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A&B HSCP Transforming Together

Argyll & Bute Health & Social Care Partnership

19 January 2022

NOTICE OF MEETING

A meeting of the **ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB)** will be held **BY MS TEAMS** on **WEDNESDAY, 26 JANUARY 2022** 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 - 10)

   Argyll and Bute HSCP Integration Joint Board held on 24 November 2021
4. **MINUTES OF COMMITTEES**

   (a) Strategic Planning Group held on 2 December 2021 (Pages 11 - 14)

   (b) Audit and Risk Committee held on 10 December 2021 (Pages 15 - 18)

   (c) Finance and Policy Committee held on 21 January 2022 (to follow)
5. **CHIEF OFFICER'S REPORT** (Pages 19 - 24)

   Report by Interim Chief Officer
6. **NHS HIGHLAND DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2021** (Pages 25 - 28)

   Report by Director of Public Health (Annual Report to follow)
7. **COVID-19 PUBLIC HEALTH UPDATE** (Pages 29 - 68)

   Report by Associate Director of Public Health
8. **WHISTLEBLOWING REPORT QUARTER 2 - 1 JULY 2021 TO 30 SEPTEMBER 2021** (Pages 69 - 108)

   Report by Director of People and Culture
9. **ARGYLL & BUTE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) STRATEGIC PLAN 2022 - 2025** (Pages 109 - 112)

   Report by Head of Planning, Performance and Technology
10. **INTEGRATION JOINT BOARD - PERFORMANCE REPORT (JANUARY 2022)** (Pages 113 - 122)

    Report by Head of Strategic Planning, Performance and Technology

11. FINANCE

Reports by Head of Finance and Transformation

(a) Budget Monitoring (Pages 123 - 142)

(b) Budget Outlook (Pages 143 - 180)

(c) Budget Consultation 2022/23 (Pages 181 - 196)

(d) Budget Proposals (Pages 197 - 202)

12. 2022/23 SOCIAL WORK FEES AND CHARGES (Pages 203 - 208)

Report by Principal Accountant

13. STRATEGIC RISK REGISTER REVIEW (Pages 209 - 218)

Report by Head of Finance and Transformation

14. UPDATED MODEL CODE OF CONDUCT AND ARGYLL AND BUTE IJB STANDING ORDERS (Pages 219 - 250)

Report by Business Improvement Manager

15. IJB AND COMMITTEE DATES 2022-23 (Pages 251 - 254)

Report by Business Improvement Manager

16. COMMITEE MEMBERSHIP (Pages 255 - 260)

Report by Business Improvement Manager

17. ARGYLL AND BUTE CHILD PROTECTION COMMITTEE - STRATEGIC PLAN 2021/23 (Pages 261 - 282)

Report by Head of Children and Families

18. ARGYLL AND BUTE CHILD PROTECTION COMMITTEE - ANNUAL REPORT 2021 (Pages 283 - 304)

Report by Head of Children and Families

19. DATE OF NEXT MEETING

30 March 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 in the BY MICROSOFT TEAMS on WEDNESDAY, 24 NOVEMBER 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
Graham Bell, NHS Highland Non-Executive Board Member
Susan Ringwood, NHS Highland Non-Executive Board Member

Evan Beswick, Head of Primary Care, NHS Highland
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Linda Currie, Lead AHP, NHS Highland
David Forshaw, Principal Accountant, Argyll and Bute Council
Jane Fowler, Head of Customer Support Services, Argyll and Bute Council
David Gibson, Head of Children, Families and Justice
James Gow, Head of Finance and Transformation, Argyll and Bute HSCP
Elizabeth Higgins, Lead Nurse, NHS Highland
Fiona Hogg, Director of People and Culture, NHS Highland
Fiona Davies, Interim Chief Officer, Argyll and Bute HSCP
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
George Morrison, Head of Finance, NHS Highland
Dr Nicola Schinaia, Associate Director of Public Health, Argyll and Bute HSCP
Fiona Thomson, Lead Pharmacist, NHS Highland
Stephen Whiston, Head of Strategic Planning and Performance, HSCP
Tim Allison, Director of Public Health and Policy, NHS Highland

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Gary Mulvaney, Jean Boardman, Margaret McGowan, Takki Sulaiman, Angus McTaggart and Dr Rebecca Helliwell.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES

The Minutes of the meeting of the Argyll and Bute HSCP Integration Joint Board held on 15 September 2021 were approved as a correct record.

4. MINUTES OF COMMITTEES

(a) **Strategic Planning Group held on 2 September 2021**

The Minutes of the meeting of the Strategic Planning Group held on 2 September 2021 were noted.

Stephen Whiston, co-chair of the Group, advised that although he had not been in attendance at this meeting, it had been centred around the Strategic Plan and that they were now moving into the engagement stage of the Strategic Plan.

(b) **Clinical and Care Governance Committee held on 9 September 2021**

The Minutes of the meeting of the Clinical and Care Governance Committee held on 9 September 2021 were noted.

Sarah Compton Bishop, Chair of the Committee, responded to some concern noted about a lack of reporting on CAMHS and advised that they were currently reviewing how data was presented to the Committee. She advised that she would circulate an update on this once available.

(c) **Finance and Policy Committee held on 24 September 2021**

The Minutes of the meeting of the Finance and Policy Committee held on 24 September 2021 were noted.

(d) **Finance and Policy Committee held on 22 October 2021**

The Minutes of the meeting of the Finance and Policy Committee held on 22 October 2021 were noted.

(e) **Audit and Risk Committee held on 10 November 2021**

The Minutes of the meeting of the Audit and Risk Committee held on 10 November 2021 were noted.

Councillor Sandy Taylor, Chair of the Committee, provided an overview of the meeting advising that John Cornett of Audit Scotland had been in attendance at the meeting and reference had been made to the positive work of the IJB and various staff involved in the completion of the Audited Accounts. He advised that after the Committee an innovative session had been held with the Committee members and John Cornett with regard to the Committees approach to Audit and Risk.

(f) **Finance and Policy Committee held on 19 November 2021**

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

Councillor Kieron Green, Chair of the Committee, advised of the improving financial position which had been reported to the meeting and significant additional money which had been received to deal with winter pressures. He provided an overview of a change in approach in respect of care homes and housing.

5. CHIEF OFFICER REPORT

The Board gave consideration to a report by the Interim Chief Officer providing updates on Vaccination; Lorn and the Isles Hospital Awarded Macmillan Quality Environment Mark; Women In Leadership; HSCP Dieticians Win British Dietetic Association Award; Thank your Cleaner Day; Children and Young People's Service Plan; Scottish Health Awards;

Bute Dialysis Unit; Jean's Bothy recognised for its work with the Local Community; New Community Link Working Launched in Argyll and Bute; Strategic Plan and Service Visits.

The Director of Public Health and Policy, Tim Allison, was in attendance for this item to respond to any queries around the Covid-19 vaccination programme. The Chair thanked him for his attendance at the meeting.

Decision

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

(Reference: Report by Interim Chief Officer dated 24 September 2021, submitted)

6. APPOINTMENT OF IJB CARERS AND PUBLIC REPRESENTATIVES

The Board gave consideration to a report recommending appointments to carers and public/service users roles on the IJB.

Decision

The Integration Joint Board approved the recommendation to appoint Kirstie Reid and John Stevens to the Carers Representative role; and Kenny Mathieson to the public/service users role on the Board.

(Reference: Report by Business Improvement Manager dated 24 November 2021, submitted)

7. AUDITED ANNUAL ACCOUNTS 2020-21

The Board gave consideration to a report which sought approval of the Audited Annual Accounts for the year 2020-21.

Decision

The Integration Joint Board –

1. Noted that Audit Scotland had completed their audit of the annual accounts for 2020-21 and had issued an unqualified Independent Auditor's Report.

2. Noted the 2020/21 Annual Audit Report prepared by Audit Scotland and the management responses to the recommendations.

3. Approved the draft Letter of Management Representation to Audit Scotland.

4. Approved the Audited Accounts for signature and publication.

(Reference: Report by Head of Finance and Transformation dated 24 November 2021, submitted)

8. A&B HSCP ANNUAL PERFORMANCE REPORT 2020/21

The Board gave consideration to the Annual Performance Report for the Health and Social Care Partnership.

Decision

The Integration Joint Board approved the Annual Performance Report for the Health and Social Care Partnership (HSCP) for the year 2020/21.

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 24 November 2021, submitted)

9. INTEGRATION JOINT BOARD - PERFORMANCE REPORT (NOVEMBER 2021)

The Board gave consideration to a report providing an update on the impact on service performance with regards to the Covid-19 pandemic and the progress made with regard to remobilising health and social care services in Argyll and Bute.

Decision

The Integration Joint Board –

1. Noted the 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.

2. Noted Waiting Times Performance and continued progress made with regards to reducing Consultant Outpatient breaches at 12 weeks.

3. Acknowledged performance with regards to both Argyll & Bute and Greater Glasgow and Clyde current Treatment Time Guarantee for Inpatient/Day Case Waiting List and activity.

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 24 November 2021, submitted)

10. COVID-19 PUBLIC HEALTH UPDATE

The Board gave consideration to a report reviewing the work of Public Health in relation to Covid-19. The report built on accounts provided in earlier reports and presented the most up to date information as possible on how the pandemic was unfolding in Argyll and Bute as well as improved response, in terms of timely access to testing and clinical management.

Decision

The Integration Joint Board –

1. Noted the COVID19 current status in A&B community, in terms of:
   - distribution of infection rates;
   - COVID-19 testing programmes;
   - COVID-19 vaccination.

2. Noted the updates on Health Improvement activities in A&B community that have gradually increased during 2021.

(Reference: Report by Associate Director of Public Health dated 24 November 2021, submitted)

11. CULTURE UPDATE

(a) Staff Governance Report for Financial Quarter 2

The Board gave consideration to a report on staff governance performance covering financial quarter 2 (July-September 2021) and the activities of the Human Resources and Organisational Development teams.

The Board received a verbal update from Fiona Hogg, Director of People and Culture on progress against NHS Highland's programme of culture improvement work.

Decision

The Integration Joint Board –

1. Noted the content of this quarterly report on the staff governance performance in the HSCP.

2. Took the opportunity to ask questions on people issues that were of interest or concern.

3. Endorsed the overall direction of travel, including future topics that they would like further information on.

(Reference: Report by Head of Customer Support Services dated 24 November 2021, submitted)

The Integration Joint Board adjourned for a comfort break for 10 minutes at this point.

12. FINANCE

(a) Budget Monitoring

The Board gave consideration to a report providing a summary of the financial position of the Health and Social Care Partnership for the 7 months to 31 October 2021 and an updated forecast. The report also provided an update in respect of recent additional funding allocations.

Decision

The Integration Joint Board –

1. Noted that the Month 7 forecast outturn position was a reduced forecast overspend of £681k.

2. Noted that actions were currently being progressed to manage income and expenditure to recover the position by the year end.

3. Noted that there was a year to date overspend of £335k as at 31 October 2021.

4. Noted the Financial Risks analysis for 2021/22 and the additional in-year funding allocated to the Argyll and Bute HSCP.

5. Noted that the HSCP would implement the pay increase, as set out by the Scottish Government, for commissioned services as early as practicable.

(Reference: Report by Head of Finance and Transformation dated 24 November 2021, submitted)

(b) **Budget Outlook and Progress Report**

The Board gave consideration to a report summarising the current budget outlook model covering the period 2022-23 to 2024-25 and providing an update in respect of the budget setting process for 2022-23.

Decision

The Integration Joint Board –

Noted the current budget outlook report for the period 2022-23 to 2024-25.

Noted the assumptions and uncertainties in respect of the budget outlook.

Endorsed the approach to the development of the 2022-23 budget and savings proposals.

(Reference: Report by Head of Finance and Transformation dated 24 November 2021, submitted)

(c) **Savings Programme Review**

The Board gave consideration to a report providing details of the outcome of the review of the current savings programme.

Decision

The Integration Joint Board –

1. Noted that the review of the current savings programme had been completed.

2. Noted the projects where managers had indicated that a saving was no longer achievable in full or in part.

3. Noted that an earlier iteration of this report has been considered by the Finance & Policy Committee at its meeting on 22nd October.

4. Approved the proposed cancellations and reductions in the current savings programme.

(Reference: Report by Head of Finance and Transformation dated 24 November 2021, submitted)

13. REVISED FAIRER SCOTLAND DUTY

A report advising of revised Fairer Scotland Duty Guidance for relevant public bodies published by the Scottish Government, was before the Board for noting.

Decision

The Integration Joint Board –

1. Noted the revision of Guidance for Fairer Scotland Duty and requirement for Integration Joint Boards to comply when undertaking strategic decisions.

2. Noted that strategic decisions made by partners were also subject to the duty and that the responsibility for those lies with the partner.

(Reference: Report by Business Improvement Manager dated 24 November 2021, submitted)

14. CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2020/21

The Argyll and Bute Health and Social Care Partnership Chief Social Work Officer Annual Report 2020/21 was before the Board for noting.

Decision

The Integration Joint Board noted the content of the report.

(Reference: Argyll and Bute Health and Social Care Partnership Chief Social Work Officer Annual Report 2020/21, submitted)

15. HEALTH AND WELLBEING IN ARGYLL AND BUTE ANNUAL REPORT 2020/21

The Health and Wellbeing in Argyll and Bute Annual Report 2020/21 was before the Board for noting.

Decision

The Integration Joint Board noted the content of the report.

(Reference: Health and Wellbeing in Argyll and Bute Annual Report 2020/21, submitted)

16. A NATIONAL CARE SERVICE FOR SCOTLAND - CONSULTATION

A response to the National Care Service for Scotland Consultation was before the Board for noting.

Decision

The Integration Joint Board noted the response to the National Care Service for Scotland Consultation.

(Reference: Consultation Response to National Care Service for Scotland Consultation, submitted)

17. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 26 January 2022 at 1.00pm.

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Agenda Item 4a

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

MINUTES of MEETING of ARGYLL AND BUTE HSCP STRATEGIC PLANNING GROUP held BY MICROSOFT TEAMS on THURSDAY, 2 DECEMBER 2021

Present: Stephen Whiston, Head of Strategic Planning, Performance and Technology (Chair)
Kristin Gillies, Senior Service Planning Manager
Alison Ryan, Service Planning Manager
Sarah Compton Bishop, Non-Executive Director NHS Highland Board & Chair of IJB
Fiona Coffield, Senior Information Analyst
Councillor Kieron Green, Vice Chair of IJB
Sarah Griffin, Senior Information Analyst
Elizabeth Higgins, Lead Nurse
Julie Hodges, Independent Care Providers Sector Leader Argyll and Bute
Jim Littlejohn, Senior Manager, LD and Autism
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
Kirsty MacKenzie, Carers Act Officer
Duncan Martin, Public Representative
Alison McGrory, Health Improvement Principal
Edmund McKay, Senior Strategic Improvement Manager
George Morrison, Head of Finance
John Stevens, Third Sector Representative – Chair of North Argyll Carers Centre
Mags Todd, Young Cares and Child Poverty Assistant

1. WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

The Head of Strategic Planning, Performance and Technology, Stephen Whiston, welcomed everyone to the meeting and introductions were made. Apologies for absence were received from David Forshaw, Douglas Whyte, Caroline Cherry, David Gibson, Nicola Schinaia, Donald Watt, Anne MacColl-Smith, Fiona Davies, Takki Sulaiman and Jean Boardman.

2. MINUTES AND MATTERS ARISING

The Minutes of the meeting of the Strategic Planning Group held on 2 September was agreed as a correct record. There were no matters arising.

3. JSP AND JSCS PROJECT PLAN

The Service Planning Manager, Alison Ryan, provided the Group with an update on the project plan for the Joint Strategic Plan, Strategic Commissioning Strategy and Market Facilitation Plan. She advised that all Lead Officers had now returned the templates for their strategic areas and the next step would be to pull together an editorial group. She advised that engagement had been very successful and this would be written up with support from Sarah Griffin who would present on this later in the meeting. She highlighted a couple of items that were showing amber RAG

status – the SLA agreement with Greater Glasgow and Clyde and the EQIA and Islands Impact Assessment.

Sarah Compton-Bishop referred to the SLA with Greater Glasgow and Clyde and the meeting scheduled for May and asked if this was a particular risk. She also asked for further information on the LPGs and TSI nominations. Stephen advised that in respect of the SLA this would reflect where they were with health status within NHS Scotland

Decision

The Strategic Planning Group noted the verbal update.

(Reference: Project Plan for Joint Strategic Plan, Strategic Commissioning Strategy and Market Facilitation Plan, submitted)

4. JSP AND JSCS ENGAGEMENT PLAN

This item was considered under the previous item.

5. JOINT STRATEGIC COMMISSIONING STRATEGY 2022/2025 (UPDATED DRAFT)

The Service Planning Manager, Alison Ryan, advised that version 26 of the Strategy had now been sent to the Group and provided a presentation. She highlighted that the care home table was to be updated by taking out the data of those out with the area to see how much was being spent on beds in Argyll and Bute. She advised of the blue print workshop that had been undertaken where there had been some conversations about care homes. She advised that they were now looking at a new model for care homes which was flexible and locally based but which did not exclude companies from the private sector.

Julie Hodges asked what the communication and message to existing service providers was and asked if it was business as normal until the strategy was developed. Alison Ryan advised that 2 workshops had been held and that they had joined the TSI Adult Planning where they shared intentions and key messages and had open discussions. She advised that at the workshop with current providers they had shared a lot of detail had held a consultation event with the independent sector. She advised that all providers had seen the slides outlining the key points. She said that it was business as normal at the moment and feedback had been positive around this although they were in the early stages. Julie Hodges agreed and advised that the providers were positive about providing input. Kristin Gillies advised that they were working closely with Procurement around planning for the next commissioning cycle and that they would make sure that more communications went out.

Alison McGrory commented that it was unfortunate that TSI were unable to attend the meeting. In respect of Communities Mental Health there had been a lot of third sector groups which had grown out of community aspirations and there was a lot that could be done as an HSCP service to support people who had aspirations, not just in a financial aspect.

Edmund McKay advised that Strategic planning was fluid and unpredictable and that the plan itself was a lot less important than the strategic planning that goes into it as the plan was constantly evolving. He said well done to everyone involved in terms of the process and the engagement part of it

Decision

The Strategic Planning Group noted the update on the Joint Strategic Commissioning Strategy 2022/25.

(Reference: Joint Strategic Commissioning Strategy 2022/25 (Updated Draft), submitted)

6. ENGAGEMENT SUMMARY

Senior Information Analysist, Sarah Griffin, provided an informative presentation on the results of the strategic plan staff consultation.

Sarah Compton-Bishop asked if the presentation had been shared with the Culture Group as it was rich with data. Kristin Gillies advised that she would be happy to share it with the Culture Group and that the presentation would be sent to Fiona Davies who Chaired the Group.

