplus budgets on hotel services £20k comms £4.3k; GMS out of hours £2k; equipment £1.5k | Tina Watt | 28 | 0 | 28 | workshop held with all area managers to review savings opportunities on 29 April | Reduction of 1.0 wte domestic post – JD to follow this up with Kate Taylor. | maximise savings | | Not yet identified |
| 2122-33 | centralise lab ordering £20k and theatre stock ordering £5 along with North Highland | Caroline Henderson | 25 | 5 | 25 | Theatre stock saving declared | Potential impact of managed service contract to be assessed | | | |
| 2122-46 | Helensburgh outreach clinics £8k; casualty payments £14k, | Carol-Anne McDade | 22 | 8 | 8 | Outreach saving declared | Area Manager to start negotiations with GP's in terms of activity levels and contract expectations. | Agreement with GP to reduce 14K | Work not progressed. | |
| 2122-38 | Campbeltown hospital sundry underspends comms £6k; portering £1; pharmacy £6k; general management discretionary £5k, transport £2k; GMS out of hours £1.5k | Margaret Macfarlane | 22 | 9 | 22 | Work ongoing to declare further savings | | | N/A | N/A |
| 2122-31 | Kintyre OT £13; Kintyre Physio £4k; Mid Argyll Physio £4k | Linda Currie | 21 | 0 | 21 | not yet progressed | to complete workforce establishment setting before declaring | | | |
| 2021-29 | Dunoon Gum clinic - underspend | Caroline Cherry | 20 | 0 | 0 | Saving declared non-recurringly whilst HSCP wide review undertaken | review to be progressed | To assess future for this clinic | N/A | N/A |
| 2122-30 | Introduce more re-use of walking frames and improved procurement of musculo-skeletal supplies | Linda Currie | 20 | 0 | 20 | Prior year spend being reviewed | Looking at supplies including walking frames. Issues with space availability at the IES to be resolved | | | |
| 2122-28 | Reduction in Staff Nurse and Community Children's Nurse hours | Patricia Renfrew | 16 | 0 | 16 | Awaiting outcome of workforce planning | once outcome known on workforce planning. | re configure staffing to meet saving. | Expected to achieve full savings . | |
| 2122-42 | Islay: saving on local outreach clinics and accommodation through more remote clinics | Alan Beresford | 15 | 0 | 15 | Remobilisation plans have taken priority | PMO meeting with Manager to discuss specific steps. Meeting arranged for August 21. | Assurance on the deliverability of the savings. | N/A | |
| 2021-66 | Community dental practices | John Lyon | 14 | 0 | 0 | Currents staffing levels are being reviewed. | 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 | Full delivery of Savings. | delayed whilst new Head of Primary Care is recruited | n/a |
| 2122-37 | Campbeltown hospital catering £14k; | Margaret Macfarlane | 14 | 0 | 14 | This saving is being delivered as part of the catering review. | Updates will be reported at savings meetings. | Full realisation of saving. | | |
| 2122-60 | Planning & Performance team - reduce budget for travel & printing £3k; Consultant Travel £10k | Stephen Whiston | 13 | 0 | 13 | confident re team travel and printing budgets | to check potential duplication with area 1% efficiencies re consultant travel | Full delivery | | |
| 2122-34 | Oban hospital: outreach clinics £5k; TSSU transfer to N Highland £5k | Caroline Henderson | 10 | 0 | 10 | Work is planned for later in the year. | | | | |
| 2122-40 | Cowal Pharmacy | Jayne Lawrence-Winch | 10 | 0 | 0 | Saving not being progressed as no opportunities to redesign pharmacy at model now under review with Legal Services | Discuss at next savings review meeting and explore opportunities to reconfigure. | awaiting advice from Legal | | |
| 2122-17 | Encourage clients to have individual tenancies with housing association - they will qualify for benefits covering housing costs - rather than HSCP paying for rents and council tax - encouraging fuller independence for clients | Nikki Gillespie | 9 | 0 | 0 | | | | | |
| 2122-61 | re-grade of project manager post in Planning & Performance team | Stephen Whiston | 7 | 0 | 7 | Postholder retires Oct, post being advertised | confident to deliver | expect to deliver in full | N/A | N/A |
| 2122-65 | Lead Nurse budget reduce Travel £2k and Child Protection £5k | Liz Higgins | 7 | 0 | 7 | Review of travel undertaken | EH had advised that a full review of the CP budget would be required to identify where the £5k saving would be made. | expect to deliver in full | N/A | N/A |
| 2122-29 | slight reduction in admin hours | Patricia Renfrew | 6 | 0 | 6 | NHS Finance are reviewing where the budget | To discuss at savings meetings. | expect to deliver in full | N/A | N/A |
| 2122-44 | Oban paramedical supplies £5k | Morven McPhlips | 5 | 0 | 5 | Plans in place for future delivery | Continue to monitor progression | | | |

| Ref. | Unachieved Savings Description | Manager | Target £' 000 | Achieved £' 000 | Forecast £' 000 | Actions Completed as at 30th June 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 |
|---------------|---|-----------------|------------------|--------------------|--------------------|--|----------------------------------|-----------------------------------|---|---|
| 2122-15b | End grants paid to link clubs, some of which are no longer providing services | Nikki Gillespie | 5 | 0 | 5 | Work ongoing | Continue to monitor progression | expect to deliver in full | N/A | N/A |
| Totals | | | 3,792 | 180 | 2,795 | | | | | |

ARGYLL & BUTE HSCP TOTAL SAVINGS PLAN 2020/21

6,153 618 3,993

Forecast Shortfall

2,160

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Integration Joint Board

Agenda item:

Date of Meeting: 15 September 2021

Title of Report: Financial Recovery Plan 2021/22

Presented by: James Gow, Head of Finance and Transformation

The Integrated Joint Board is asked to:

- Note that the HSCP is required to prepare a Financial Recovery Plan for the current year as a consequence of the forecast deficit, currently £0.8m.
- Approve the Recovery Plan.
- Note that the Recovery Plan will be shared with Argyll and Bute Council and NHS Highland.
- Note that financial performance will continue to be monitored closely.