Duncan Martin highlighted that the information in the summary was crucial and advised that the staff who contributed should be thanked and the issues taken on board. With reference to local empowerment he advised that staff had found it better when they had been authorised to deal directly with issues rather than go through a hierarchy. He added that this was something that may cause governance issues but was viable. He concluded by saying that he was delighted to see the comments from staff.

Kristin Gillies advised that the webinar was still available, the community listening tool was still live as was the survey.

Decision

The Strategic Planning Group supported the use of the feedback from staff in the development of the plan and endorsed the process that had been followed to date.

(Reference: Engagement Summary, submitted)

7. ANNUAL PERFORMANCE REPORT 2020/21

Senior Service Planning Manager, Kristin Gillies advised that the Annual Performance Report 2020/21 had been considered and approved by the Integration Joint Board at their meeting on 23 November 2021. The report had been delayed due to the Covid-19 pandemic and had relayed the impact the pandemic had had on all services, how they had reacted to it and how they had tried to remobilise services. The report thanked staff for how they had risen to the challenge and for the significant effort they had put in and still continued to do so. The next annual performance report was due in July 2021. Kristin expressed her thanks to the Team for the production of the report and to the editorial group for their input.

Decision

The Strategic Planning Group noted that the Annual Performance Report 2020/21 had been approved by the Integration Joint Board and would be publicly available on the website.

(Reference: Annual Performance Report 2020/21, submitted)

8. TRANSFORMATION AND SAVINGS UPDATE - FOR NOTING

A report providing a progress update in respect of each of the current agreed programmes, based on project updates provided to the Transformation Board on 2 November 2021 was before the Group for noting.

Decision

The Strategic Planning Group noted he content of the report.

(Reference: Report by Head of Finance and Transformation dated 19 November 2021, submitted)

9. NATIONAL CARE STRATEGY CONSULTATION HSCP IJB RESPONSE - FOR NOTING

The HSCP/IJB response to the National Care Service for Scotland was before the Group for noting.

Decision

The Strategic Planning Group noted the content of the response to the National Care Service for Scotland Consultation.

(Reference: National Care Service for Scotland Consultation response, submitted)

10. AOCB

There was no AOCB.

11. DATE OF NEXT MEETING

The date of the next meeting was noted as 3 March 2022 and it was noted that the final draft of the Strategic Plan would be before the Group for consideration and approval.

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

MINUTES of MEETING of ARGYLL AND BUTE HSCP AUDIT AND RISK COMMITTEE held BY MICROSOFT TEAMS on FRIDAY, 10 DECEMBER 2021

Present: Councillor Sandy Taylor (Chair)

Susan Ringwood 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
Moira Weatherstone, Interim Chief Internal Auditor, Argyll and Bute Council
Nicola Gillespie, Service Manager – Mental Health and Addictions, Argyll and Bute HSCP
Gillian Davies, Senior Nurse Practitioner – Mental Health and Addictions, Argyll and Bute HSCP
Lynsey Innis, Senior Committee Assistant, Argyll and Bute Council

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf Councillor Kieron Green.

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 10 November 2021, was approved as a correct record.

4. INTERNAL AUDIT REPORT ON CARE PROGRAMME APPROACH

The Committee gave consideration to a report presenting the Internal Audit findings on the Care Programme Approach, which indicated a limited level of assurance and outlined the strengths and areas for improvement within the process.

Discussion was had in relation to the limited level of assurance and the timeframes involved in the delivery of the areas identified for improvement, particularly in relation to the maintenance of records and the delivery of training.

Decision

The Audit and Risk Committee –

1. Reviewed and endorsed the Internal Audit report on the Care Programme Approach.

2. Requested that Management look to review and bring forward the timescales involved in the delivery of the areas identified for improvement, particularly in relation to the maintenance of records and the delivery of training.

(Reference: Report by Interim Chief Internal Auditor, dated 10 December 2021, submitted)

5. INTERNAL AUDIT REPORT ON CHILD PROTECTIVE SERVICES

Consideration was given to a report presenting the audit findings on the Child Protective Services (CPS), which was undertaken as part of the Argyll and Bute Council Internal Audit Plan, which was presented for information only, and provided a substantial level of assurance.

Decision

The Audit and Risk Committee agreed to note the Internal Audit report on the Child Protective Services (CPS).

(Reference: Report by Interim Chief Internal Auditor, dated 10 December 2021, submitted)

6. INTERNAL AUDIT UPDATE

Consideration was given to a report which provided an update on the progress made by the Council's Internal Audit team to deliver the 2021/22 Internal Audit Plan.

Decision

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

(Reference: Report by Interim Chief Internal Auditor, dated 10 December 2021, submitted)

7. AUDIT SCOTLAND - VACCINATION PROGRAMME & RELEVANT REPORTS

The Committee gave consideration to a report which presented Audit Scotland's report on the Covid-19 Vaccination programme. The report highlighted the excellent progress that had been made in the roll outs of the vaccine and provided an analysis of the costs of the programme, the success in delivering vaccinations at short notice to a high proportion of the population and the impact it had in reducing the public health impact of the virus.

Decision

The Audit and Risk Committee –

1. Noted that Audit Scotland have published their review of the Covid-19 Vaccination Programmes and highlight the success of the programme.

2. Noted that the report highlights the requirement to move to a more sustainable model in respect of the future delivery of the programme.

3. Noted the other recent relevant reports published by Audit Scotland.

(Reference: Report by Head of Finance and Transformation, dated 10 December 2021, submitted)

8. STRATEGIC RISK REGISTER REVIEW

Having noted that the Strategic Risk Register was due to be reviewed by the IJB in January 2022, the Committee gave consideration to a report which provided members with an opportunity to review the Strategic Risk Register and consider suggested changes.

Decision

The Audit and Risk Committee –

1. Noted that management have reviewed the Strategic Risk Register.

2. Considered and endorsed the proposed changes to the Strategic Risk Register.

3. Noted that the IJB is due to review the Strategic Risk Register in January 2022.

(Reference: Report by Head of Finance and Transformation, dated 10 December 2021, submitted)

9. DATE OF NEXT MEETING

The Audit and Risk Committee noted that the next meeting would be held on Tuesday, 15 February 2022.

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

Integration Joint Board

Date of Meeting: 26 January 2022

Title of Report: Chief Officer Report

Presented by: Fiona Davies

The Integration Joint Board is asked to:

- Note the arrangements made to support an operational emergency response and potential impacts
- Note performance against Vaccination targets as per National Guidance
- Endorse a further thank you to all staff for their continued commitment to delivering community and hospital services to their communities and performance around vaccination delivery.

1. EXECUTIVE SUMMARY

The purpose of this report is to provide the IJB with a summary of the governance and decision making arrangements that were put in place as part of the response to the Omicron Covid-19 wave. It also highlights some of the main issues that have arisen and which continue to be managed as well. Also the potential implications of the decisions taken and outcome of National Guidance to support an accelerated vaccination programme for Covid-19.

Information presented is correct at time of publication and response activity will be adjusted as required to ensure best use of resource.

2. INTRODUCTION

The Health Service was place on an emergency footing status on 10th December 2021 as a result of the then emerging Covid-19 Omicron variant. This was communicated formally by both NHS officials and senior politicians.

As a result Argyll & Bute HSCP put in place a series of governance processes to ensure that the local response was well informed, proportionate and well governed. The main priorities were to ensure continuity of life and limb services and accelerate the delivery of vaccinations (success in this area is reported separately). The response also sought to maintain key frontline services in localities if possible.

3. DETAIL OF REPORT

Governance Arrangements

The key governance arrangements which were put in place immediately, and remain in place to date, include:

- daily recorded emergency planning meetings with all members of SLT invited representing strategic and professional leadership led by the Chief Officer;
- response to National Guidance and information requests
- feedback from and participation in resilience meetings (Local Resilience Partnership, Strategic and Tactical within NHS Highland and Argyll and Bute Council partners
- Operational huddles stepped up to daily
- additional holiday and weekend huddle meetings established over the festive period and now operating if deemed appropriate;
- Maintenance of Care Home Assurance and support for Care Homes and Care at Home provision through the Care Home Task Force
- Continued Care Home process of surveillance and closure if positive cases were identified in staff or residents, monitored daily
- Maintenance of staff testing and communication of updated information on self-isolation and return to work. .
- Continued adherence to infection control procedures and opportunity for staff refresh if required
- recorded decision logs and actions;
- service step down log created to identify non-essential services and pieces of work being temporarily stood down to free up resource if required;
- Staff Wellbeing and annual leave
- daily staff absence (Covid-19 and otherwise) monitoring from partners and re-deployment tracking to ensure critical services were resourced and prioritised; This is assessed as trend based as Live data may not be available.
- daily review of localised system demand pressures, impact of staff absences and unmet need reporting;
- detailed consideration of public health advice.
- Implementation of board wide directives e.g. temporary restrictions to hospital visiting;

The group seeks to ensure continuity of key services throughout and this has been achieved to date. Specific gaps were considered with the main pressure areas identified as being within acute services and care at home services. Options to redeploy staff to support these services were developed and continue to be progressed with assurance of the balance of risk and continuity of service.

Service Stand Down

In order to ensure that management time was available to focus on the emergency response and provide the appropriate leadership to wider operational staffing of required. A number of pieces of work and regular meetings were delayed or stood down. These were discussed in detail, risk and impacts were considered carefully as part of the decision making process:

- delays to new systems implementation and the integrated performance reporting framework;
- delays to the development of the Strategic Plan, ICT Strategy and digital projects;
- Argyll and Bute transformation board and savings management meetings stood down but projects progressing as far as is practicable;
- NHS Highland Financial Recovery Board stood down;
- postponement of staff training and internal audit activity.

It is highlighted that these decisions, and others, are expected to have implications going forward potentially in governance or in performance against targeted activity. For example some of these actions relate to key strategic documents and formed the response to audit recommendations. This work will be progressed once the situation stabilises.

Review dates on the stand down of any identified activity have been identified if the response requirement lessens and the position is recoverable.

The position at time of publication is that impacts to service both legacy as identified in the Strategic Risk Register and through Covid-19 impact are being managed locally with no requirement to widen the ask to the LRP. Weekly reporting of the position is undertaken to the NHS Highland Board and also reporting to the Scottish Government Resilience Team as required.

Identified Priorities

Strategic priorities are delivered in partnership with Health, Local Authority and wider partners.

Operationally we continue with partnership working across the sectors with key pieces of work in respect of the Omicron response including:

- delivery of the vaccination programme
- addressing staffing challenges and service pressures in acute services
- addressing un-met care needs within care at home services
- ensuring more accurate real-time data on staffing levels and absence is available
- working with NHS Highland to ensure clinical safety and governance standards are maintained
- Supporting staff wellbeing
- Ensuring accurate, consistent communication across partners to ensure both employer duties are undertaken and staff receive timely, accurate and concurrent information.

Vaccination Response

National Targets by 31 December 2021 were to provide boosters to at least 80% of adults (18 and over) within the population of the HSCP area. The percentage measured reflected the number who were eligible i.e. had received 2 doses previously.

Argyll & Bute had 67,534 adults eligible for a booster vaccination and have provided 57,357 booster vaccination s (85%) exceeded the target. There is significant uptake with all age groups above 55 above 90%, 50-54 85%, 40-49 77% and 30-39 67%. 18-29 had the lowest uptake and may be impacted by eligibility from a previous second dose.

During planning it was calculated to meet the target the number of boosters required daily would have to exceed the previous highest vaccination day by 100% which was achieved.

There are approximately 60 COVID vaccination clinics across various locations in Argyll & Bute with a list of these online:

https://www.nhshighland.scot.nhs.uk/COVID19/Pages/Vaccination-ArgyllBute.aspx

The planned schedule goes up to March with more still to be added and further vaccination in eligible group such as under 18 years.

A really good source of info for the public remains the NHS Inform website where there is a wide range of health advice and also links to info on COVID and vaccine information and how to book your COVID vaccination booster.

http://www.nhsinform.scot

To date 87% of people in Argyll and Bute aged 18+ have now received their booster and out of the 32 council areas in Scotland A&B are in 8th position for the overall number of people vaccinated.

4. RELEVANT DATA AND INDICATORS

Public Health, staff governance and other relevant partner data as required.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The report notes impact to the delivery of strategic documentation this is presented separately to the IJB. As such the aim would be to continue to work to current strategic priorities until assurance is available that sufficient community consultation has been undertaken to validate a strategic position.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Potential financial impact if savings or transformation targets are missed, Stand down activity will be reviewed at appointed dates to ensure that any opportunities to recover activity can be instigated.

6.2 Staff Governance

Potential issues in redeployment of staff, we continue to work closely with Trade Unions and under HR policy guidance to ensure mitigate any risks.

6.3 Clinical and Care Governance

Professional practice and guidelines remain the same and individuals care is considered on a case by case basis with a suitable assessment of risk based on the identified or changing needs of an individual. This is under an enhanced service scrutiny with assurances asked for due to potential impacts of lower staffing.

7. PROFESSIONAL ADVISORY

SLT Emergency Planning has representation from all professional advisory at the most senior level to enable adequate challenge and mitigation of risk.

8. EQUALITY & DIVERSITY IMPLICATIONS

There is potential for temporary service stand down/reduction based on staff numbers at short notice and this may impact on the equity of service provision. As noted within the clinical and care governance we seek to have an enhanced scrutiny process to ensure that staff have full awareness of those assessed as having a need and how that need is being addressed. Covid-19 is addressed as a risk within the Strategic Risk Register.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

The HSCP continues to ensure that process is compliant.

10. RISK ASSESSMENT

Risks and mitigation of risk is identified and recorded and actioned against operational risk registers with a route of escalation through the operational huddle to SLT. Process is in places for any potential further escalation to the NHS Highland Health Board or LRP.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Some public engagement activity has been suspended due to potential for lack of engagement/ under-representation or staff unavailable at short notice. As noted this will be under review and if possible the position will be recovered as soon as possible.

12. CONCLUSIONS

The Chief Officer welcomes the opportunity to present the operational update the Integration Joint Board for assurance and note continued thanks to staff across the partnership for their continued commitment and motivation in keeping their communities safe.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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

Title of Report: Director of Public Health Annual Report

Presented by: Dr Tim Allison, Director of Public Health & Policy

The Health and Social Care Partnership is asked to:

- Note
- Discuss

1. EXECUTIVE SUMMARY

The consequences of suicide are enormous for the community and for individuals.

This report highlights a range of different issues relating to suicide including epidemiology, mental health and illness, background influences and what is being done to improve mental health and reduce the rate of suicide. It is intended to be a stimulus for effective action on suicide in Highland and Argyll and Bute.

2. INTRODUCTION

The Annual Report of the Director of Public Health for 2021 is presented.

3. DETAIL OF REPORT

Directors of Public Health are required to produce an annual report on the health of the population. Mental health has been a focus in several recent reports including alcohol in 2015, loneliness in the 2016 report, and a detailed discussion of adverse childhood experiences in the 2018 report. This report highlights the issues of mental health and suicide in the NHS Highland area. COVID related demands on the Public Health team have meant that the report has less detail than normal and further work will be undertaken in the course of 2022/23.

4. RELEVANT DATA AND INDICATORS

The NHS Highland area has a consistently higher rate of deaths by suicide than the Scottish average. Rates are highest in the most deprived areas, but at each level of deprivation, death rates are higher than the Scottish average. Death rates are statistically significantly high in the Highland Council area. Responses to suicide include the need to address wider social inequalities and the lifetime impact of trauma, and to make responses from both public services and

employers to stress, distress and mental illness as effective as possible. Community awareness of mental wellbeing and stigma, and working with community partnerships to increase support and resilience are important.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

This report provides information that will contribute in some way to all of the Health and Social Care partnerships strategic objectives but particularly to the priority to:

- Promote health and wellbeing across all communities and age groups

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

There are no immediate financial implications of the report.

6.2 Staff Governance

It is important that all staff are able to promote wellbeing and to respond appropriately to stress and distress.

6.3 Clinical Governance

Assuring a high quality of care to people experiencing distress, and with mental illness, is an important component of the response to these findings.

7. PROFESSIONAL ADVISORY

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

8. EQUALITY & DIVERSITY IMPLICATIONS

The report highlights social inequalities in health as a first step to their reduction.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

The report complies with NHS Highlands data protection principles

10. RISK ASSESSMENT

Risks are managed in line with NHS Highlands policy.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

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

12. CONCLUSIONS

This report sets out a considerable amount of information relating to both suicide and mental illness. There is much more information both available and needing to be found and further work will be undertaken during 2022. However, what is most important is that we focus on what effective actions need to be put in place to improve mental wellbeing and reduce the rate of suicide across Highland and Argyll and Bute.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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

Integration Joint Board

Date of Meeting: **26th January 2022**

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 A&B community, in terms of:
  - ◊ distribution of infection rates;
  - ◊ COVID-19 vaccination, including some recent information among pregnant women;
  - ◊ COVID-19 testing programmes.

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:

- Rates of new confirmed cases of COVID-19 infections have increased since July 2021, and have remained consistently high (albeit with some sharp peaks or moderate reductions). Since end of November 2021, with the introduction of the Omicron variant of concern, infections have risen at levels never realised since the beginning of the pandemic, with moderate increases in hospitalisation, too, compared to the summer-early autumn 2021 levels.
- Vaccination programme for COVID-19 – has made great progress in A&B since its inception in December 2020.
- Testing for SARS-CoV-2 in Argyll and Bute – alongside established processes, new programmes for LFD testing are being implemented, including community testing sites. Since early January 2022 it is enough to test positive using a LFD test to be classified as a confirmed case. In order to continue producing reliable trends of infection, it is imperative that anybody undergoing self-administered LFD testing report their results on the relevant website.

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.