1. EXECUTIVE SUMMARY

- 1.1 This report provides a Financial Recovery Plan for the HSCP for the current financial year. The Recovery Plan is required to ensure that the HSCP is compliant with the Scheme of Integration.
- 1.2 The HSCP forecast an overspend of £1.6m for quarter one of 2021/22. £1.4m of this related to Social Work Budgets and was reported to Argyll and Bute Council. Since the quarter one report, additional analysis and modelling has been completed and the level of forecast overspending has reduced to £0.8m. This is a relatively small adverse position in the context of the total HSCP budget of £302m, it is intended that the situation will be addressed through management action during the remainder of the year.
- 1.3 The Recovery Plan outlines the intended management action that will be taken to ensure that the HSCP operates within budget. It seeks to be proportionate to the level of overspending currently forecast. Management are mindful of the current operational pressures and action that will result on a detrimental impact on services will only be taken if required. A summary of the intended actions that will be taken as necessary to balance the financial position is provided below:

| Action | Indicative Financial Impact £'000 | Implementation Date |
|---|-----------------------------------|--------------------------|
| Implement new process for approval of Social Work Care Packages | 50 | October 2021 |
| Vacancy Management | 260 | 1 November (if required) |
| Allocation of Income | 200 | On-going |
| Delay Planned Projects | 220 | November (if required) |
| Non-essential spend | 150 | 1 November (if required) |
| Total | 880 | |

- 1.4 The financial position is now a standing item on the Senior Leadership Team agenda and will be reviewed in detail each month, the actions described in the Recovery Plan will be implemented as required.

2. Introduction

- 2.1 The purpose of this report is to outline a Financial Recovery Plan for the Argyll and Bute HSCP for 2021/22 in order to address forecast financial pressures in the current year and deliver a balanced financial position by the end of the year. The HSCP is acutely aware of the requirement to deliver financial balance and consequences for future budgeting and service delivery in the event that it is not able to operate within the resources available.
- 2.2 The Financial Recovery Plan is required to ensure compliance with the Scheme of Integration and once approved by the IJB it will require to be submitted to both Argyll and Bute Council and NHS Highland.
- 2.3 The plan seeks to outline actions that will be taken to manage the financial position. A degree of flexibility is required at present as it must be recognised that efforts to reduce costs will increase operational pressure upon staff and services which, in many cases, are already under severe pressure. It is also likely that the introduction of cost saving measures will impact on the quality and volume of care services delivered.
- 2.4 The forecast overspend is £0.8m against a full year budget of £302m, this level of potential overspend has been identified early in the year and management action will be taken to manage within budget in 2021/22.

3. Current Position

- 3.1 The financial monitoring and forecasting processes within the HSCP have identified a number of emerging financial pressures. The financial reporting at the end of quarter 1 forecast an overall overspend totalling £1.6m. Of this total overspend, £1.4m was identified as relating to Social Work budgets and has been reported to Argyll and Bute Council. The scale of this reported overspend is such that the HSCP is required to develop and implement a Financial Recovery Plan to seek to recover the forecast overspend position within the current financial year.
- 3.2 Further detailed analytical review has taken place in respect of the Social Work Budget position. This has resulted in improved modelling of expected spend to the end of the year and, as at 31 August 2021, the HSCP is forecasting an overall overspend of £752,000, equivalent to 0.2% of the annual budget. The main drivers of the forecast overspend are:

- Forecast slippage in respect of the savings programme;
- Cost and demand pressures relating to Social Work Budgets, (Learning Disability and Looked After Children Residential Care in particular).

Non-recurring savings are partially offsetting identified cost pressures. The current forecast represents a significant improvement in comparison with the quarter 1 report. The budget monitoring reports provide a detailed analysis of the financial position, the table below provides a summary:

| | Annual Budget (£m) | Forecast Outturn (£m) | Forecast Variance (£m) | Explanation |
|----------------------|---------------------------|------------------------------|-------------------------------|---|
| Health Services | 225.1 | 225.3 | (0.2) | Forecast slippage with savings and overspending on community hospital services offset by vacancies and additional funding. |
| Social Work Services | 77.1 | 77.7 | (0.6) | Overspending due to cost and demand pressures and slippage with savings programme. Partly offset by non-recurring vacancy and other cost savings. |
| Total | 302.2 | 303.0 | (0.8) | |

3.3 The forecast assumes that services continue to be delivered as they are at present. Additionally, there are some significant risks in respect of financial performance, particularly in respect of pay awards for Local Authority employed staff, inflationary increases on commissioned SLA's and slippage in respect of the delivery of savings.

3.4 Services are under pressure in a number of areas and for a variety of reasons, many of which are related to the on-going impact of covid. This particularly relates to staffing and recruitment challenges, both within the HSCP and with delivery partners. Managing the savings programme and financial position is challenging in these circumstances.

4. Recovery Plan

4.1 The forecast position will continue to be monitored in detail each month to ensure that the management response is proportionate. The following sections outline the actions that will be taken in order to deliver a balanced position by the end of 2021/22.

Care Packages

4.2 The process and structure relating to the approval of social work care packages will be reviewed and modified. This will ensure that all new, high cost care packages are reviewed with additional rigour prior to authorisation. This action is anticipated to result in a reduction in forecast spend totalling £50,000 between October 2021 and March 2022. Spend in this area is the main driver of the adverse variance reported.

Workforce Management

4.3 The management of vacancies through actions such as delays to recruitment and a freeze on recruitment to all non-essential posts will be implemented from 1 November, following review of the 6 month position. Additionally, a review of vacant posts and the non-renewal of fixed term contracts will be undertaken. The HSCP has on-going recruitment issues and vacancy saving targets are currently being exceeded. Whilst cover for vacant posts in some services results in additional costs or reduced capacity

to deliver services, non-recurring savings are anticipated to continue throughout the year. This action is anticipated to deliver an additional £260,000 in vacancy savings in the second half of the year if required. This saving would be achieved by increasing the number of un-filled posts by circa 10 FTEs.

Allocation of Income

- 4.4 The HSCP will seek to ensure that available funding is fully utilised. This applies particularly in respect of covid related funding and in respect of additional funding allocations to support service demands such as mental health and winter pressure related funding. The allocation of additional income is expected to result in £200,000 of already identified cost pressures being addressed in this way.

Delay to Improvement Projects

- 4.5 Again, subject to on-going monitoring of financial performance, there are planned projects that could be delayed. Whilst this will have a detrimental impact on some of the transformation and service improvement plans, and consequently the ability to deliver future savings, it will contribute up to £220,000 towards the in-year recovery plan.

Non-Essential Spend

- 4.6 A moratorium on non-essential spend will be introduced in November if required. This action is likewise undesirable but would be expected to contribute £150,000.