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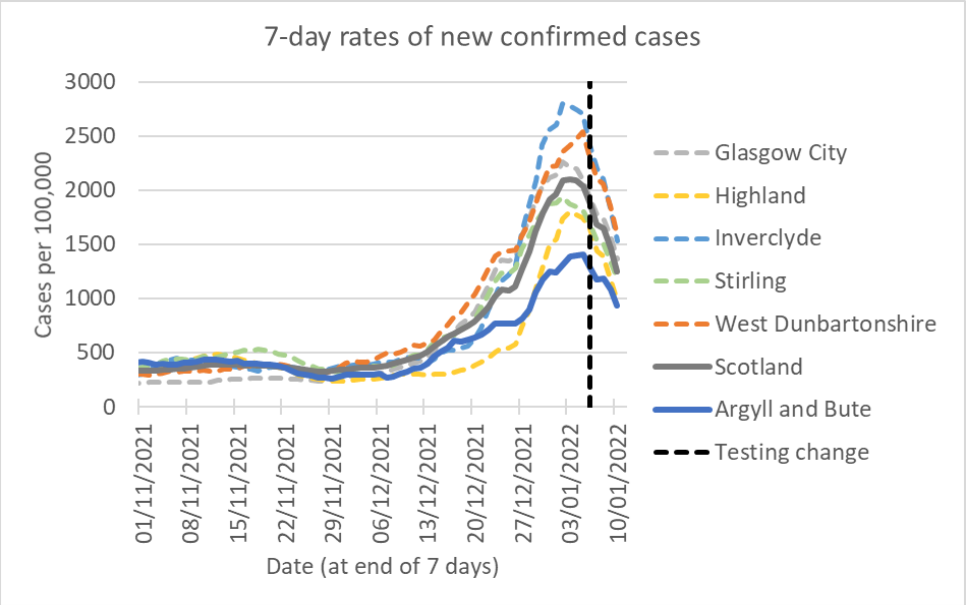
3. DETAIL OF REPORT

A. Epidemiology of COVID-19 in Argyll and Bute

PCR cases - Scotland as a whole

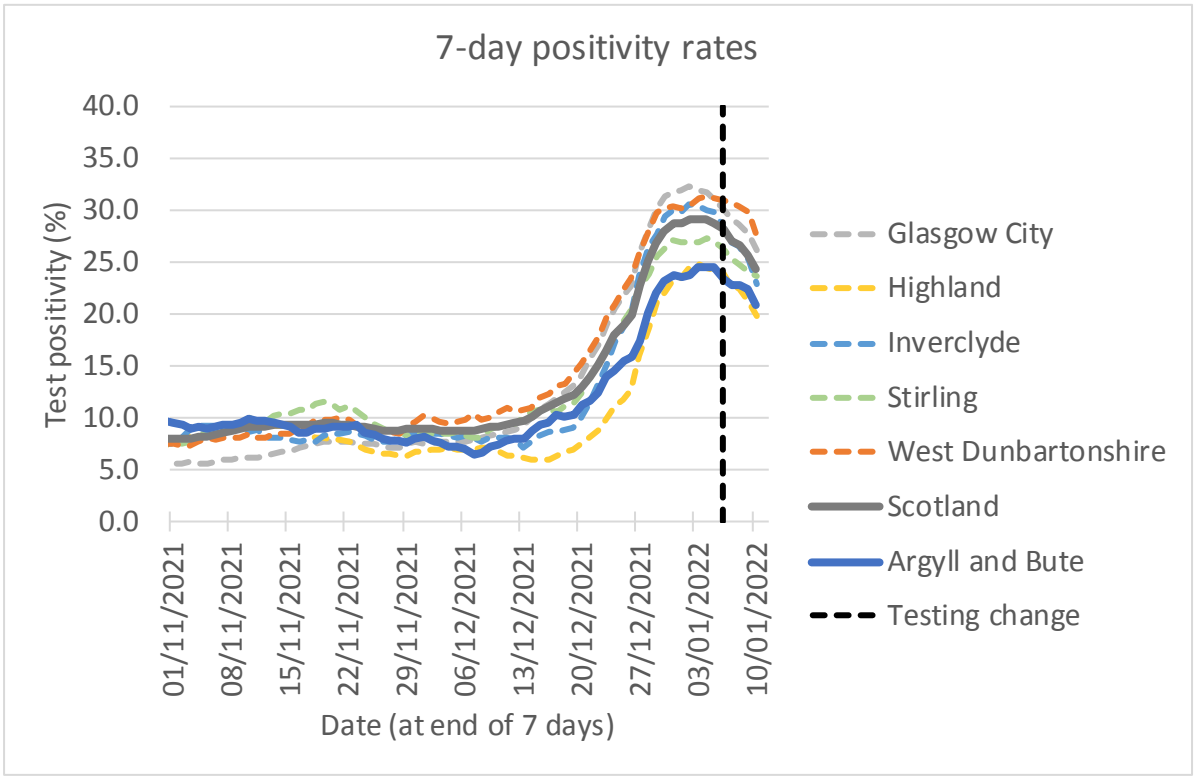
- **7-day case rates of first PCR-confirmed across Scotland** have shown **a decrease** from a peak of 2100.5 per 100,000 at 3rd January 2022 to 1253.3 per 100,000 at 10th January *(Figure 1)*.
- Note that changes to COVID-19 testing policy to require the requirement for confirmatory LFD tests for the public mean that results prior to 6th January are not directly comparable to those from 6th January onwards.
- **Test positivity** for 7-days up to 10th January has decreased but remains high at **24.4%** *(Figure 2)*.
- The rate of **new confirmed cases in Argyll and Bute** over the same period (up to 10th January) was **931.8 per 100,000** people with a **test positivity of 21.0%**.
- **All** council areas had 7-day rates of new confirmed cases of **400 or more per 100,000 people** (up to 10th January). **South Lanarkshire** had the **highest rate of cases** at **1581.3 per 100,000**.
- For Scotland as a whole, 7-day case rates have **decreased in all age bands but with the least change in those aged 85+** *(Figures 3, 4, 5 and 6)*.

Figure 1. 7-day rates of new confirmed cases in Scotland, and selected Local Authority areas



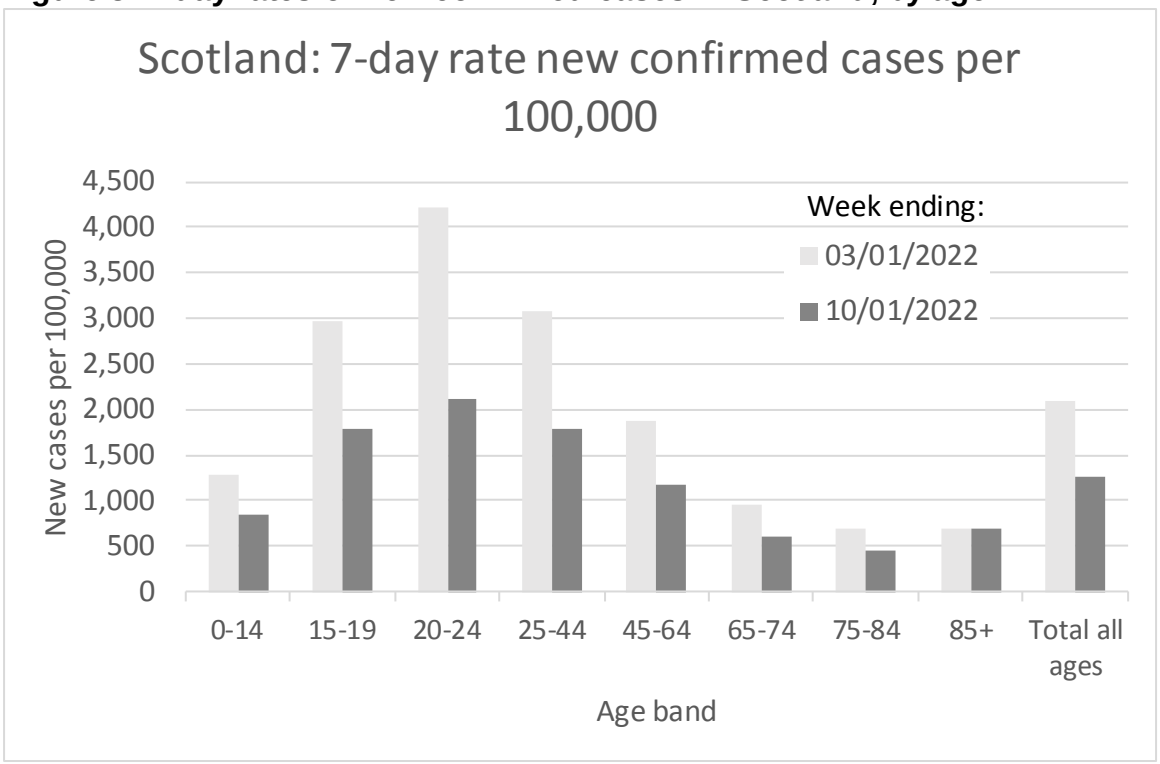
Source: Daily COVID-19 Cases in Scotland - Datasets - Scottish Health and Social Care Open Data (nhs.scot)

Figure 2. Test positivity in Scotland, and selected Local Authority areas



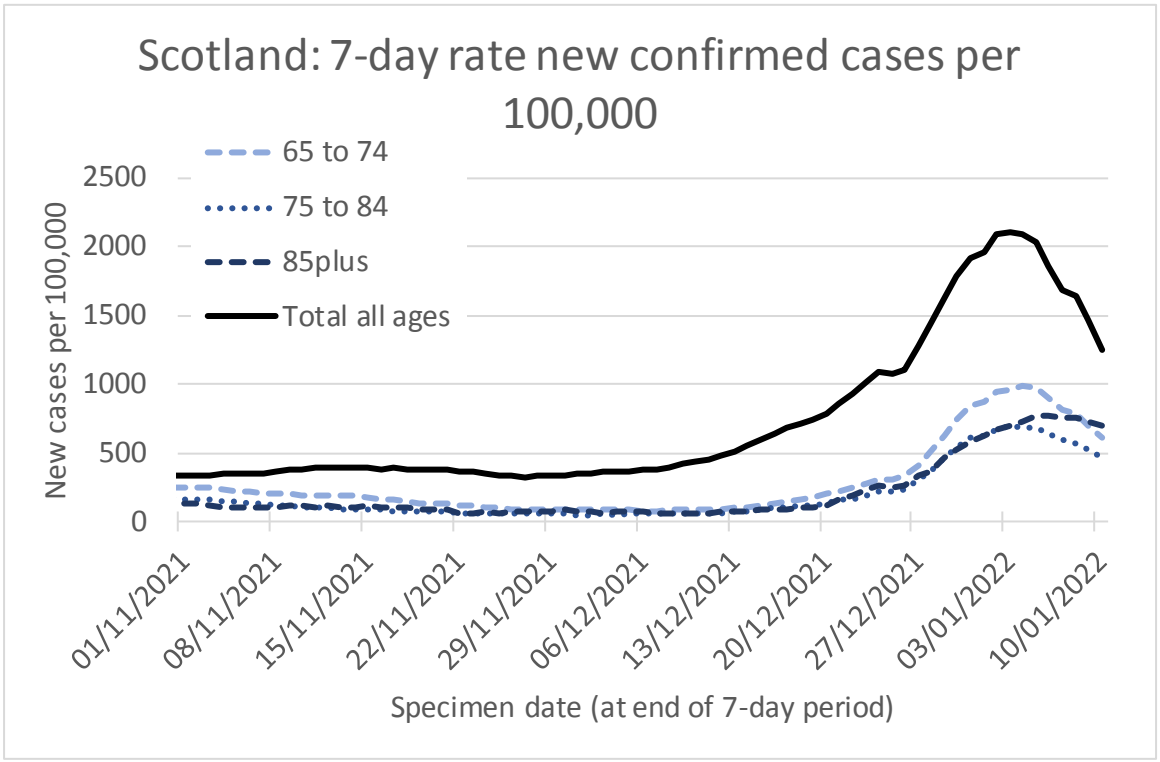
Source: Daily COVID-19 Cases in Scotland - Datasets - Scottish Health and Social Care Open Data (nhs.scot)

Figure 3. 7-day rates of new confirmed cases in Scotland, by age



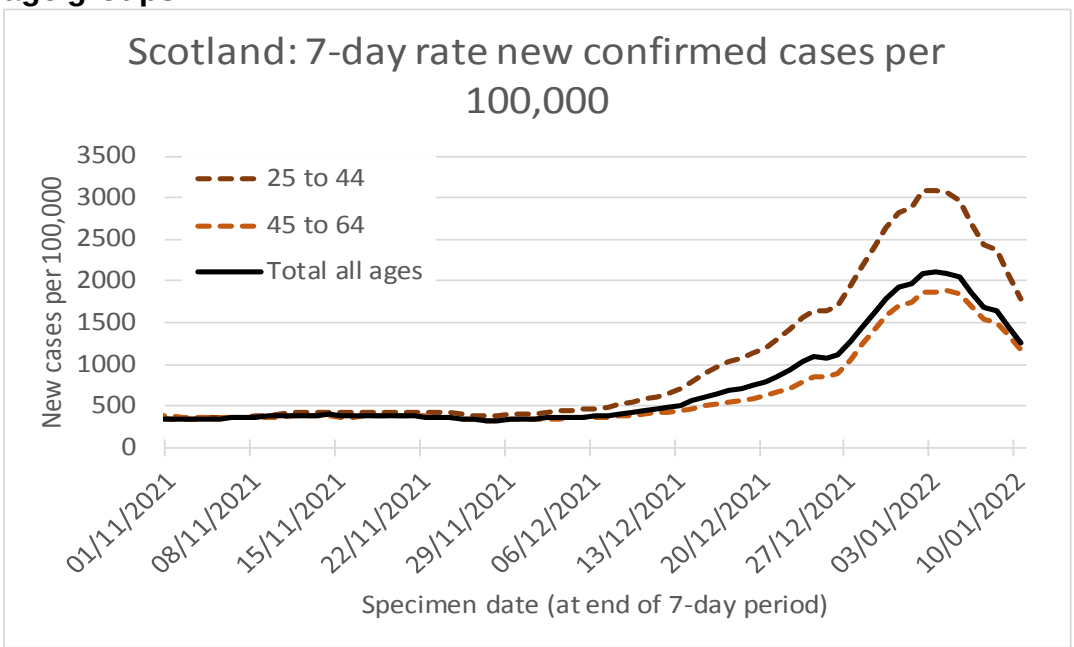
Source: Daily COVID-19 Cases in Scotland - Datasets - Scottish Health and Social Care Open Data (nhs.scot)

Figure 4. 7-day rates of new confirmed cases in Scotland, over time, for older age groups



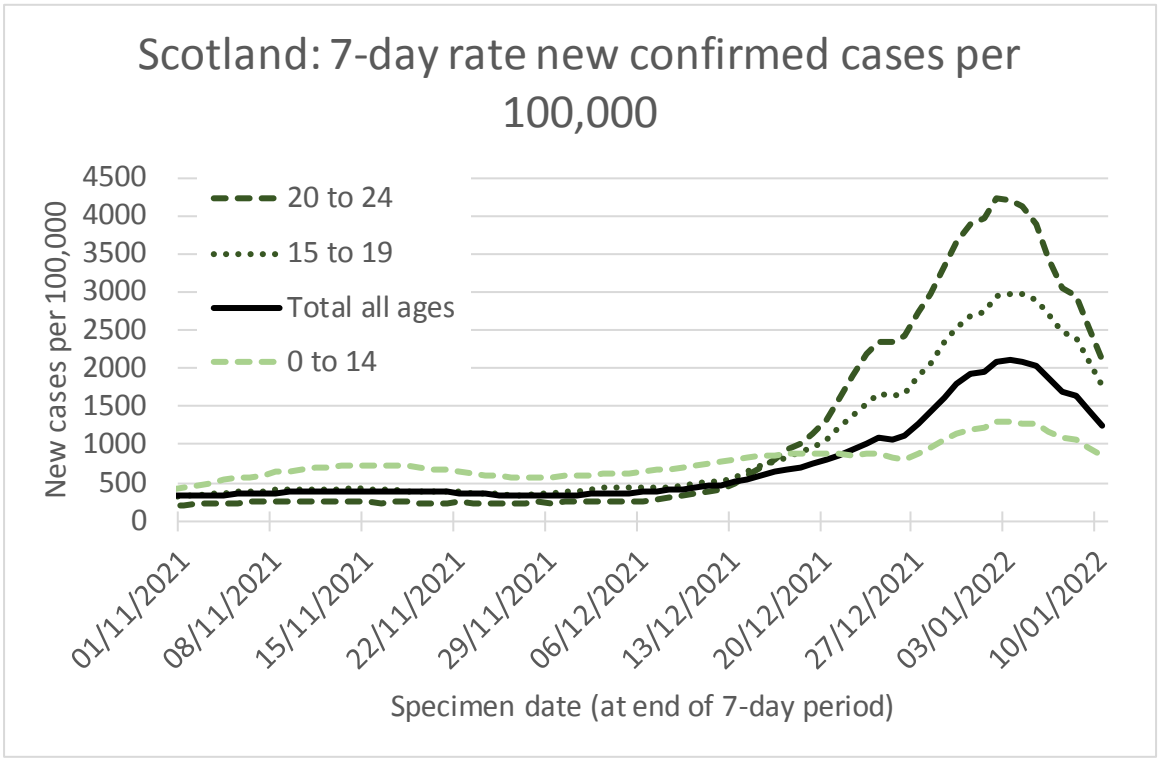
Source: Daily COVID-19 Cases in Scotland - Datasets - Scottish Health and Social Care Open Data (nhs.scot)

Figure 5. 7-day rates of new confirmed cases in Scotland, over time, for middle age groups



Source: Daily COVID-19 Cases in Scotland - Datasets - Scottish Health and Social Care Open Data (nhs.scot)

Figure 6. 7-day rates of new confirmed cases in Scotland, over time, for younger age groups



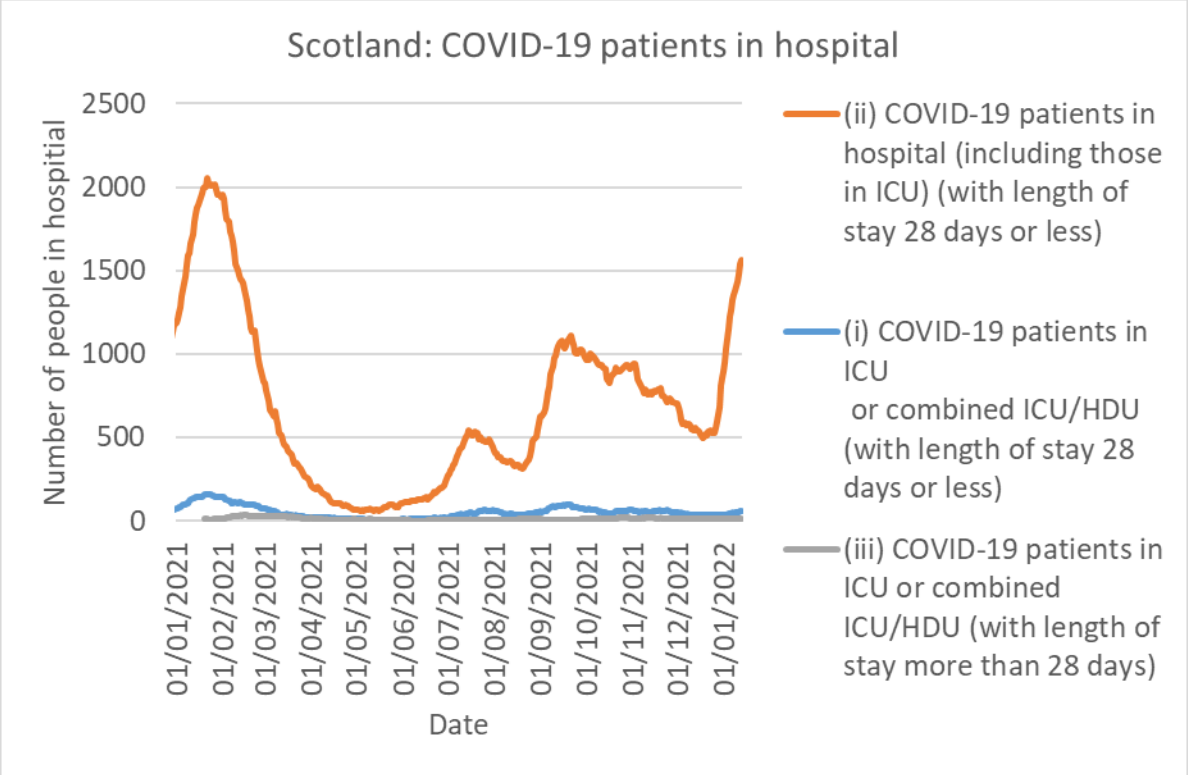
Source: Daily COVID-19 Cases in Scotland - Datasets - Scottish Health and Social Care Open Data (nhs.scot)

Hospitalisations

- The **number of people in hospital with COVID-19** in Scotland has **increased** to 1,560 at 13th January. This is low compared to the increase in confirmed cases that has occurred. It compares to a peak of 1,107 people reported at 21st September *(Figure 7)* and over 2,000 in January 2021. Note that increased in hospitalisations generally lags increases in cases.
- **Daily hospital admissions** with COVID-19 have also **increased** to an average of 140.7 per day in the 7 days up to 6th January *(Figure 8)*. This compared to 162.6 up to 13th September.
- Public Health Scotland published an audit of cases in two health boards finding that 60% of cases were probably or definitely due to COVID-19 (compared to incidentally with a COVID-19 infection).