Savings Programme

- 4.7 Current forecast slippage in the savings programme is one of the major contributors to the financial challenge. The position as at the end of the July was:

| | |
|-------------------------|-------|
| Total Savings Target | £9.3m |
| Delivered as at 31 July | £4.0m |
| Forecast 2021/22 | £7.1m |
| Forecast Slippage | £2.2m |

The forecast slippage is built into the current forecast. This is being partly offset through non-recurring and un-planned savings. Management action in respect of the savings programme will focus on delivering the forecast level of savings in 2021/22. It is not realistic to assume that the forecast slippage in the savings programme can be addressed in the current year.

Summary

- 4.8 The table below provides a summary of the proposed actions and indicative financial impact:

| Action | Estimated Financial Impact £'000 | Implementation Date |
|---|----------------------------------|--------------------------|
| Implement new process for approval of Care Packages | 50 | October 2021 |
| Vacancy Management | 260 | 1 November (if required) |
| Allocation of Income | 200 | On-going |
| Delay Planned Projects | 220 | November (if required) |
| Non-essential spend | 150 | 1 November (if required) |
| Total | 880 | |

The estimated financial impact of the above actions slightly exceed the forecast requirement to balance the budget. As stated previously, the intention is to implement some of these actions only if necessary. In particular, current difficulties with recruitment for both the HSCP and partners may continue. This will result in sufficient reductions in forecast spend to avoid the requirement for further action. Action to review the process for the approval of care packages is underway and the HSCP finance teams are working hard to ensure that cost pressures are funded where possible. On-going monitoring of the financial position will remain a priority throughout the remainder of the year.

5 Risk

- 5.1 The HSCP has a detailed process in respect of identifying, monitoring and reporting financial risks. Financial risks will continue to be monitored and reported and will be recognised in the forecast position as they become certain. Due to the level of uncertainty, the recovery plan is flexible at present. This approach also ensures that actions taken to balance the financial position do not adversely impact on services to a greater extent than necessary.
- 5.2 There is a risk that the actions outlined in the recovery plan will result in some additional operational pressures and impact upon the ability to deliver services and planned service improvements.

6. RELEVANT DATA AND INDICATORS

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

7. CONTRIBUTION TO STRATEGIC PRIORITIES

- 7.1 The Integrated Joint Board has a responsibility to set a balanced budget and operate within the resources available to it. It is required to ensure that financial decisions are in line with Strategic Priorities and the delivery of high quality services.

8. GOVERNANCE IMPLICATIONS

- 8.1 Financial Impact – the forecast outturn position is currently an overspend of £0.8m and the recovery plan outlines how management intend to address the forecast overspend and operate within budget.
- 8.2 Staff Governance – None directly from this report but there is a strong link between HR management and delivering a balanced financial position.
- 8.3 Clinical Governance – None.

9. PROFESSIONAL ADVISORY

- 9.1 Professional Leads have been consulted with in respect of the management of the financial position.

10. EQUALITY AND DIVERSITY IMPLICATIONS

- 10.1 None directly from this report, however consideration of equality and diversity issues will be required as the actions outlined in the recovery plan are implemented.

11. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

11.1 None directly from this report.

12. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

12.1 None directly from this report, however any proposals to address the forecast deficit will need to take into consideration impacts upon stakeholders.

13. CONCLUSIONS

13.1 This report seeks approval for a Financial Recovery Plan which is intended to be proportionate to the financial overspending currently forecast. It also seeks to provide reassurance to partners that the HSCP is committed to operating within its approved budget during 2021/22.

14. DIRECTIONS

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

AUTHOR NAME: James Gow, Head of Finance and Transformation

EMAIL: james.gow@argyll-bute.gov.uk

**Integration Joint Board****Agenda item:****Date of Meeting: 15 September 2021****Title of Report: Budget Outlook 2022-23 to 2024-25****Presented by: James Gow, Head of Finance and Transformation****The Integrated Joint Board is asked to:**

- Consider the current budget outlook report for the period 2022-23 to 2024-25.
- Note the anticipated budget challenge faced by the HSCP and the scale of potential budget gap.

1. EXECUTIVE SUMMARY

- 1.1 This report summarises the current budget outlook model covering the period 2022-23 to 2024-25. This document provides the basis for future financial planning and will be used to inform the savings targets for those years as the budget planning cycle commences in the coming weeks. It is highlighted that there are funding and cost uncertainties associated with medium term planning and the model will continue to be refined as the budgeting cycle progresses. On-going savings plans will require to be developed and implemented in order to ensure financial targets are met and that the partnership operates on a sustainable basis. This report has been considered by the Finance and Policy Committee at its meeting on 27 August 2021.
- 1.2 The outturn for 2020/21 was an underspend of £1.1m. This has been repaid to Argyll and Bute Council to offset previously carried forward overspends and has reduced the value of future repayments due to the Council. The model makes an allowance for the outstanding repayments due to the Council totalling £2.8m by the end of 2024/25. On this basis, cash releasing savings are required during the period of the model to fund this.
- 1.3 The budget outlook model has been updated to reflect current planning assumptions. Additionally, the model now makes some allowance for the current overspending within Social Care budgets. Further analysis is being undertaken to review costs within a number of Social Work services, including the Learning Disability Service, it is apparent however, that the current baseline budget is insufficient to cover current levels of spend which are driven by service demand and the levels of care packages funded.

- 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 £14.6m with a gap of £3.9m in 2022-23. Any unachieved savings carried forward from the current year will be in addition.
- 1.5 The budget gap in the best case scenario over the three years is a surplus of £0.3m and in the worst case scenario, the budget gap over the three years is £31.2m. A summary of all three scenarios is included within Appendix 1.
- 1.6 The budget gap over 2022-23 to 2024-25 across each scenario is summarised below, with surpluses shown as a negative:

| Budget Gap | 2022-23 £000 | 2023-24 £000 | 2024-25 £000 | Total £000 |
|-------------------|-------------------------|-------------------------|-------------------------|-----------------------|
| Best Case | (1,172) | 421 | 468 | (283) |
| Mid-Range | 3,877 | 5,147 | 5,610 | 14,633 |
| Worst Case | 9,771 | 10,506 | 10,887 | 31,164 |

- 1.7 The overall position in the mid-range scenario provides the current estimated level of new efficiency savings that require to be identified in order to balance the budget in future years. There remains a high degree of uncertainty and risk. In particular the changes currently being consulted upon in respect of Social Care may impact towards the end of the planning period.
- 1.8 There is a flat cash assumption in respect of Social Work funding while inflation and cost and demand pressures continue. Modelling on this basis results in £12.1m of the £14.6m gap identified in the mid-range scenario being attributable to Social Work budgets. This reflects the nature of recent and anticipated future local authority funding allocations.

2. INTRODUCTION

- 2.1 This report summarises the budget outlook covering the period 2022-23 to 2024-25. The outlook is based on three scenarios, best case, worst case and mid-range. The detail of the 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. This was agreed as part of the 2021/22 funding settlement. To this, we have added the expected allocations for Primary Medical Services and other recurring funding. The mid-range forecast still assumes a 2.5% uplift per annum.

- 3.1.2 The table below outlines the updated estimated funding from NHS Highland over the next three years within the mid-range scenario. This funding source is predicted to increase in cash terms each year.

| | 2022-23 £000 | 2023-24 £000 | 2024-25 £000 |
|--|-------------------------|-------------------------|-------------------------|
| Baseline funding incl £2.9m NRAC | 192,855 | 192,855 | 192,855 |
| Resource Transfer | 7,261 | 7,261 | 7,261 |
| Baseline & RT funding uplift (2.5%) | 5,446 | 10,585 | 15,852 |
| Other Recurring Funding | 36,743 | 36,743 | 36,743 |
| Further NRAC uplift offered £2.85m +inflation | 2,921 | 2,994 | 3,069 |
| Total Funding NHS | 245,226 | 250,438 | 255,780 |

Council Funding

- 3.1.3 The estimates for Council funding are rolled forward and all scenarios assume a flat cash position as per the settlement for 2021/22. This assumption continues to be the main driver of the increasing budget shortfall in the context of increasing cost and demand pressures.
- 3.1.4 The Council's Policy & Resources Committee considered the repayment profile in respect of historic overspending 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. Note that the level of future funding is subject to the level of Scottish Government funding and the Council's overall financial position in future years." The underspend at the end of 2020/21 was used to make an additional repayment to the Council as required by the scheme of integration.
- 3.1.5 The new repayment schedule is presented below and if the HSCP is able to make these repayments the liability will be cleared which will assist the longer term outlook:

| | Repayment 2018-19 Overspend £000 | Repayment 2019-20 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 the additional allocation in respect of Scottish Living Wage uplift.

| | 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 following table 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 un-earmarked funding made available for 2021/22:

| | 2022-23 £000 | 2023-24 £000 | 2024-25 £000 |
|--------------------------------|-------------------------|-------------------------|-------------------------|
| Funding NHS | 245,226 | 250,438 | 255,780 |
| Funding A&B Council | 61,863 | 61,863 | 62,004 |
| New SG funding for social work | 700 | 1,400 | 2,100 |
| Total Funding | 307,789 | 313,701 | 319,884 |

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 The net impact is that this adds to the expected budget gap.

3.3 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 in 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 | 223,724 | 223,724 | 223,724 |
| Base Budget Council | 74,826 | 74,826 | 74,826 |
| Investment in financial sustainability – 3rd year | 330 | 0 | 0 |
| Base Budget | 298,880 | 298,550 | 298,550 |

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 agreement

has yet been made for 2021/22 for Social Work staff, so there is still considerable uncertainty in respect of future year employee costs. The increase for Health staff is expected to be met in full for the current year by Scottish Government, but there is no such undertaking for Social Work staff. Therefore there is a possibility that the baseline for social care staff may have to be adjusted. There are also additional costs in relation to incremental drift and an estimate has been built into all three scenarios.

- 3.4.3 The increases to the employee budgets estimated over the next three years within the mid-range scenario are summarised in the following table:

| | 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, a key assumption has been to set the inflation applied to hospital drugs at 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 & Hospital Drugs | 1,150 | 2,308 | 3,465 |
| 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> | | | |
| National Care Home Contract | 580 | 1,185 | 1,813 |
| Scottish Living Wage | 1,100 | 2,239 | 3,417 |
| Free personal & nursing care | 82 | 166 | 255 |
| Other non-pay Inflation | 179 | 355 | 538 |
| Total Non-Pay Inflation | 5,419 | 10,964 | 16,891 |

3.6 Cost and demand pressures

- 3.6.1 As with non-pay inflation, the cost and demand pressure assumptions have been rolled forward as described previously. Additionally, some allowance has been made to re-align some of the Social Work budgets to reflect current levels of demand and cost. Significant overspending has been identified and therefore it is prudent to ensure that budgets for these

services are better aligned. This applies particularly to the Learning Disability budget. A contingency allowance of £1m per year is also built into the model in each year to allow for cost and demand pressures in future years which are currently unknown.

- 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.

| | 2022-23 £000 | 2023-24 £000 | 2024-25 £000 |
|---|-------------------------|-------------------------|-------------------------|
| Health: | | | |
| TAVI Cardiac Procedures | 103 | 104 | 105 |
| Additional NMAHP staffing | 200 | 204 | 208 |
| New high cost care packages | 100 | 102 | 104 |
| Oncology medicines demand | 450 | 900 | 1,350 |
| Cystic fibrosis drugs | 150 | 300 | 450 |
| Other Identified Health Cost & Demand Pressures | 332 | 368 | 446 |
| Social Work: | | | |
| Older People Growth | 384 | 774 | 1,170 |
| Care Services for Younger Adults | 388 | 785 | 1,190 |
| Continuing Care demand pressure in Children & Families | 250 | 500 | 750 |
| Social Work Emergency standby | 25 | 51 | 78 |
| Realignment of Learning Disability, Physical Disability and Mental Health budgets | 758 | 1,516 | 2,274 |
| | | | |
| Contingency for HSCP Unknown Cost and Demand Pressures | 1,000 | 2,000 | 3,000 |
| Total Cost and Demand Pressures | 4,139 | 7,604 | 11,125 |

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 below:

| | 2022-23 £000 | 2023-24 £000 | 2024-25 £000 |
|--|-------------------------|-------------------------|-------------------------|
| Base Budget | 298,880 | 298,550 | 298,550 |
| Employee Cost Changes | 2,478 | 4,857 | 7,273 |
| Non-Pay Inflation | 5,419 | 10,964 | 16,819 |
| Cost and Demand Pressures | 4,139 | 7,604 | 11,125 |
| Savings agreed March 2021 | 749 | 749 | 749 |
| Total Estimated Expenditure | 311,665 | 322,724 | 334,516 |
| Estimated Funding | 307,788 | 313,700 | 319,883 |
| Estimated Budget Surplus / (Gap) Cumulative | (3,877) | (9,023) | (14,633) |
| Estimated Budget Surplus / (Gap) In Year | (3,877) | (5,147) | (5,610) |

- 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 £14.6m with a gap of £3.9m in 2022-23.
- 3.7.3 The budget gap in the best case scenario over the three years is a surplus of £0.3m and in the worst case scenario, the budget gap over the three years is £31.2m. Appendix 1 provides a summary of all three scenarios.
- 3.7.4 The change from the previous outlook is summarised in the table below, based on the mid-range scenario:

| | 2022-23 £000 | 2023-24 £000 | 2024-25 £000 |
|---|-------------------------|-------------------------|-------------------------|
| Modelled Budget Gap May 2021 (mid-range) | (2,371) | (3,945) | (4,378) |
| Current modelled Budget Gap (mid-range) | (3,877) | (5,147) | (5,610) |

The main drivers of the deterioration in the model relate to increased non-pay inflation assumptions and increased cost and demand pressures in a range of services, particularly in respect of Social Work services as described above.