Public Health Scotland COVID-19 & Winter Statistical Report

Figure 7. Number of people in hospital with COVID-19 in Scotland



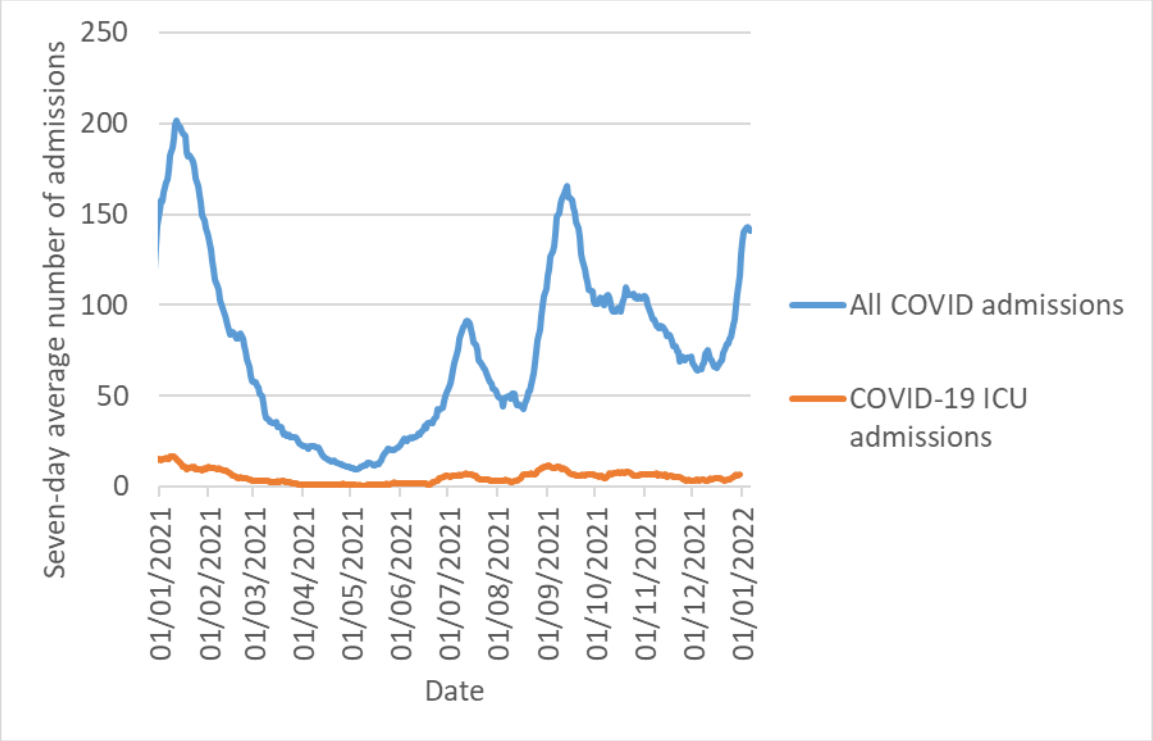
Source: Coronavirus (COVID-19): trends in daily data - gov.scot (www.gov.scot)
Details on definitions

(i) the total number of people in ICUs or combined ICU/ HDU across Scotland with recently confirmed COVID-19 (not the number of people admitted to ICU each day), **with a length of stay of 28 days or less**, as at 8am the previous day.

(ii) the total number of people in hospital across Scotland with recently confirmed COVID-19 (not the number of people admitted to hospital each day), **with a length of stay of 28 days or less**, as at 8am the previous day. This figure includes those in ICU. It does not include people with COVID-19 symptoms who have not yet tested positive. Only hospital inpatients are included, not those who may be in the Emergency Department. Patients in acute hospitals, and long stay community hospitals including mental health are included.

(iii) the total number of people in ICUs or combined ICU/HDU across Scotland with recently confirmed COVID-19 (not the number of people admitted to ICU each day), **with a length of stay of more than 28 days**, as at 8am the previous day.

Figure 8. Number of admissions to hospital with COVID-19 in Scotland



Source: Daily COVID-19 Cases in Scotland - Datasets - Scottish Health and Social Care Open Data (nhs.scot)

Modelling

The most recent modelling information published by Scottish Government was made public on 7th January. Figure 9 shows Scottish Government Projections over the four weeks for combined Delta and Omicron infection.

- *"Central' assumes a continuation of the current trend for Delta, and that Omicron is between two to three times more transmissible.*
- *'Worse' assumes a higher transmissibility for both Delta and Omicron.*
- *'Better' assumes a lower transmissibility for both variants. All projections also assume a lower vaccine effectiveness for Omicron than for Delta*
- *All projections are based on current vaccine roll-out plans and efficacy assumptions. Data to 5th January 2022.*
- *The actual positive tests are adjusted to coincide with the estimated day of infection.*

- Delta infections are likely to fall over time based on the current level of restrictions, but those still being infected and already infected will still contribute to the numbers of people in hospital and ICU. Meanwhile the increase which we see in Omicron infections will continue.
- SPI-M-O modelling for Scotland suggests that hospital admissions will increase into the middle of January (Figure 10).
- SPI-M-O was not able to provide an overall consensus on hospital occupancy. Figure 11 is based on two models, including that of the Scottish Government (SG Model) and shows increasing hospital occupancy.

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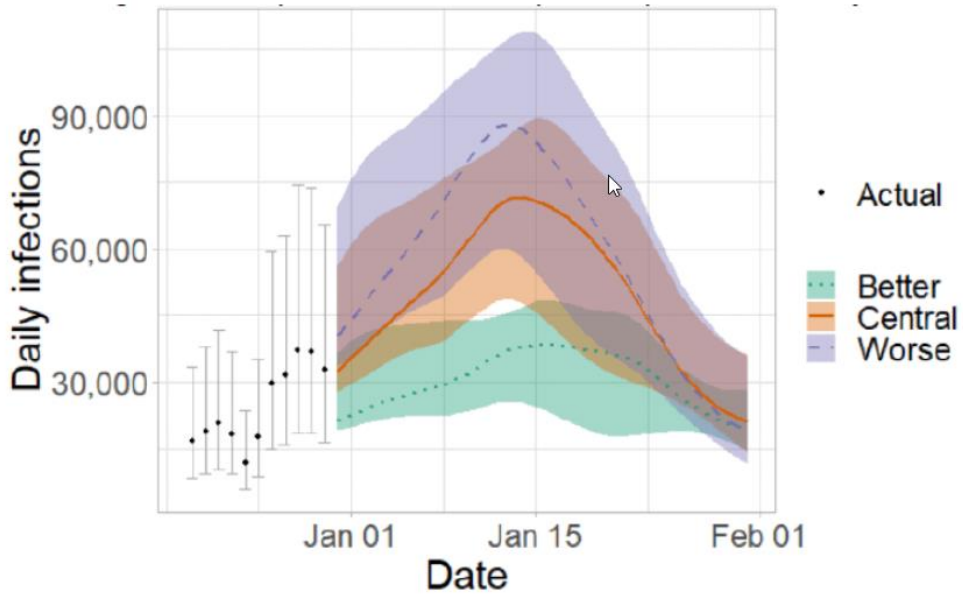
Figure 9. Modelled projections of daily infections in Scotland

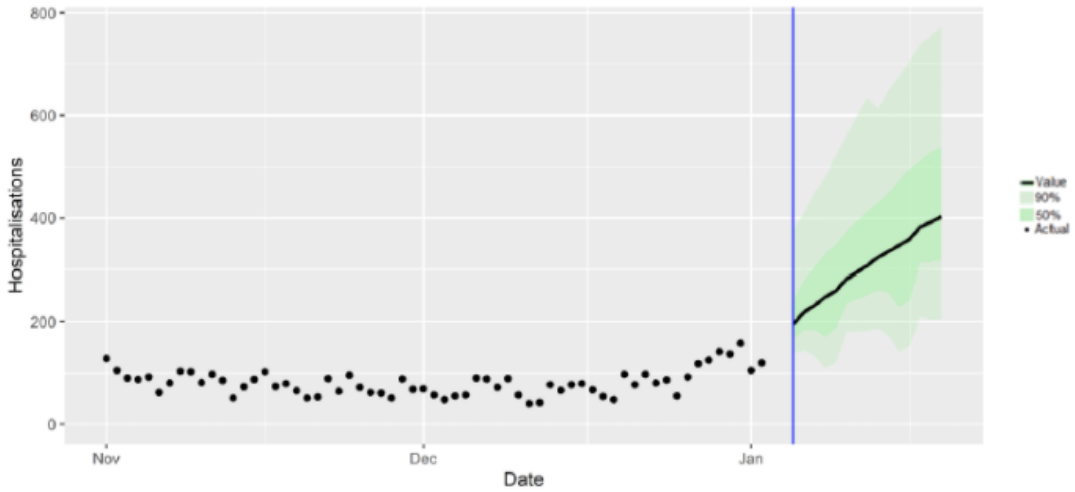
Figure 12. Medium term projections of modelled total new combined daily infections in Scotland, adjusting positive tests [7] to account for asymptomatic and undetected infections, from Scottish Government modelling, based on positive test data reported up to 2nd January 2022



Coronavirus (COVID-19): modelling the epidemic - gov.scot (www.gov.scot)
The modelling includes all infections, including those not tested.

Figure 10. Modelled projections of daily hospital admissions in Scotland

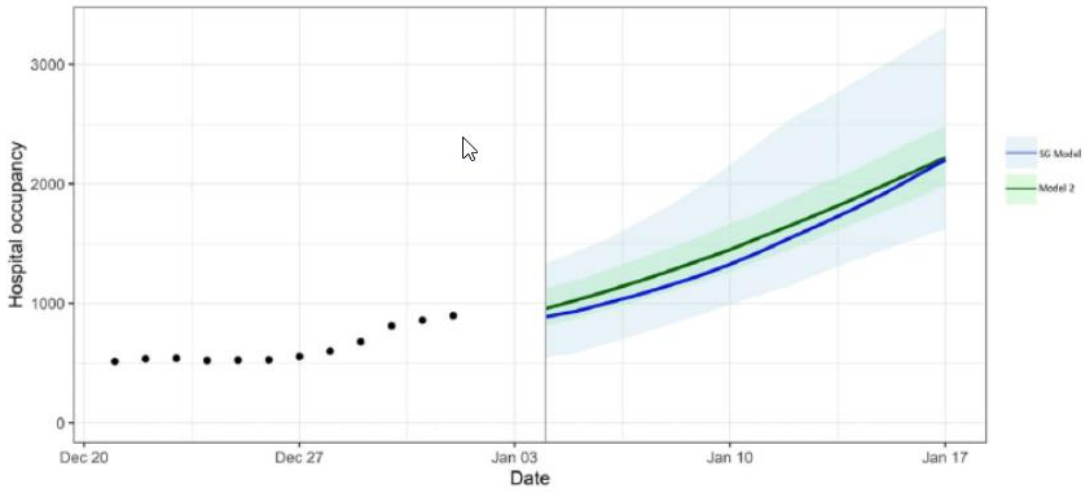
Figure 13. SPI-M-O medium-term projection of daily hospitalisations in Scotland, at 50% and 90% credible intervals.



Coronavirus (COVID-19): modelling the epidemic - gov.scot (www.gov.scot)

Figure 11. Modelled projections of hospital occupancy in Scotland

Figure 14: Medium-term projection of hospital occupancy in Scotland, at 90% credible intervals, showing estimates from two modelling groups [8]



Coronavirus (COVID-19): modelling the epidemic - gov.scot (www.gov.scot)

Test and Protect

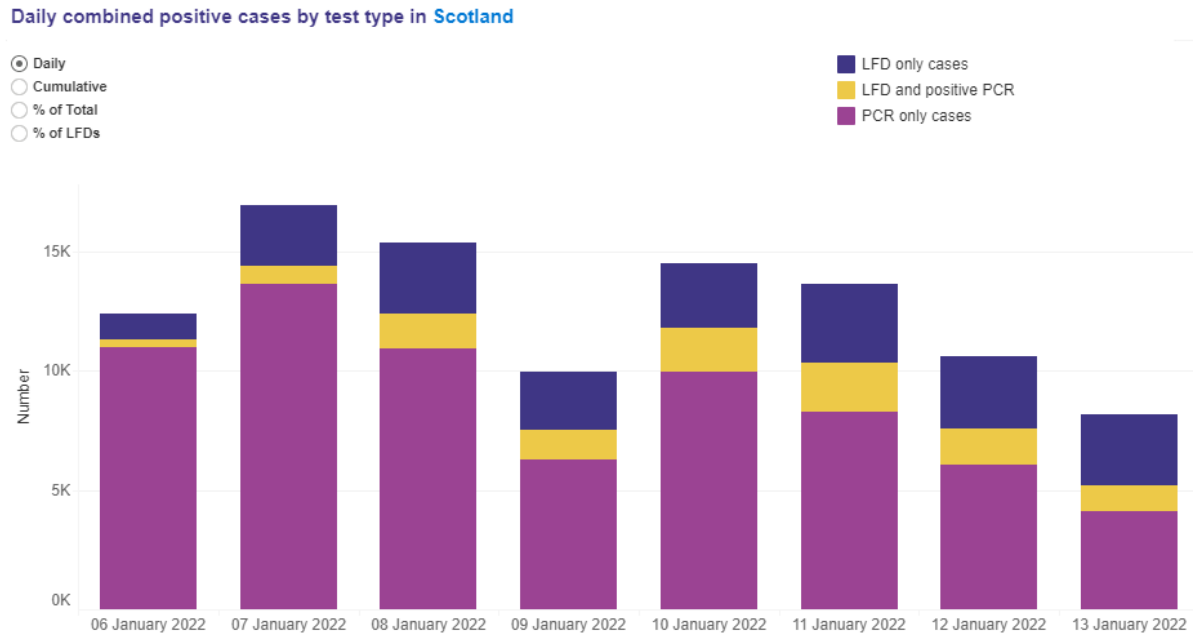
Given the high number of reported cases, the T&P/Contact Tracing system has changed its operating procedure, nationally: all individuals tat test positive receive automated contact (text message and/or e-mail) that include a link to self-administer the CT questionnaire and return it electronically. Only are cases at higher risk (especially the health and social care settings) are contacted directly by the CT staff. Advice relating to self-isolation has changed with most recent guidance available from the Scottish Government.

Coronavirus (COVID-19): Test and Protect - gov.scot (www.gov.scot)

Epidemiology Briefing – NHS Highland

- The Epidemiological Briefing (Appendix 1) is prepared centrally by the Public Health Intelligence team within the main Public Health Department of NHS Highland. It offers snapshots of information through tables and graphs.
- Currently, data are based on first PCR positives only. *Work is in progress to implement inclusion of LFD cases in local reporting and to present cases that are identified as reinfections.*
- PHS published as experimental statistics an estimate of new LFD positive cases for Scotland on 13th January, by reporting date (Figure 12). Caution should be exercised with this data. However, it is likely that some of the reduction in PCR cases may relate to a reduction in PCR follow-up testing.

Figure 12. Experimental statistics on LFD and PCR cases



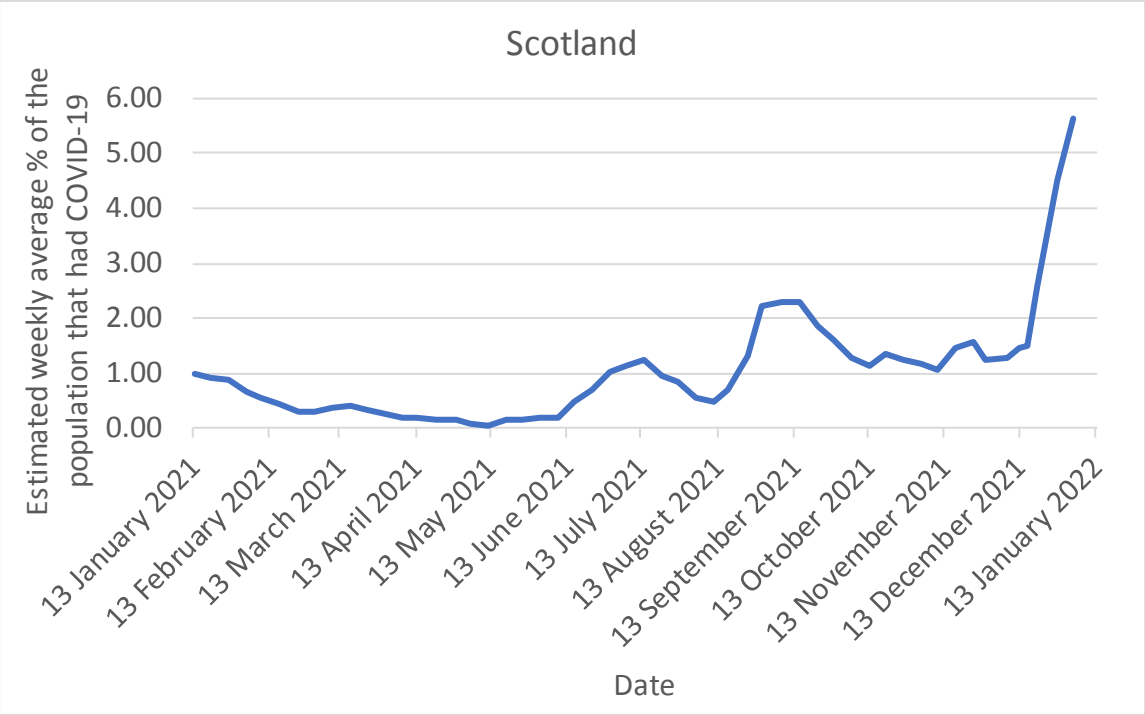
Reporting date is all cases newly reported to PHS from midnight to midnight in the preceding day before reporting.