- 3.7.5 The budget gap over 2022-23 to 2024-25 across each scenario is summarised below:

| Budget Gap | 2022-23 £000 | 2023-24 £000 | 2024-25 £000 | Total £000 |
|-------------------|-------------------------|-------------------------|-------------------------|-----------------------|
| Best Case | (1,172) | 421 | 468 | (283) |
| Mid-Range | 3,877 | 5,147 | 5,610 | 14,633 |
| Worst Case | 9,771 | 10,506 | 10,887 | 31,164 |

These figures provide the current estimated savings requirement for each year. Initial budgeting will be based upon the mid-range scenario and the model will continue to be updated. The HSCP is required to set and balanced budget and therefore transformation and savings projects will need to be identified and delivered to close the gap and address the shortfall in the current saving programme.

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 and address the expected shortfall.

6. GOVERNANCE IMPLICATIONS

- 6.1 Financial Impact – There is expected to be a significant budget gap in 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 impacts.

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. There is also a risk that proposals made and approved will not be delivered on time or will not generate the predicted level of savings. All proposals will need to assess the risk associated with them.

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 as part of the project management process.

12. CONCLUSIONS

- 12.1 The budget outlook covering the period 2022-23 to 2024-25 has been updated to reflect current planning assumptions and cost and demand expectations. In the mid-range scenario, the Health and Social Care Partnership budget gap estimated over the three year period is £14.6m with a gap of £3.9m in 2022-23. This has deteriorated from the outlook previously presented as outlined in section 3.7. Managing this situation will continue to be challenging and will require further transformation and savings plan to be identified and delivered in order to achieve financial balance.

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: James Gow, Head of Finance and Transformation
james.gow@argyll-bute.gov.uk