LFD positive cases that are followed by a negative PCR result within 48 hours will be denotified.

ONS estimates

- ONS estimates are included due to changes in PCR testing requirements.
- ONS estimates of the percentage of people in the community that had COVID-19 continued to rise to the week of 1st to 7th January but show a reduction rate of increase in cases (Figure 13).

Figure 13. Estimated weekly % of the population that had COVID-19 (ONS)



Source: Coronavirus (COVID-19) Infection Survey headline results, UK - Office for National Statistics

Omicron variant

- Omicron cases are now estimated to comprise over 90% of cases.

Coronavirus (COVID-19): additional data and information - gov.scot (www.gov.scot)

- Omicron is considered to have a growth advantage compared to Delta.

22 December 2021 Risk assessment for SARS-CoV-2 variant: Omicron VOC-21NOV-01 (B.1.1.529) (publishing.service.gov.uk)

- Reinfection rates are higher for Omicron than Delta. Note that PHS reporting via the Daily COVID-19 dashboard is based on first positive cases.

https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/covid-19/report-49-omicron/

SARS-CoV-2 variants of concern and variants under investigation (publishing.service.gov.uk)

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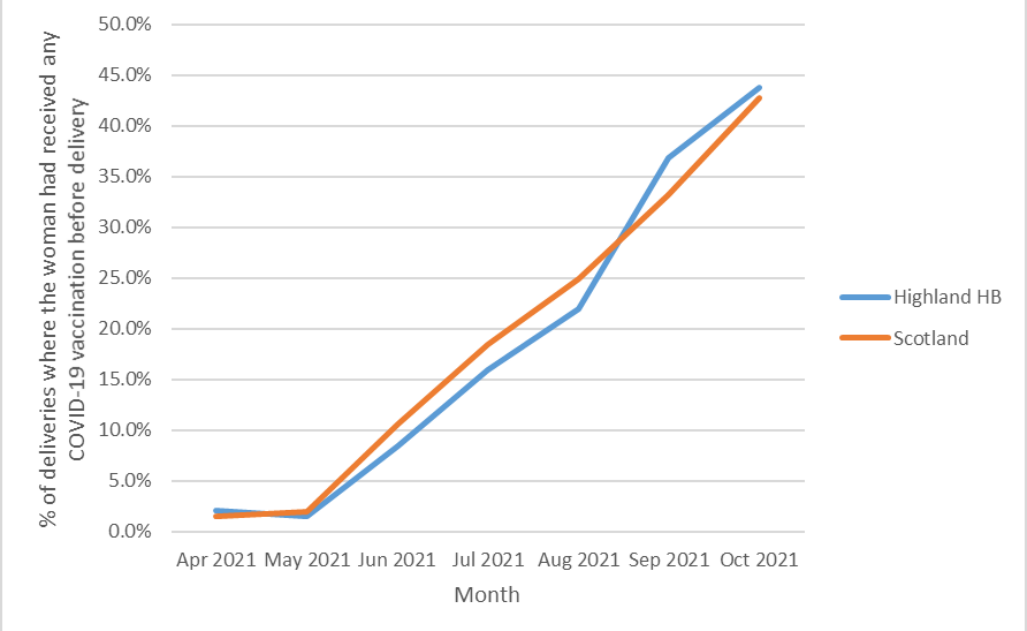
B. COVID-19 Vaccinations

- Information regarding local roll out of vaccinations and access to vaccination clinics can be found here: Vaccination - Argyll & Bute (scot.nhs.uk)
- On 11th November, updated 12th November, PHS report that:
  - 57,096 people in Argyll and Bute (an estimated 80.3% of the population aged 18+) have had a *third dose or booster*[1].
  - 58.4% of those aged 16-17 have had *two* doses
  - 65.5% of those aged 12-15 have had *one* dose.

Number of COVID-19 vaccinations given to pregnant women - Coverage of COVID-19 vaccination by the time of delivery
(Information based on the COPS [COvid-19 in Pregnancy in Scotland] database as updated in mid-November 2021 linked to records of vaccinations delivered on up to and including 31 October 2021)

4,064 women delivered their baby (or babies in the case of a multiple pregnancy) in October 2021. 1,738 (**43%**) of the women delivering in October 2021 had received **any COVID-19 vaccination** prior to delivery, with 1,311 (**32%**) of the women having received **two doses** of vaccination,
36 (**1%**) having received **three doses**. As would be expected, the percentage of women delivering their baby in each month who have received any vaccination before the date of delivery ('coverage of vaccination by delivery') has **increased over time**.
Fig.14 summarises coverage in Highland Health Board

Figure 14. Coverage of vaccination in pregnant women (Highland and Scotland)



[1] Some third doses for immunocompromised persons (a minority of the population) have been recorded as booster doses, and some booster doses have been recorded as third doses. Therefore data are currently combined.

Most recent data from MAKI - 82.4% of maternity caseload has had 2 doses or more. Argyll and Bute estimated coverage for 2 doses of 86.1% for females 18-29, 95.5% for females 30-39 and 93.2% for women aged 40-49 (at 6th January 2022, Public Health Scotland open data)
It appears to be a much improved picture. However, with around 15% with no COVID-19 vaccination, this is still important

Babies' outcomes following maternal COVID-19 vaccination in pregnancy

Perinatal mortality rate for babies born following maternal COVID-19 vaccination at any stage during pregnancy was **4.3/1,000 total births** (95% confidence interval [CI] 2.9 to 6.5/1,000). Perinatal mortality rate seen among births registered in 2020 was **6.3/1,000 total births** ([198 stillbirths+100 neonatal deaths]/47,007 40 total births, 95% CI 5.7 to 7.1/1,000). The preliminary data presented above shows **no increased risk of perinatal mortality** following COVID-19 vaccination in pregnancy.

This finding contrasts to the relatively high rates of perinatal mortality seen among babies born soon after COVID-19 infection in pregnancy:

- Perinatal mortality rate for babies born following maternal confirmed COVID-19 at any stage during pregnancy was **6.7/1,000 total births** ([12+8]/2,986, 95% confidence interval [CI] 4.2 to 10.5/1,000).
- Perinatal mortality rate for babies born within 28 days of confirmed COVID-19 during pregnancy of **20.5/1,000 total births** (95% CI 11.7 to 35.0/1,000).

It cannot be assumed that stillbirths and neonatal deaths following confirmed COVID-19 during pregnancy are related to the mother's infection.

Vaccination remains the safest and most effective way for women to protect themselves and their babies against COVID-19 infection.

C. Testing for COVID-19 in Argyll and Bute

D.

Lateral Flow Device Testing (LFD)

Free LFD test kits are available at:

- Pharmacies – list is available here: https://maps.test-and-trace.nhs.uk/
- COVID-19 test site (Coronavirus (COVID-19): getting tested in Scotland - gov.scot (www.gov.scot))
- Community Asymptomatic Testing Sites. At present there is a fixed test site at Victoria Halls, Sinclair Street, Helensburgh, G84 8TU in Helensburgh.
- You can also obtain a kit by phoning the Coronavirus Testing Helpline on 03003032713
- Ordering online for home delivery at: https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests
- Lateral flow test kits can also now be collected from many Live Argyll facilities https://www.argyll-bute.gov.uk/coronavirus/how-to-get-tested

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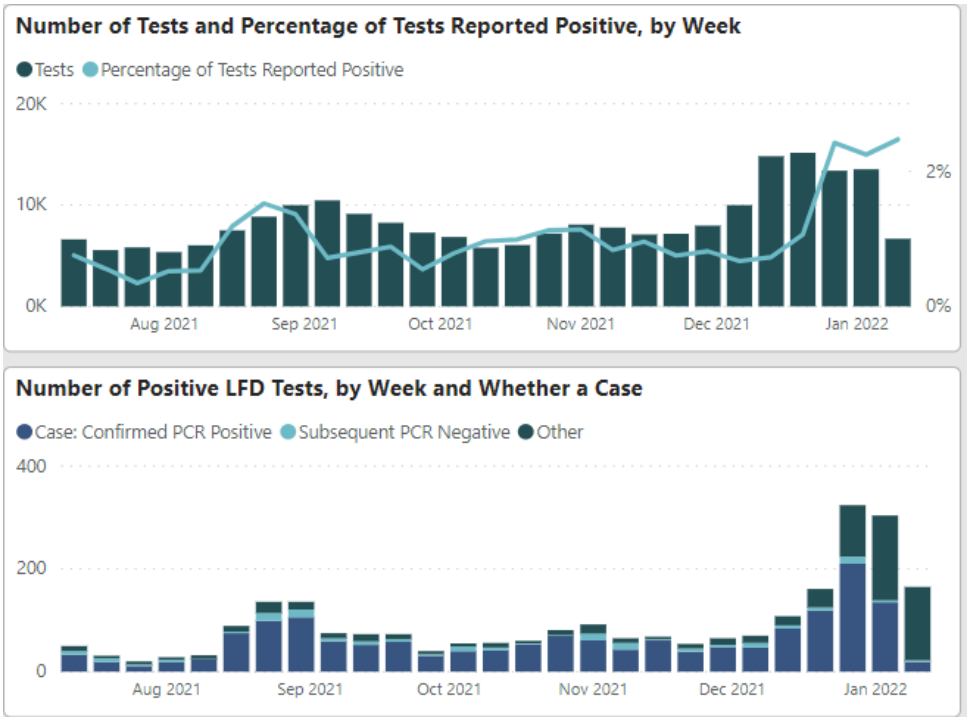
LFD testing volumes

- Overall, LFD testing volumes, as self-reported, increased into December with the spread of the Omicron variant (Figure 15).

Figure 15. Number of LFD Tests identified in Argyll and Bute residents



Source: NHS Highland COVID-19 testing dashboard. Covid Testing - Power BI Report Server

Note final week is incomplete. Month label marks the start of the month.

Community LFD testing

- Live Argyll handed out 10,000 LFD test kits in December.
- Helensburgh food bank handed out 136 from 21-31st Dec.
- Work is underway to increase the number of places people can access test kits to include vaccination centres and Fire Stations.
- Additional LFD supplies are awaited before implementing these, and other additional sites.
- It is important to report all LFD test results. This information helps us to know where positive and negative cases are which helps us to plan services. Information about where to report them is in your test kit instructions.

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Staff LFD testing - Key Messages week commencing 10th January 2022

- All staff who are not working from home should be encouraged to consider testing on a daily basis before accessing their workplace.
- A positive LFD should be considered as confirmation of infection.
    - Is it imperative that positive LFD tests in Health and Social Care staff are reported at www.covidtestingportal.scot
- There are currently four LFD products in circulation for Health and Social Care staff: Innova 25s, Orient Gene 7s and Orient Gene 20s (two types – one includes pre-filled extraction tubes, one contains buffer solution and empty extraction tubes). Full details on how each product should be used can be found at: https://learn.nes.nhs.scot/59363/asymptomatic-coronavirus-covid-19-self-testing-for-health-and-social-care-staff-in-scotland
- The Scottish Government have changed the requirements for information gathered about LFD kits issued, as such there is no longer a requirement to register receipt of your kit with NHS Highland.
- Orient Gene tests are a nasal only swab. Individuals who cannot undertake nasal swabs (due to nosebleeds or nasal piercings for example) are able to undertake throat only swabbing using Innova 7s LFD tests.
    a. Managers should check whether they have staff who cannot undertake nasal swabbing and email rory.munro@nhs.scot to request Innova 7s.

Progress in Argyll and Bute

There are two workstreams included in this report: Healthcare Workers and Social Care staff (adult and children). Primary Care staff and locums have received guidance detailing their inclusion in LFD testing.

Figures for Kits Issued to Staff in Argyll and Bute.

Number of test kits issued to staff by work stream as of 07/01/2022.

Work stream	Kits issued to staff
Healthcare workers	**Approx. 6500**
Social Care staff	**8235**
Total	14,735

Healthcare Work stream

To date approximately 5300 Innova 25s have been issued across Argyll and Bute. In addition, 1416 Orient Gene 7s have been supplied for NHS staff in Argyll and Bute as Innova 25s are being phased out and will be replaced by Orient Gene 20s. Orient Gene 20s have now been arranged and distributed to each locality for use by NHS staff once supplies of Innova 25s and Orient Gene 7s are exhausted.

Social Care Work stream

The total number of kits issued to social care workers to date is 8235 inclusive of Innova 25s and Orient Gene 7s issued from PPE hubs. Some social work providers receive a direct supply of LFD tests, the number issued directly to providers is not included within this report.

Recording of Test Results by Staff on the Covid Testing Portal – NHS Staff

Cumulative LFD tests to PCR tests NHS Highland Staff between 23/11/2020 and 07/01/2022. Source: Public Health Scotland.

Location	Test Group	Positive LFDs	Total PCRs	% PCR Carried out	Number Positive PCR	% Positive PCR
NHS Highland	Healthcare Worker	311	205	66 (205/311)	154	75 (154/205)
NHS Highland	All LFD testing Programmes	1218	781	64 (781/1218)	623	80 (623/781)
Argyll and Bute	Healthcare Worker	41	27	66 (27/41)	15	56 (15/27)

The table displays PCR tests linked to a positive LFD test. LFD tests may not include a follow up PCR test for the following reasons. Individuals have been linked using CHI to identify PCR results (via NHS or UK Gov Labs) within 48 hours of tests being entered into the Covid Testing Portal; if 48 hours elapses, PCRs after this time will not be included. It cannot be confirmed that the PCR within 48 hours is a confirmatory PCR as some individuals are taking a combination of LFTs/PCRs on a regular basis. Where a submission of a positive result is done in error, there is no requirement for a follow up PCR test.

All data on testing programmes is available on NHS Highland's SQL reporting server available at:

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

Recording of Results for Internal Social Care Staff

To date, Internal Social Care staff in Argyll and Bute have recorded **five invalid** tests and **five positive LFD** tests. The internal Social Care recording system on SharePoint indicates good uptake and continued testing amongst Social Care staff. It has also been adjusted to record daily test results, results indicate good uptake of daily testing within internal social care staff.

PCR Testing

- The number of tests conducted at UK Government sites in Argyll and Bute is shown in Figure 16. At present, UK Government test sites include:
- a Mobile Testing Unit (MTU) in Helensburgh
- a walk-in Regional Test Site (RTS) in Oban

- In week commencing 16th August, an MTU was deployed to Bute to provide increased access to PCR testing in the outbreak there.
- An MTU has been deployed in Oban to provide testing capacity when the RTS was closed.

Note that sites may be accessed by those living outside Argyll and Bute e.g. living in West Dunbartonshire and accessing the Helensburgh MTU.

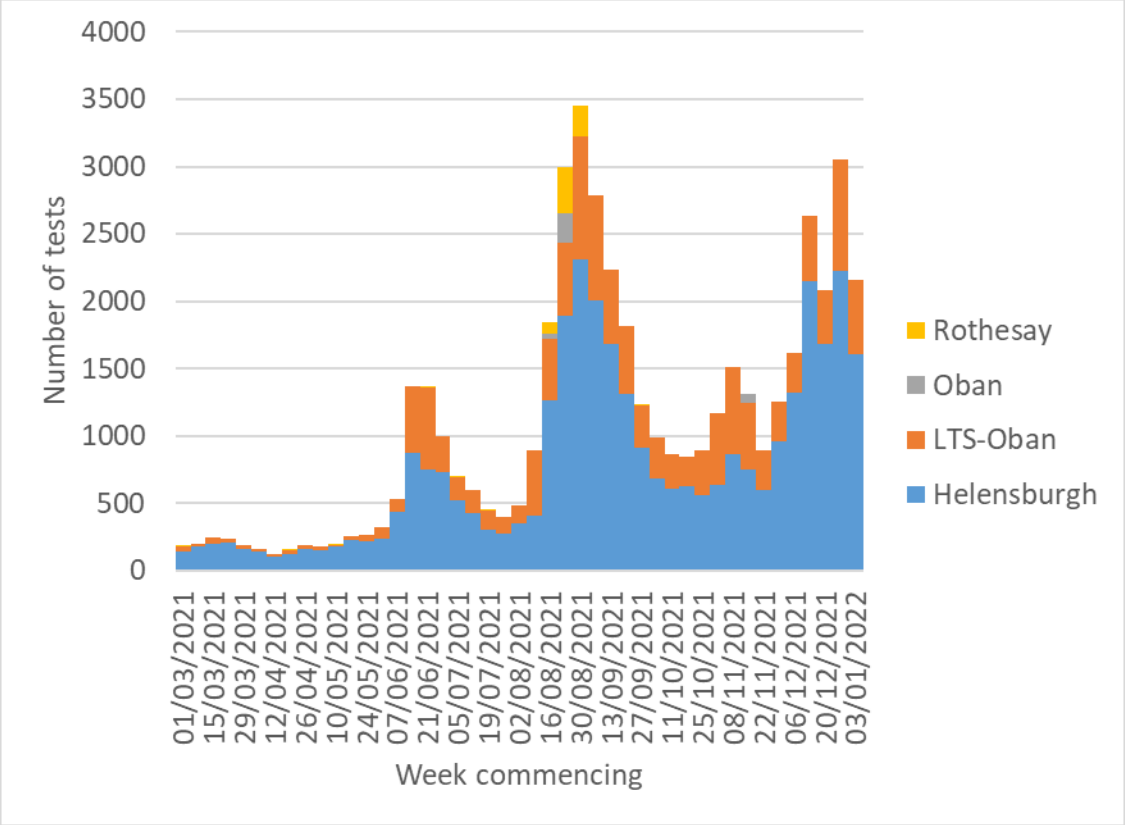
- There are other UK Government test sites outside of Argyll and Bute that are used by Argyll and Bute residents e.g. Glasgow Airport test. In addition, PCR tests can be accessed by 'home delivery' through collection of test kits with through Scottish Fire and Rescue Service (SFRS). These are available in:
- Arrochar
- Campbeltown
- Cove (Loch Long)
- Dunoon
- Lochgilphead
- Tarbert
- Rothesay
- Gigha
- Mull
- Iona
- Fire station testing expansion in Argyll and Bute (scot.nhs.uk)
- Home delivery of PCR tests has increased with the availability of the Fire Station sites for collection of tests and with increased numbers of cases (Figure 17). There has been an increase in home delivery testing particularly in MAKI. Bespoke pathways remain in place for more remote islands.

Large numbers of PCR tests each week continue to occur for Argyll and Bute Care home staff. The pathway for referrals for PCR testing via Argyll and Bute Council via or Social work admin is still in place.

The NHS PCR testing route via COVID-19 Assessment Centres (CACs) will continued to be supported. This can be assessed through the usual routes.

Figure 16. Number of PCR Tests at Argyll and Bute sites

Management Information only, not for onward distribution*

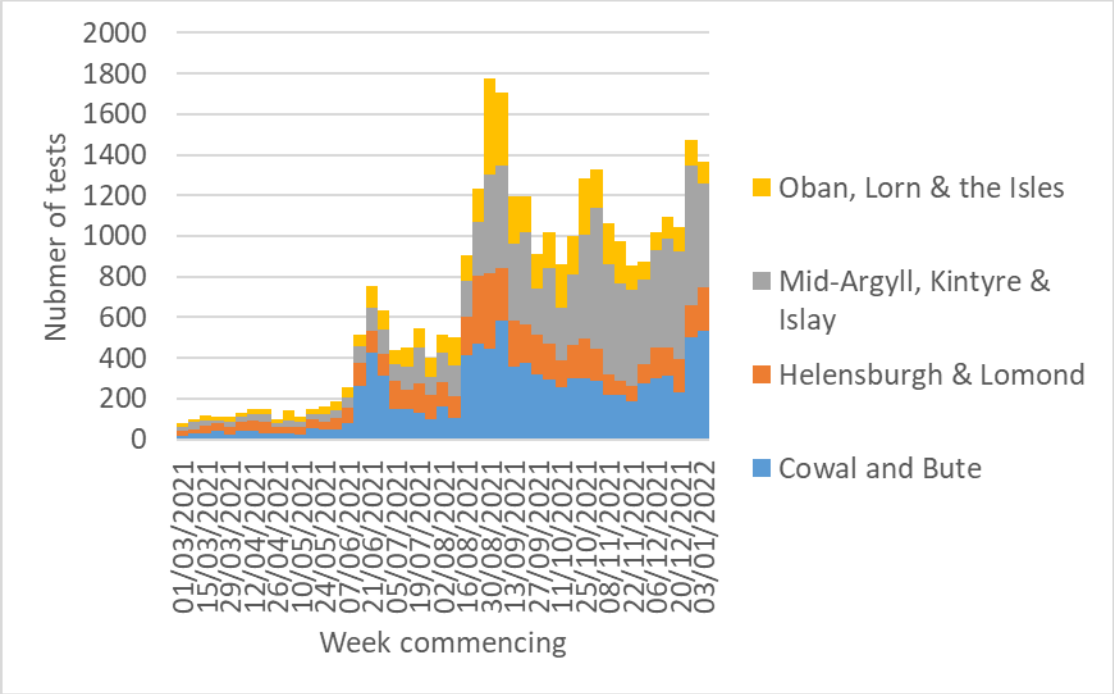


Source: NHS Highland data warehouse including testing data from the Test and Protect Data Virtualisation. Updated on 22nd December. Excludes tests with postcode outside Scotland. PCR testing through NHS Digital only. Data from most recent week may to be incomplete. Week commencing based on test date.

**This information has been released for management information purposes only. The data have not been adjusted to protect against potential disclosure risks and may contain information which enables (perhaps with the aid of further knowledge of the topic) an individual patient or member of staff to be identified. Please ensure circulation is restricted and that patient confidentiality is not compromised.*

Figure 17. Home delivery PCR tests for Argyll and Bute residents5

Management Information only, not for onward distribution*



- Source: NHS Highland data warehouse including testing data from the Test and Protect Data Virtualisation. Updated on 22nd December 2021. PCR testing through NHS Digital only. Data from most recent week may to be incomplete. Samples marked 'Home delivery' collection location. Week commencing based on test date. **This information has been released for management information purposes only. The data have not been adjusted to protect against potential disclosure risks and may contain information which enables (perhaps with the aid of further knowledge of the topic) an individual patient or member of staff to be identified. Please ensure circulation is restricted and that patient confidentiality is not compromised.*

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.

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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 e.g. learning disability friendly and subtitles for people with hearing impairment.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

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

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

REPORT AUTHOR AND CONTACT

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Appendix 1

EPIBrief_17Jan22.pdf

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COVID-19 Epidemiology Report
17th January 2022

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.

The Scottish Government announced on the 5th of January that people will no longer be asked to take a PCR test to confirm a positive LFD result. Instead, anyone with a positive LFD should report the result online as soon as the test is done. The national case definition has been revised to reflect this new testing strategy. Local and national work is ongoing to include either a person's first LFD or PCR positive test in reporting. PHS have published initial 'experimental statistics' on their COVID-19 Daily Dashboard.

Summary overview of positive cases

17/01/2022

Week ending **14/01/2022**

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	1601	499.0	-2809	-875.5
Argyll & Bute	338	395.6	-670	-784.3
Highland	1263	536.5	-2139	-908.6

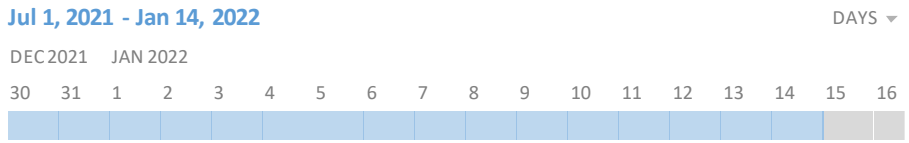
Testing rates vary across the week and data for the most recent three days will be partially complete.

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

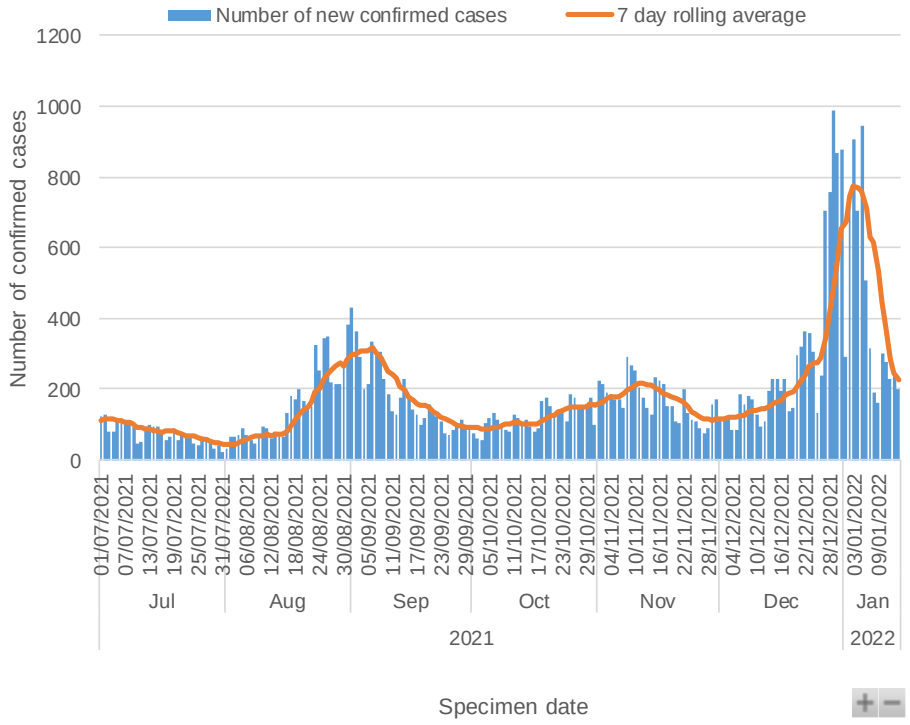
Includes testing undertaken in NHS Scotland laboratories and UK Government Regional Testing Centre laboratories (including Drive Through Centres and Mobile Units, and Home Testing).

NHS Highland Public Health Intelligence Team

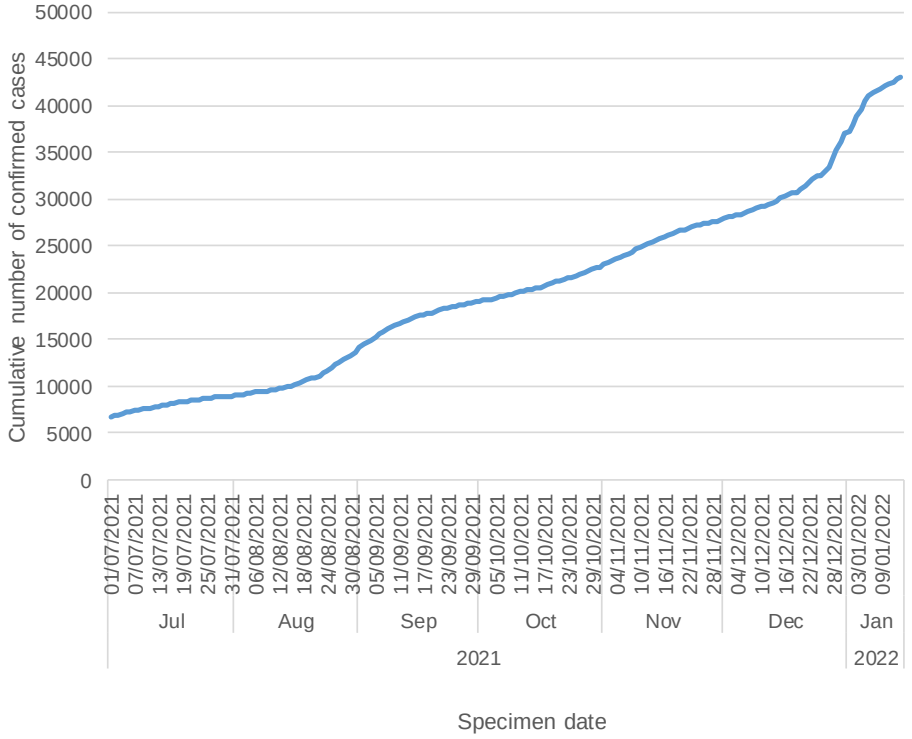
NHS Highland
Number of new positive cases of COVID-19



Number of confirmed cases



Cumulative number of confirmed cases

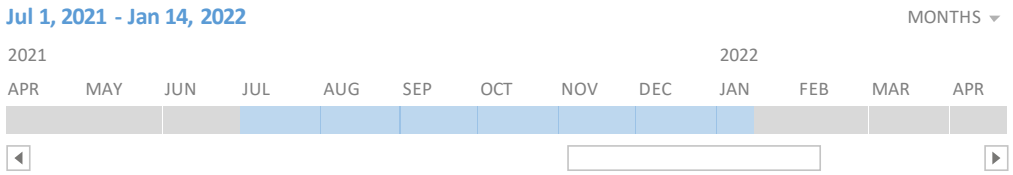


Testing rates vary across the week and data for the most recent three days will be partially complete

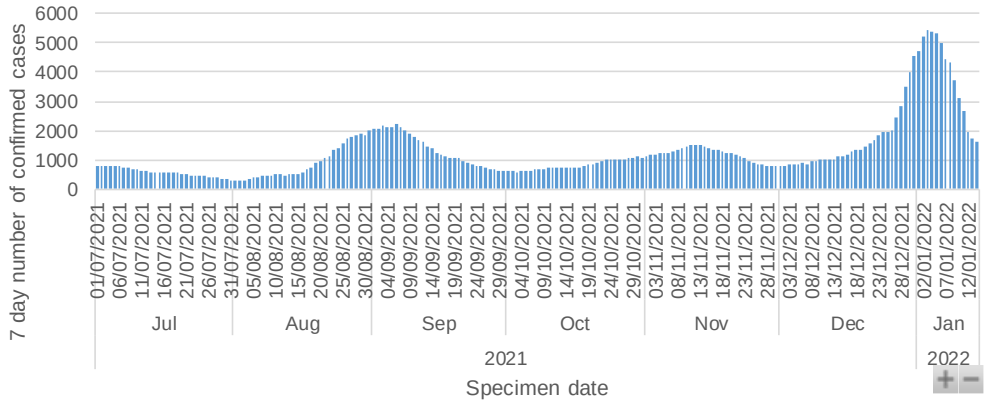
Data source: NSS Test and Protect Data Virtualisation Layer, NHS Highland BI Data Warehouse

NHS Highland Public Health Intelligence Team

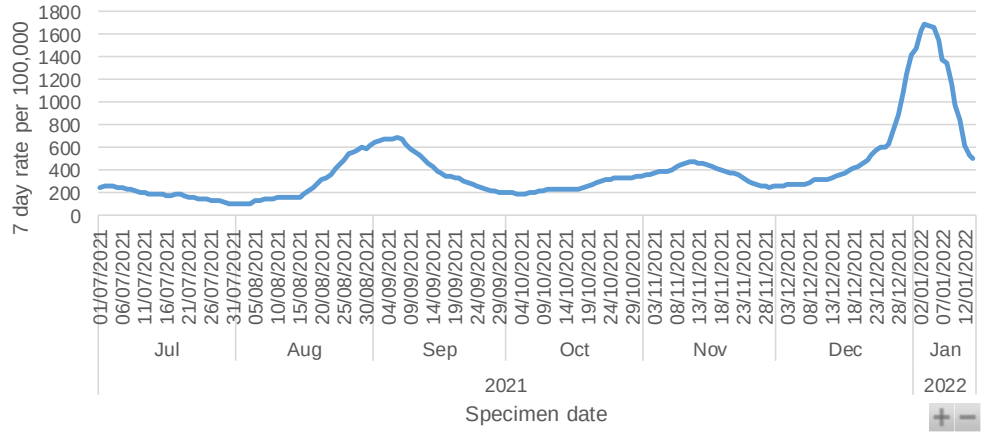
NHS Highland
Number and rates of new cases of COVID-19 over 7 days



Number of cases



Rates per 100,000 population



Select week ending date

Date

16/01/2022	15/01/2022	14/01/2022
13/01/2022	12/01/2022	11/01/2022

	Week beginning	Week ending	Number of cases	7 day rate per 100,000
Selected	08/01/2022	14/01/2022	1601	499.0
Previous	01/01/2022	07/01/2022	4410	1374.4