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| | Best case scenario | | | Mid-range scenario | | | Worst case scenario | | |
|--|--------------------|----------------|----------------|--------------------|----------------|-----------------|---------------------|-----------------|-----------------|
| | 2022-23 | 2023- | 2024- | 2022-23 | 2023- | 2024- | 2022-23 | 2023- | 2024- |
| | £000 | 2024 | 2025 | £000 | 2024 | 2025 | £000 | 2024 | 2025 |
| Base Budget: | | | | | | | | | |
| Base Budget | 298,550 | 298,550 | 298,550 | 298,550 | 298,550 | 298,550 | 298,550 | 298,550 | 298,550 |
| Base Budget Adjustments | 330 | 0 | 0 | 330 | 0 | 0 | 330 | 0 | 0 |
| Revised Base Budget | 298,880 | 298,550 | 298,550 | 298,880 | 298,550 | 298,550 | 298,880 | 298,550 | 298,550 |
| Employee Cost Changes: | | | | | | | | | |
| Pay Award | 1,025 | 2,071 | 3,131 | 2,056 | 4,163 | 6,307 | 3,095 | 6,276 | 9,523 |
| Pay Increments/change to employee base | 229 | 457 | 686 | 422 | 694 | 966 | 757 | 1,214 | 1,388 |
| Total Employee Cost Changes | 1,253 | 2,528 | 3,817 | 2,478 | 4,857 | 7,273 | 3,852 | 7,490 | 10,911 |
| Non-Pay Inflation: | | | | | | | | | |
| Health: | | | | | | | | | |
| Prescribing | 900 | 1,800 | 2,700 | 1,000 | 2,000 | 3,000 | 1,100 | 2,200 | 3,300 |
| Hospital Drugs | 75 | 152 | 229 | 150 | 308 | 468 | 225 | 467 | 709 |
| Main GG&C SLA | 1,124 | 2,276 | 3,457 | 1,405 | 2,845 | 4,324 | 1,686 | 3,414 | 5,185 |
| Other SLAs (GPs, GG&C, other HBs, service inputs) | 605 | 1,225 | 2,005 | 756 | 1,531 | 2,506 | 907 | 1,837 | 3,007 |
| Utilities and rates | 125 | 251 | 378 | 167 | 335 | 504 | 209 | 419 | 630 |
| Social Work: | | | | | | | | | |
| Catering Purchases | 21 | 43 | 66 | 21 | 43 | 66 | 21 | 43 | 66 |
| National Care Home Contract | 434 | 885 | 1,346 | 580 | 1,185 | 1,813 | 725 | 1,489 | 2,289 |
| NHS Staffing Recharges | 72 | 146 | 224 | 72 | 146 | 224 | 72 | 146 | 224 |
| Purchase and Maintenance of Equipment | 9 | 18 | 27 | 12 | 24 | 36 | 15 | 30 | 45 |
| Specific CPI Increases | 19 | 38 | 58 | 25 | 51 | 77 | 32 | 64 | 97 |
| Scottish Living Wage excluding FPNC | 943 | 1,914 | 2,915 | 1,100 | 2,239 | 3,417 | 1,257 | 2,565 | 3,925 |
| Free personal & nursing care uplift | 61 | 124 | 189 | 82 | 166 | 258 | 102 | 209 | 321 |
| Carers Allowances | 24 | 48 | 72 | 32 | 64 | 97 | 40 | 80 | 122 |
| Utilities | 7 | 14 | 21 | 9 | 18 | 28 | 11 | 23 | 35 |
| Audit fee | 8 | 8 | 9 | 8 | 9 | 10 | 8 | 9 | 11 |
| Total Non-Pay Inflation | 4,427 | 8,942 | 13,695 | 5,419 | 10,964 | 16,819 | 6,410 | 12,995 | 19,966 |
| Cost and Demand Pressures: | | | | | | | | | |
| Health: | | | | | | | | | |
| LIH Laboratory | 52 | 53 | 54 | 103 | 104 | 105 | 155 | 156 | 157 |
| Additional NMAHP (nursing, midwifery & Allied Health Professionals) staffing | 150 | 152 | 153 | 200 | 204 | 208 | 250 | 257 | 263 |
| New high cost care packages | 0 | 0 | 0 | 100 | 102 | 104 | 200 | 206 | 212 |
| New dementia pathway to NHS GG&C | 50 | 51 | 52 | 50 | 51 | 52 | 50 | 51 | 52 |
| Other NSD developments | 50 | 100 | 150 | 50 | 100 | 150 | 50 | 100 | 150 |
| Oncology Medicines Demand | 350 | 700 | 1,050 | 450 | 900 | 1,350 | 550 | 1,100 | 1,650 |
| Microsoft Licence Fees | 0 | 0 | 0 | 0 | 0 | 0 | 200 | 200 | 200 |
| Cystic Fibrosis Treatments | 100 | 200 | 300 | 150 | 300 | 450 | 200 | 400 | 600 |
| Additional HR staffing agreed by UB for 23 months | 41 | 0 | 0 | 41 | 0 | 0 | 41 | 0 | 0 |
| Care First replacement cost | 45 | 45 | 45 | 80 | 80 | 80 | 120 | 120 | 120 |
| Depreciation | 25 | 50 | 75 | 25 | 50 | 75 | 25 | 50 | 75 |
| CAMHS SBAR | 85 | 87 | 89 | 85 | 87 | 89 | 85 | 87 | 89 |
| Council: | | | | | | | | | |
| Older People Growth | 0 | 0 | 0 | 384 | 774 | 1,176 | 767 | 1,558 | 2,374 |
| Care Services for Younger Adults (< 65 years) LD, MH | 167 | 336 | 507 | 334 | 675 | 1,023 | 501 | 1,018 | 1,531 |
| Care Services for Younger Adults (< 65 years) PD | 27 | 54 | 82 | 54 | 110 | 167 | 82 | 166 | 253 |
| Learning Disability Budget Adjustment to Balance Commitment | 470 | 940 | 1,410 | 470 | 940 | 1,410 | 470 | 940 | 1,410 |
| Physical Disability Budget Adjustment to Balance Commitment | 179 | 359 | 538 | 179 | 359 | 538 | 179 | 359 | 538 |
| Mental Health Budget Adjustment to Balance Commitment | 109 | 217 | 326 | 109 | 217 | 326 | 109 | 217 | 326 |
| Extension of Carers Act services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Continuing care demand pressure in Children & Families | 0 | 0 | 0 | 250 | 500 | 750 | 500 | 1,000 | 1,500 |
| Social Work Emergency Standby | 5 | 10 | 15 | 25 | 51 | 78 | 85 | 172 | 261 |
| Allowance for Unknown Cost and Demand Pressures | 500 | 1,000 | 1,250 | 1,000 | 2,000 | 3,000 | 1,500 | 3,000 | 4,500 |
| Total Cost and Demand Pressures | 2,405 | 4,354 | 6,096 | 4,139 | 7,604 | 11,125 | 6,119 | 11,157 | 16,283 |
| Savings Previously Agreed: | | | | | | | | | |
| Savings Agreed March 2021 | 749 | 749 | 749 | 749 | 749 | 749 | 749 | 749 | 749 |
| Total Savings | 749 | 749 | 749 | 749 | 749 | 749 | 749 | 749 | 749 |
| Total Estimated Expenditure | 307,714 | 315,122 | 322,907 | 311,665 | 322,724 | 334,516 | 316,009 | 330,940 | 346,456 |
| Funding: | | | | | | | | | |
| NHS | 246,323 | 252,611 | 259,086 | 245,225 | 250,437 | 255,778 | 243,675 | 247,400 | 251,191 |
| Council | 62,563 | 63,263 | 64,104 | 62,563 | 63,263 | 64,104 | 62,563 | 63,263 | 64,104 |
| Total Funding | 308,886 | 315,874 | 323,190 | 307,788 | 313,700 | 319,883 | 306,238 | 310,663 | 315,295 |
| Budget Surplus / (Gap) Cumulative | 1,172 | 751 | 283 | (3,877) | (9,023) | (14,633) | (9,771) | (20,278) | (31,164) |
| Budget Surplus / (Gap) In Year | 1,172 | (421) | (468) | (3,877) | (5,147) | (5,610) | (9,771) | (10,506) | (10,887) |
| Partner Bodies Split: | | | | | | | | | |
| Health | 3,554 | 4,951 | 6,534 | 398 | (987) | (2,552) | (3,576) | (8,324) | (13,086) |
| Social Work | (2,382) | (4,200) | (6,251) | (4,275) | (8,036) | (12,081) | (6,195) | (11,954) | (18,078) |
| Budget Surplus / (Gap) Cumulative | 1,172 | 751 | 283 | (3,877) | (9,023) | (14,633) | (9,771) | (20,278) | (31,164) |
| Budget Surplus / (Gap) In Year | 1,172 | (421) | (468) | (3,877) | (5,147) | (5,610) | (9,771) | (10,506) | (10,887) |

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Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Date of Meeting: 15 September 2021

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

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

The Integrated Joint Board is asked to:

- 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 as at 1st August 2021
- Consider Waiting Times Performance and continued progress made with regards to reducing Consultant Outpatient breaches at 12 weeks

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. 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 as below:

1. The establishment of a clinical priority matrix – as detailed below, at the present time NHSGG&C & NHS Highland are focusing on the P1 & P2 category:

- Priority level 1a Emergency and 1b Urgent – operation needed within 24 hours
- Priority level 2 Surgery/Treatment – scheduled within 4 weeks
- Priority level 3 Surgery/Treatment – scheduled within 12 weeks
- Priority level 4 Surgery/Treatment – may be safely scheduled after 12 weeks.

NHS Boards can decide to pause non urgent or elective services (P3 & P4) to ensure they retain capacity to cope with Covid19 emergency need and NHS Highland implemented this in August at Raigmore.

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. REMOBILISATION PERFORMANCE

The tables below summarises and illustrates the HSCP service remobilisation performance against agreed SGHD target (70-80%) as at 1st August 2021 across Health and Social care showing significant progress being made.