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 seven days

NHS Highland Local Authority Areas

All ages

Date

Jul 1, 2021 - Jan 14, 2022

DAYS

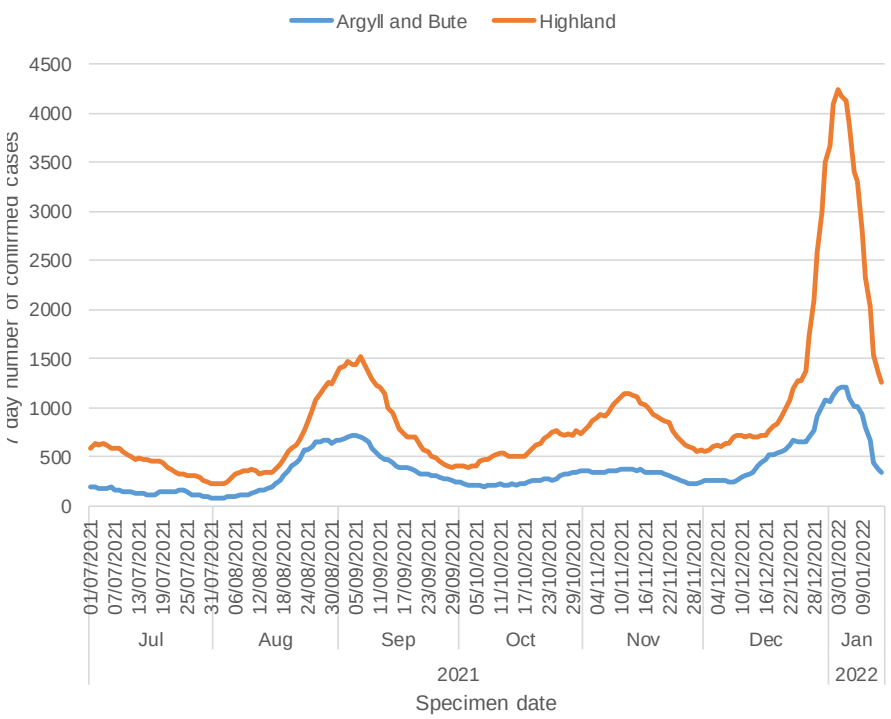
DEC 2021 JAN 2022

25 26 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 1

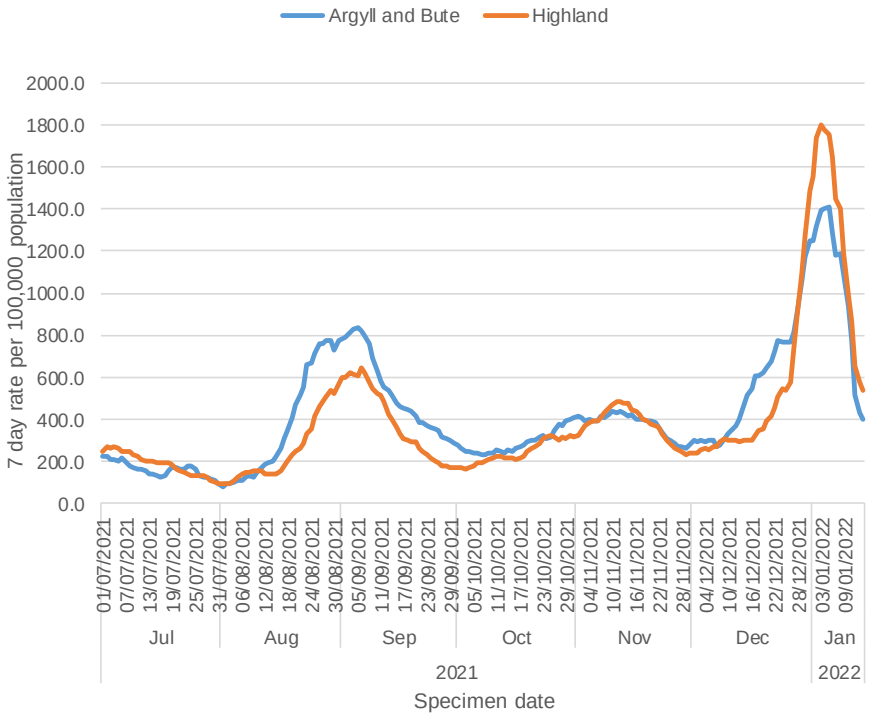
Argyll and Bute

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

NHS Highland Public Health Intelligence Team

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

NHS Highland

Broad age category

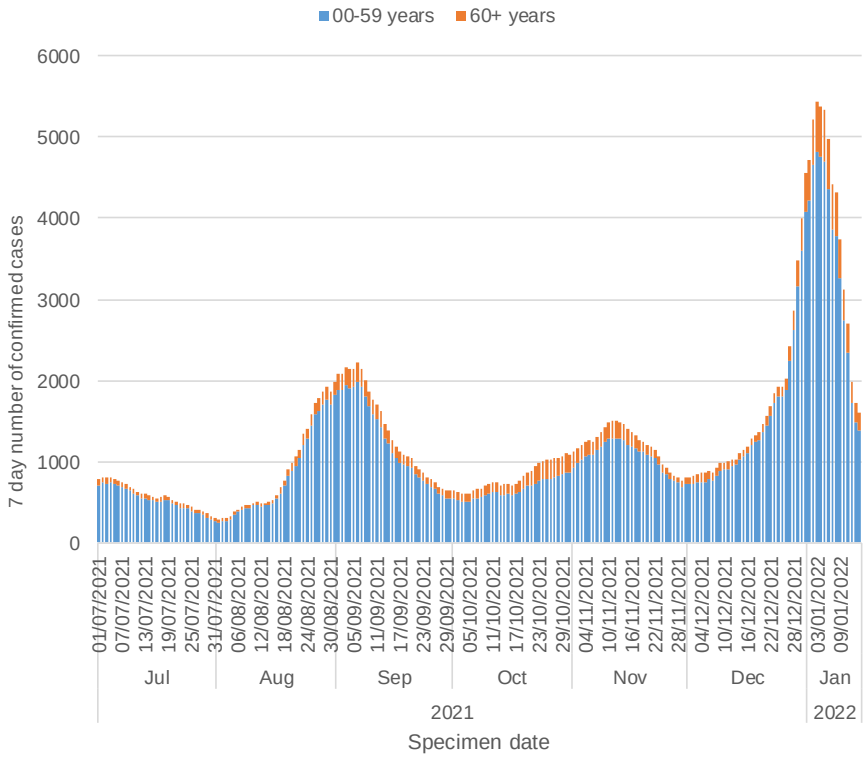
Date

Jul 1, 2021 - Jan 14, 2022 MONTHS

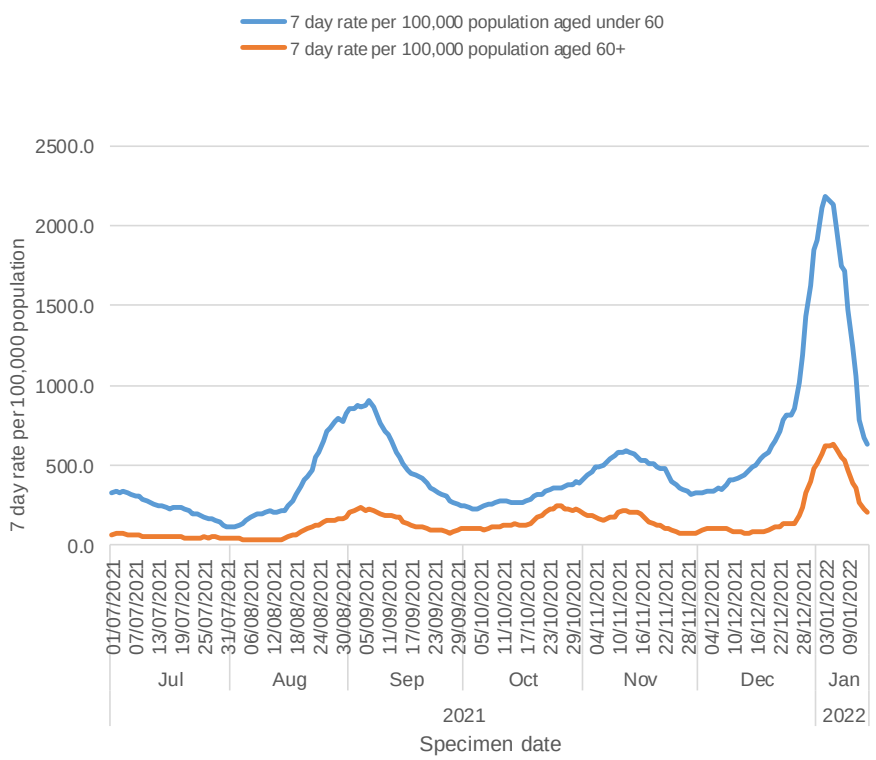
2021 2022

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

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

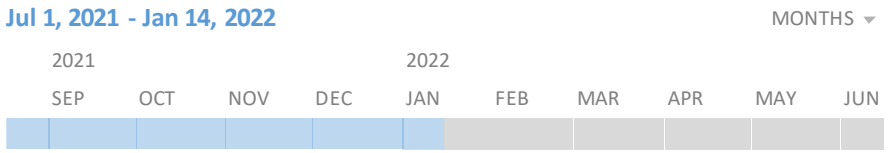
Data source: NSS Test and Protect Data Virtualisation Layer, NHS Highland BI Data Warehouse

NHS Highland Public Health Intelligence Team

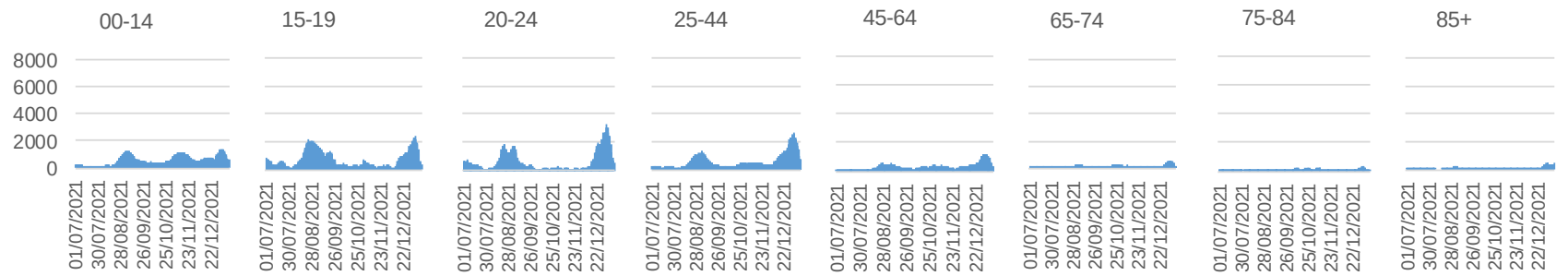
Rate of positive cases of COVID-19 per 100,000 population over seven days by age

NHS Highland Local Authority Areas

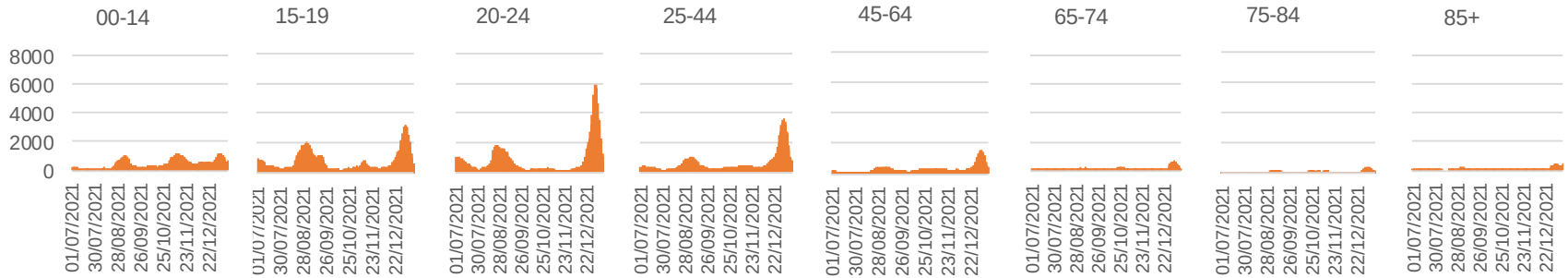
Broad age category



Argyll and Bute



Highland



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

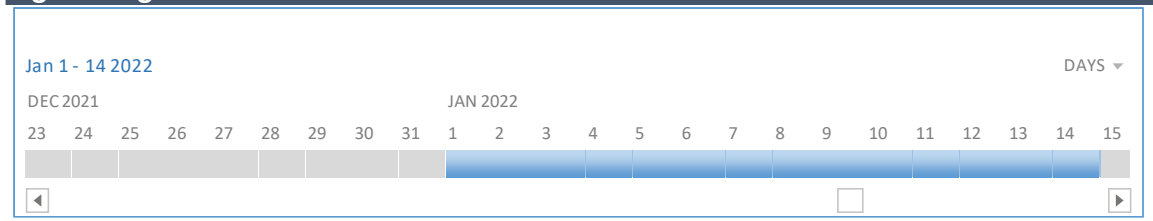
Data source: NSS Test and Protect Data Virtualisation Layer, NHS Highland BI Data Warehouse

NHS Highland Public Health Intelligence Team

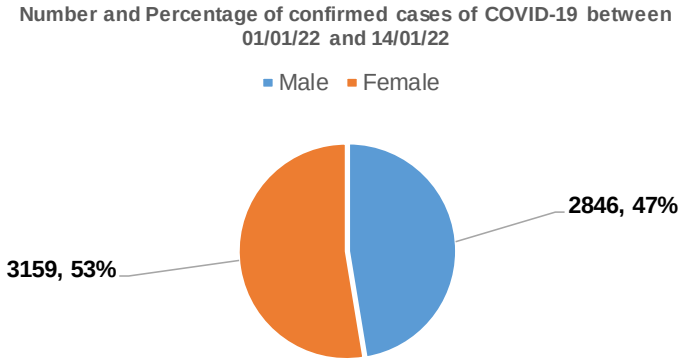
Number and rates of new cases of COVID-19 over fourteen days

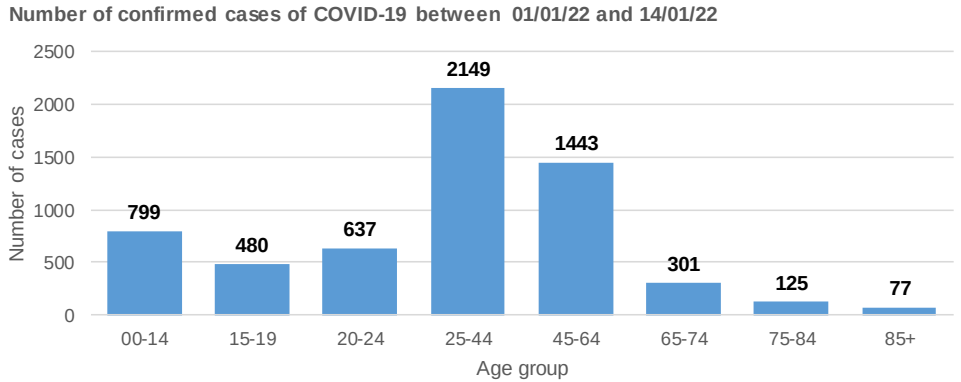
NHS Highland

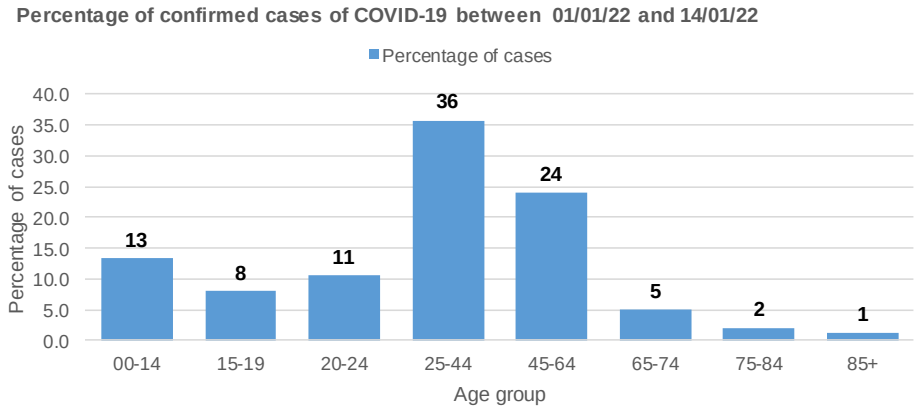
Age and gender

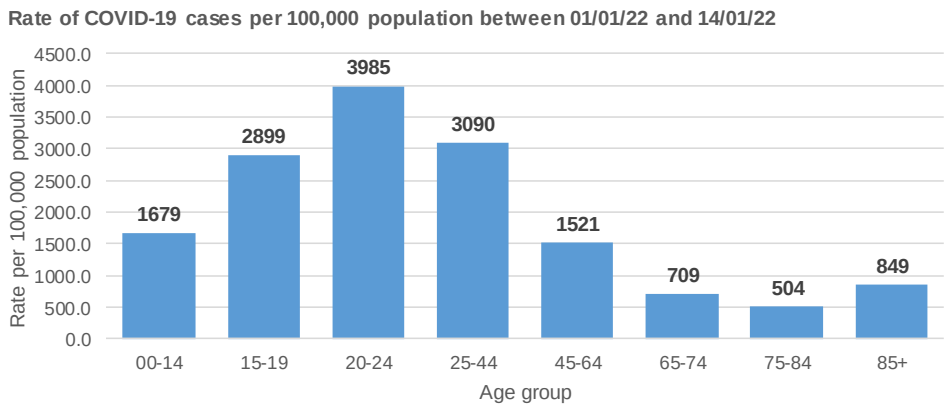


First date in selection	01/01/2022
Last date in selection	14/01/2022
Number of days	14







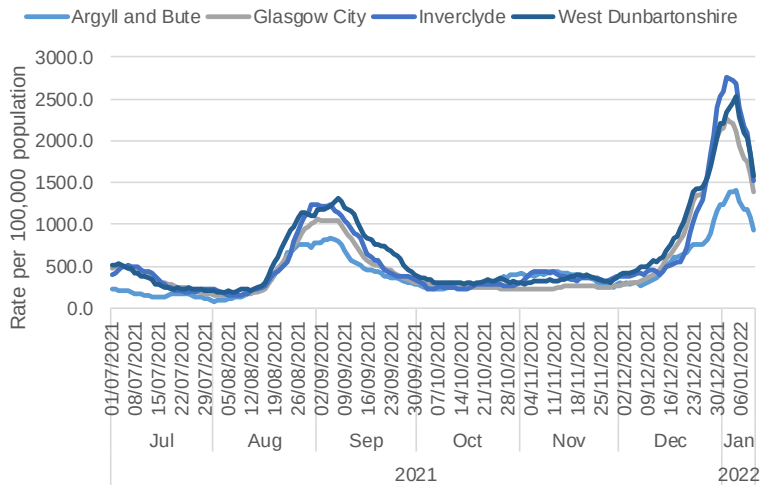


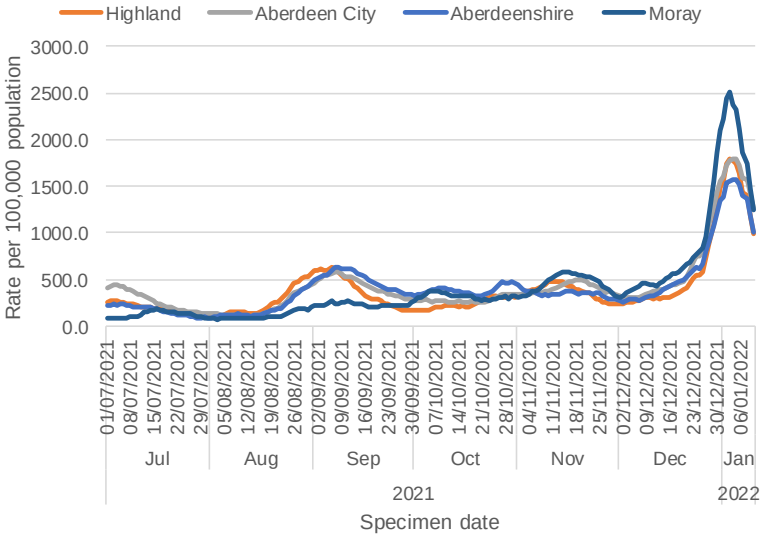
Data source: NSS Test and Protect Data Virtualisation Layer, NHS Highland BI Data Warehouse

NHS Highland Public Health Intelligence Team

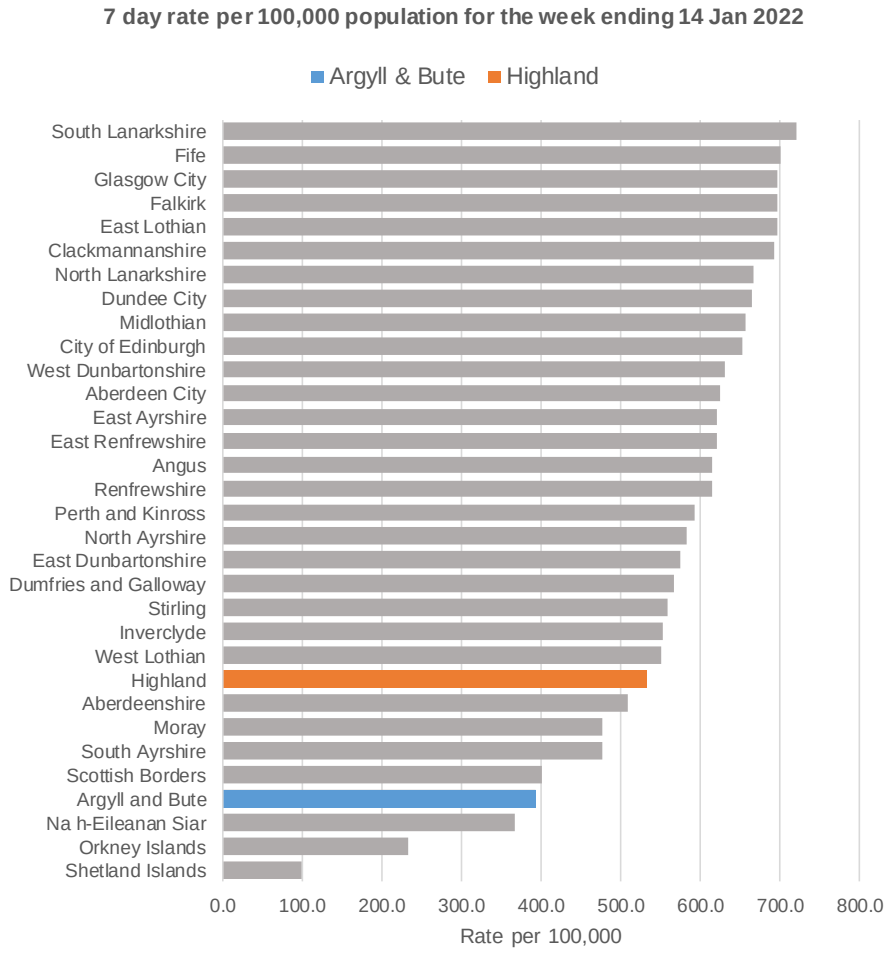
Confirmed new case rate per 100,000 population over 7 days

Local Authority Areas (selected)