HSCP Remobilisation Cumulative Performance to 1st August 2021

| | July Cumulative (to W/E 1st Aug) | | | Weekly Activity Trend (6 Sep 2020 to 1st August 2021) |
|--|-------------------------------------|--------|------|---|
| | Target | Actual | %Var | |
| TTG | | | | |
| TTG Inpatient & Day Case Activity (All Elective Admissions) | 41 | 39 | -5% | |
| REFERRALS | | | | |
| Total Outpatient Referrals | 770 | 590 | -23% | |
| Total Urgent Suspicion of Cancer Referrals Received | 30 | 38 | 27% | |
| OUT PATIENTS | | | | |
| Total New OP Activity Monitoring | 517 | 559 | 8% | |
| Total Return OP Activity Monitoring | 904 | 1322 | 46% | |
| Total AHP New OP Activity Plan | 556 | 742 | 33% | |
| Total AHP Return OP Activity Plan | 1312 | 2131 | 62% | |
| DIAGNOSTICS | | | | |
| Total Endoscopy Activity Monitoring | 46 | 52 | 13% | |
| Total Radiology Activity Monitoring | 438 | 503 | 15% | |
| CANCER | | | | |
| Total 31 Days Cancer - First Treatment Monitoring | 8 | 10 | 25% | |
| UNSCHEDULED CARE | | | | |
| Total A&E Attendances Monitoring (LIH) | 408 | 758 | 86% | |
| Total A&E Attendance (AB Community Hospitals) | 1244 | 2276 | 83% | |
| Total % A&E 4 Hr (LIH) | | | | |
| Total Emergency Admissions IP Activity Monitoring (LIH) | 133 | 151 | 14% | |
| Emergency Admissions IP Activity Monitoring (AB Community Hospitals) | 148 | 187 | 26% | |

| | July Cumulative (to W/E 1st Aug) | | | Weekly Activity Trend (6 Sep 2020 to 1st August 2021) |
|--|-------------------------------------|--------|------|---|
| | Target | Actual | %Var | |
| ADULT SOCIAL CARE | | | | |
| Total Number of Adult Referrals | 716 | 577 | -19% | |
| Total Number of UAA Assessments | 224 | 197 | -12% | |
| Total Adult Protection Referrals | 24 | 23 | -4% | |
| Total New People in Receipt of Homecare | 36 | 48 | 33% | |
| Total New Care Home Placements | 16 | 11 | -31% | |
| Total No of Delayed Discharges | 10 | 25 | 150% | |
| COMMUNITY HEALTH | | | | |
| | Target | Actual | %Var | |
| Total Mental Health – New Episodes | 80 | 60 | -25% | |
| Total Mental Health – Patient Contact Notes | 584 | 646 | 11% | |
| Total DN – New Episodes | 92 | 142 | 54% | |
| Total DN – Patient Contact Notes | 4032 | 4395 | 9% | |
| Total AHP - New Episodes | 276 | 331 | 20% | |
| Total AHP - Patient Contact Notes | 3096 | 2964 | -4% | |
| CHILDREN & FAMILIES SOCIAL CARE | | | | |
| | Target | Actual | %Var | |
| Total Number of Child Request for Assistance Referrals | 196 | 155 | -21% | |
| Total Number of New Universal Child Assessments | 88 | 57 | -35% | |
| Total Number of Children on CP Register | 38 | 32 | -16% | |

(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)

Remobilisation Performance 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

- Overall reduction in the numbers of patient referrals on Inpatient Day Cases Waiting List from 181 August 2020 to 71 as at 5th August 2021
- Overall reduction in the percentage on Inpatient Day Cases Waiting List breaches from 89 (56.7%) August 2020 to 0 (0.0%) 5th August 2021
- Overall long waiters reported as 586 (12.9%) of overall Outpatient Waiting List as at 2nd August 2021, reduction from 877 (19.5%) 9th Jun 2021
- Delayed Discharges note a 150% increase in August (25) against target (10) alongside an increase in attendances at A&E across all hospitals in Argyll & Bute
- Assessment activity for both Adult Care (12%) and Children and Families (35%) notes a decrease, this may be attributable to the summer holiday period and a similar trend reduction in overall number of referrals for Adult Care (19%) and Children & Families (21%)

5. WAITING TIMES PERFORMANCE

The tables below identify the length of wait associated with each of the specialities for new and returning outpatients as at 4th August 2021

| A&B Total All Specialities | New Outpatient Waiting List | | | | |
|-------------------------------|-----------------------------|-------------------------------|---------------------|------------------------|-------------|
| | Extracted 4th August 2021 | | | | |
| | Total on List | % Breaches of each Group OPWL | Long Waits (over26) | Length of Wait (weeks) | |
| Over 12 | | | | Under 12 | |
| Main Specialty | | | | | |
| Consultant Outpatient | 1181 | 19.1% | 107 | 225 | 956 |
| AHP | 619 | 20.0% | 43 | 124 | 495 |
| Mental Health | 652 | 54.1% | 218 | 353 | 299 |
| Nurse Led Clinics | 128 | 14.8% | 7 | 19 | 109 |
| Other/Non MMI | 704 | 21.3% | 24 | 150 | 554 |
| TOTAL OPWL | 3284 | 26.5% | 399 | 871 | 2413 |

| Main Specialty | Total on List | % Breaches of each Group OPWL | Long Waits (over26) | Length of Wait (weeks) | |
|----------------|---------------|-------------------------------|---------------------|------------------------|---------|
| | | | | Over 6 | Under 6 |
| Scopes * | 155 | 50.3% | 9 | 78 | 77 |

| Main Specialty | Total on List | % Breaches of each Group OPWL | Long Waits (over26) | Length of Wait (weeks) | |
|----------------|---------------|-------------------------------|---------------------|------------------------|---------|
| | | | | Over 4 | Under 4 |
| MSK ** | 1094 | 66.7% | 109 | 730 | 364 |

(Data Source- New Outpatient Waiting List- 4th August2021)

Waiting times Performance Assessment:

- Consultant Outpatient breaches note a 7.4 % reduction compare to April data
- Scopes – the HSCP is still trying to catch up on the list for 20/21 following the impact of Covid while, at the same time, receiving a higher number of referrals into the service. There has also been a requirement to use Locums due to sickness absence in Lorn and Islands hospital, and not all of them do colonoscopies. The team are currently trying to catch up and improve the waiting times going forward.
- Mental Health breaches are down to 54.1% from 73.2% in April. This equates to a 26% overall reduction, however still remain high with regards to breaches overall performance
- There is work ongoing within Mental Health to review the waiting lists as there have been some data quality issues. This review is due to be complete by end of September and will provide the HSCP with a clear picture of true waiting times.

5.2 Virtual Outpatient Performance

The table below illustrates monthly virtual new and return consultant outpatient performance for Lorn & Islands Hospital and Community Hospitals in Argyll and Bute.

| Monthly Virtual Consultant Outpatient Activity | | | | |
|--|-----------------------------|--------------------------------|-------------------------|----------------------------|
| Reporting Period | Lorn & Islands Hospital New | Lorn & Islands Hospital Return | Community Hospitals New | Community Hospitals Return |
| July | 269 | 767 | 53 | 382 |
| August | 276 | 847 | 56 | 377 |
| Variance | +7 | +80 | +3 | -5 |

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

Virtual Outpatient Performance Assessment:

- For the most part virtual outpatient activity continues to show an increase against new and returns for both Community Hospitals and Oban & Islands Hospital
- August retuning outpatients appointments in Oban & Islands Hospital notes a 10% increase, this is offset with a slight decrease of 1% in retuning outpatients for Community Hospitals
- Combined new virtual appointments for July and August note a 4% increase

Across the HSCP our main priorities are:

- Maintaining outreach services to A&B despite the ongoing service pressures being experienced Nationally and utilising waiting times funding to reduce waiting times
- 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.

5.3 Greater Glasgow & Clyde Outpatient Activity Performance

Performance continues to be positive in that the number of new outpatients seen (39,642) during the period April – May 2021 exceeded the trajectory of 38,706 by 2.4% with NHSGGC seeing 936 more new outpatients than planned. During the same period NHSGGC received 63,738 new outpatient referrals.

New Outpatient Activity and Number of New Outpatient Referrals Received

| New Outpatients | Apr - May 21 Actual | Apr - May 21 Trajectory | Difference | Staus | June 21 Target | March 22 Target |
|--|---------------------|-------------------------|------------|-------|----------------|-----------------|
| New OP Referrals Received | 31,864 | 37,118 | -5,254 | GREY | N/A | N/A |
| New OP Activity - (including Virtual - telephone, NHS Near Me,...) | 39,642 | 38,706 | 936 | 2.4% | 58,057 | 230,555 |

(Data Source- NHS GG&C Board Performance Report June 2021)

GG&C Performance Assessment:

- Remote consultation - already approximately 50% of appointments are carried out remotely at present. Face to Face consultations will continue to be required for a range of patients. Teams are currently reviewing the potential for increasing the use of Near Me technology in place of telephone consultations.
- Active Clinical Referral Triage (ACRT) – 57% of referrals from Primary Care into Secondary Care are managed through ACRT. Targeted work continues at specialty level to increase this approach aligned to revised patient pathways.

5.3 NHS Scotland Health Board KPIs Remobilisation Performance

The graph in **Appendix 1** illustrates the national position on Outpatient Waiting times for NHS Boards **as at 2nd August**.

NHSH Board Treatment Time Guarantee Performance Assessment:

- Treatment Time Guarantee over 12 weeks for Highland Board as a percentage of Scotland 6.33% in August, this is a reduction from 6.38% in July
- Treatment Time Guarantee over 26 weeks for Highland Board as a percentage of Scotland 6.95% in August, this is a reduction from 7.03% in July

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 the HSCP services continues to make 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- NHS Scotland Board Level Outpatient Waiting times Key Performance Indicators- 2nd August 2021

Board Level KPIs Summary

*** This report is intended for Management Information Only**
*** Data sourced from SG**

| | | 2 August 2021 | | | | | | | | |
|---|------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|--|---|----------------------------|----------------------------|------------------------------|------------------------------|
| | | TTG - patients waiting over 12 weeks | TTG - patients waiting over 26 weeks | Core 4 hour ED Performance (week) | Patients Spending over 8 hours in core ED (week) | Patients Spending over 12 hours in core ED (week) | Core ED Attendances (week) | Delayed Discharges (total) | OPWL - waiting over 12 weeks | OPWL - waiting over 26 weeks |
| SCOTLAND | | 60,708 | 42,020 | 78.7% | 890 | 197 | 25,756 | 0 | 197,959 | 100,760 |
|  | Ayrshire & Arran | 3,778 | 2,555 | 86.0% | 122 | 57 | 2,022 | 0 | 22,936 | 13,606 |
|  | Borders | 1,298 | 954 | 75.1% | 39 | 17 | 587 | 0 | 4,897 | 2,686 |
|  | Dumfries & Galloway | 426 | 149 | 82.6% | 33 | 1 | 961 | 0 | 3,305 | 1,042 |
|  | Fife | 1,016 | 535 | 82.7% | 6 | 0 | 1,159 | 0 | 8,549 | 3,276 |
|  | Forth Valley | 1,351 | 727 | 82.4% | 16 | 3 | 1,162 | 0 | 7,958 | 3,477 |
|  | Grampian | 8,691 | 6,867 | 81.0% | 28 | 8 | 1,724 | 0 | 17,255 | 9,168 |
|  | Greater Glasgow & Clyde | 17,414 | 12,095 | 75.9% | 197 | 20 | 6,556 | 0 | 60,992 | 31,185 |
|  | Highland | 3,812 | 2,908 | 88.4% | 24 | 5 | 1,306 | 0 | 7,688 | 3,644 |
|  | Lanarkshire | 6,467 | 4,590 | 70.4% | 213 | 34 | 4,042 | 0 | 14,477 | 5,218 |
|  | Lothian | 9,875 | 6,713 | 75.9% | 209 | 51 | 4,339 | 0 | 40,047 | 22,485 |
|  | Orkney | 102 | 45 | 96.7% | 0 | 0 | 121 | 0 | 406 | 215 |
|  | Shetland | 114 | 41 | 95.3% | 0 | 0 | 171 | 0 | 296 | 148 |
|  | Tayside | 5,733 | 3,639 | 88.5% | 2 | 1 | 1,509 | 0 | 8,881 | 4,472 |
|  | Western Isles | 148 | 0 | 92.8% | 1 | 0 | 97 | 0 | 256 | 129 |
| Grampian | as % of Scotland | 14.43% | 16.42% | | 3.15% | 4.06% | 6.69% | | 8.72% | 9.10% |
| Highland | as % of Scotland | 6.33% | 6.95% | | 2.70% | 2.54% | 5.07% | | 3.88% | 3.62% |
| Tayside | as % of Scotland | 9.52% | 8.70% | | 0.22% | 0.51% | 5.86% | | 4.49% | 4.44% |

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