16/01/2022 | 15/01/2022 | 14/01/2022



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

16/01/2022
15/01/2022
14/01/2022
13/01/2022

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

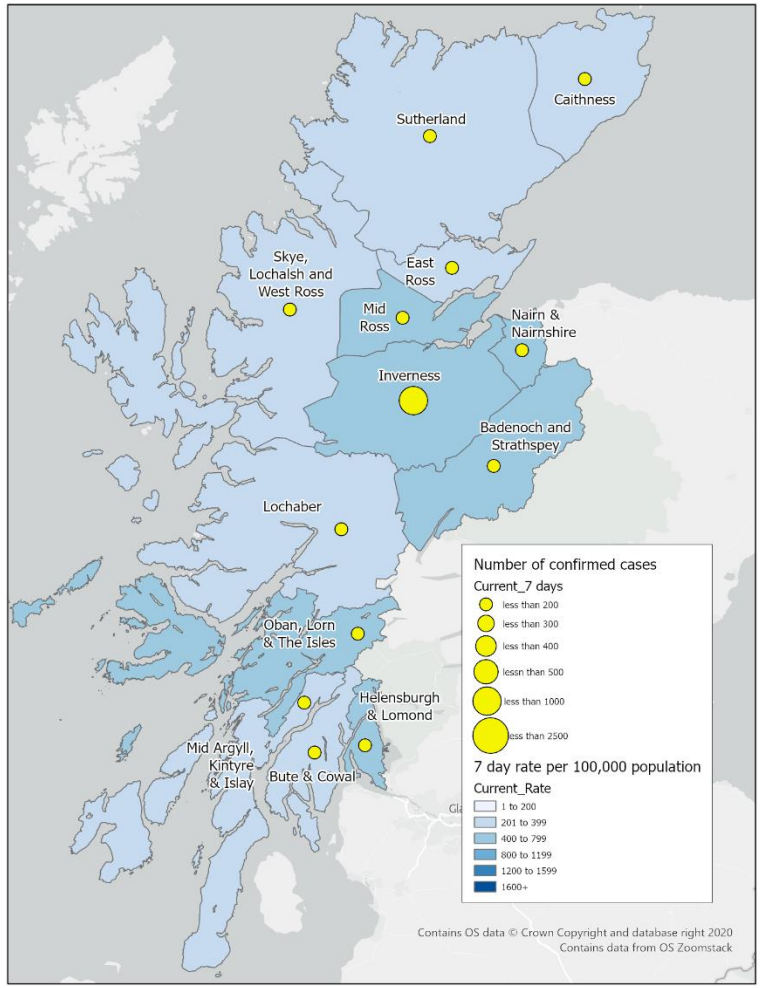
	Total number of confirmed cases over the 7 days (08/01/22 to 14/01/22)	Total number of confirmed cases over the previous 7 days (01/01/22 to 07/01/22)	Change in number of cases	Incidence rate per 100,000 population (08/01/22 to 14/01/22)
NHS Highland	**1601**	**4410**	**-**	**499**
Badenoch and Strathspey	74	221	-	531
Caithness	95	294	-	377
East Ross	84	239	-	378
Inverness	598	1458	-	732
Lochaber	58	227	-	295
Mid Ross	173	361	-	641
Nairn & Nairnshire	67	185	-	498
Skye, Lochalsh and West Ross	64	218	-	330
Sutherland	50	199	-	389
Highland	**1263**	**3402**	**-**	**536**
Cowal & Bute	74	214	-	370
Helensburgh & Lomond	116	371	-	451
Mid-Argyll, Kintyre & Islay	56	233	-	282
Oban, Lorn & The Isles	92	190	-	464
Argyll & Bute	**338**	**1008**	**-**	**396**

nc = no change

NHS Highland Community Partnerships

Number and rates of new cases over seven days

Current Week

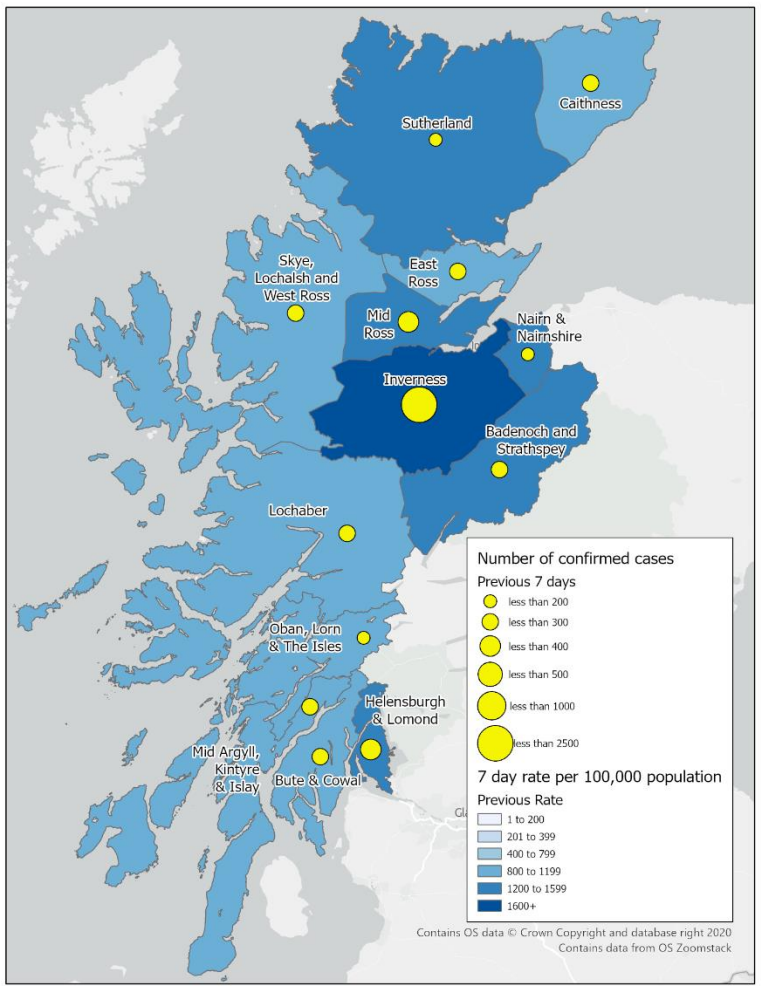


Confirmed cases of COVID-19 in the seven day period 8 January 2022 to 14 January 2022 by NHS Highland Community Partnership

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

Date: January 2022

Previous Week



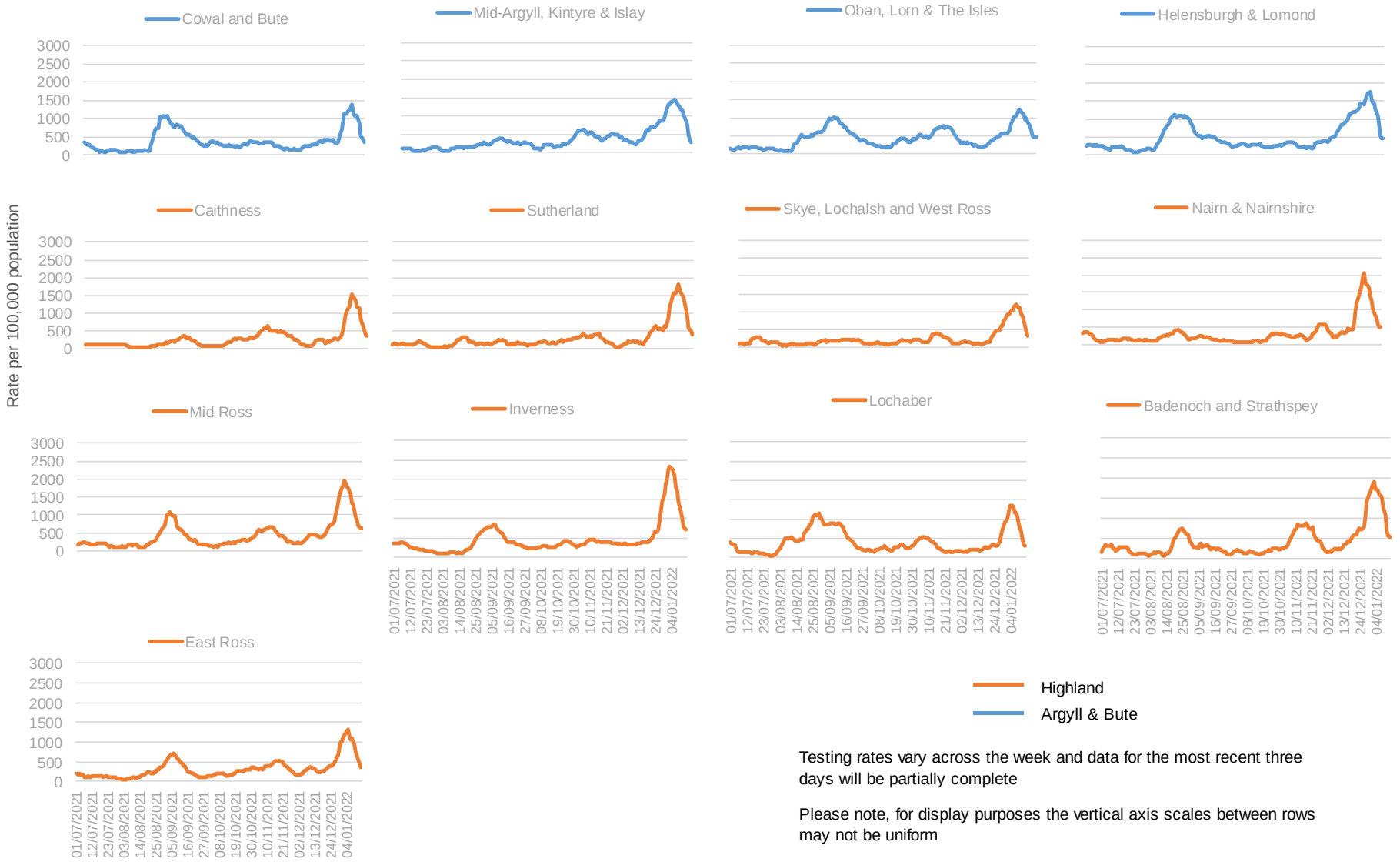
Confirmed cases of COVID-19 in the seven day period 1 January 2022 to 7 January 2022 by NHS Highland Community Partnership

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

Date: January 2022

NHS Highland Community Partnerships

Confirmed case rate per 100,000 population over seven days



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

Please note, for display purposes the vertical axis scales between rows may not be uniform

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

NHS Highland Public Health Intelligence Team

NHS Highland Community Partnerships

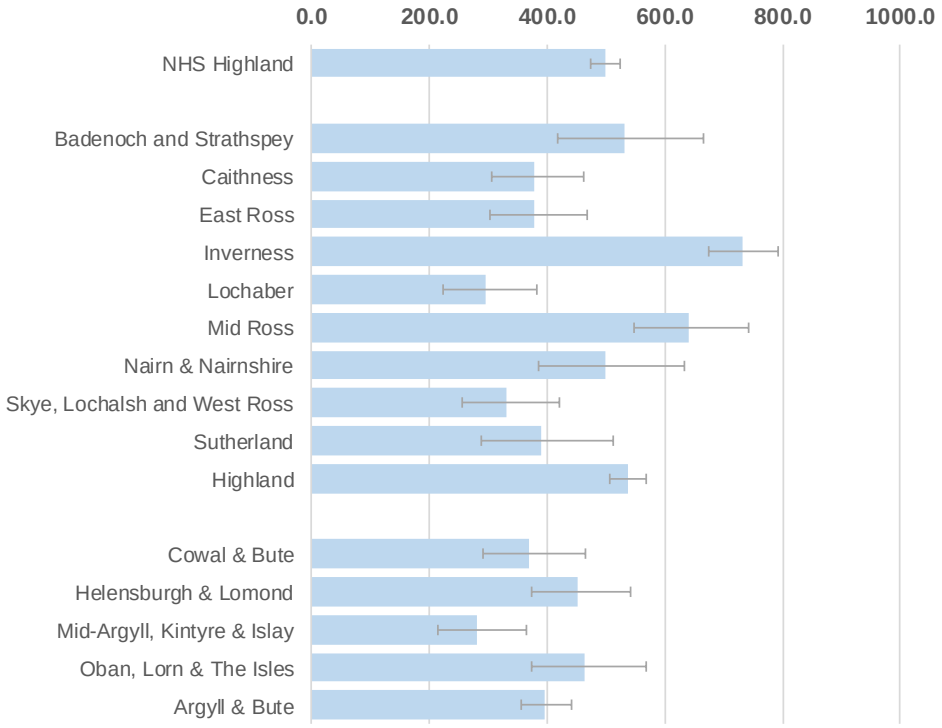
Rates of new cases over seven days: 08/01/2022 to 14/01/2022

Select week ending date

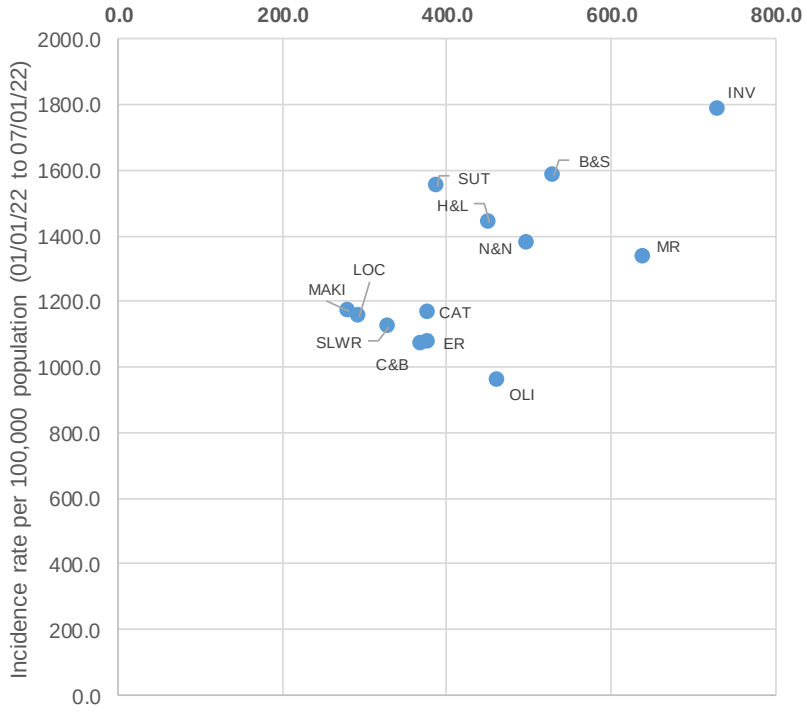
16/01/2022 | 15/01/2022 | 14/01/2022 | 13/01/2022

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

Incidence rate per 100,000 population (08/01/22 to 14/01/22)



Incidence rate per 100,000 population (08/01/22 to 14/01/22)



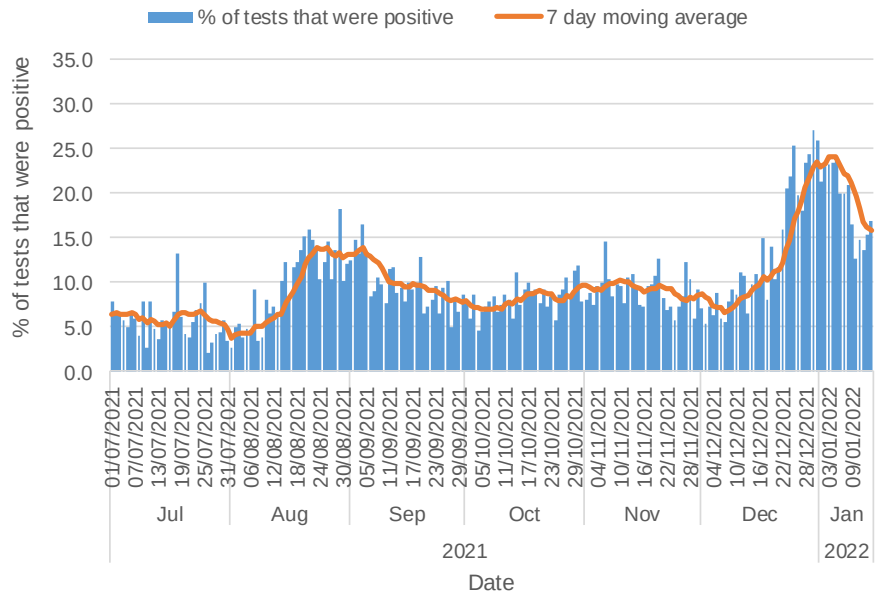
Data source: NSS Test and Protect Data Virtualisation Layer, NHS Highland BI Data Warehouse

NHS Highland Public Health Intelligence Team

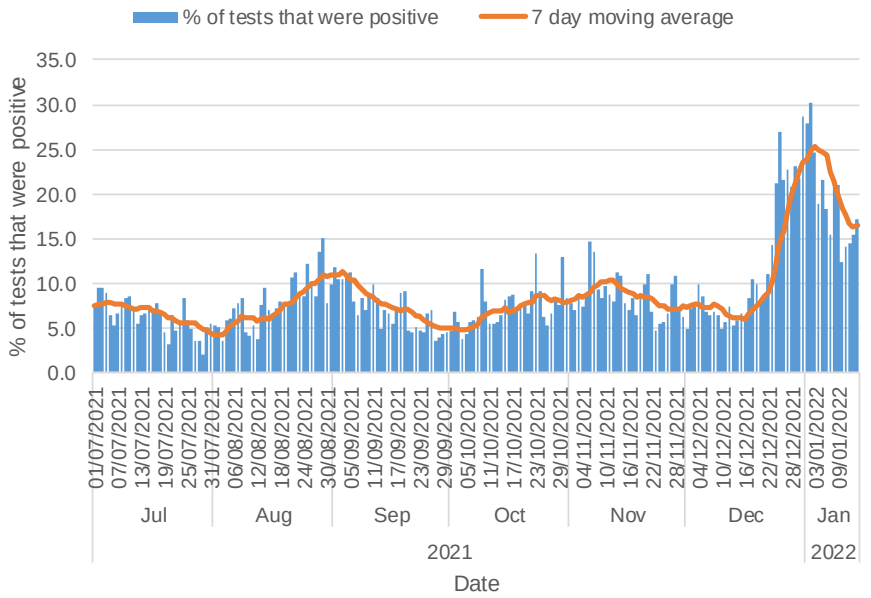
Test positivity rate

NHS Highland Local Authority Areas

Argyll & Bute



Highland

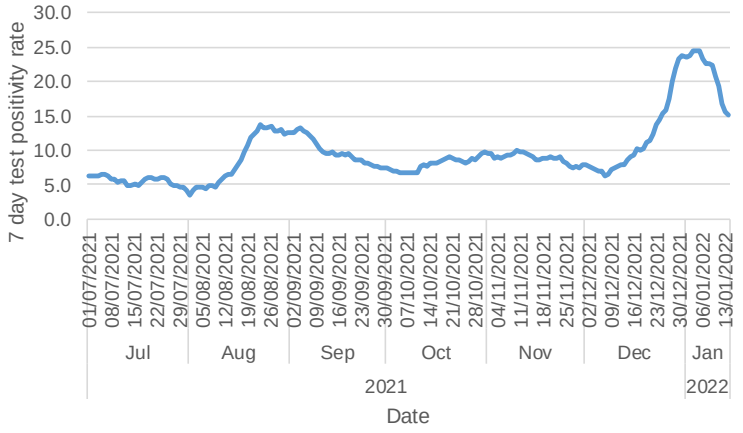


Test positivity rate is the number of newly reported positive tests divided by the total number of newly reported tests, in the specified time period, multiplied by 100.

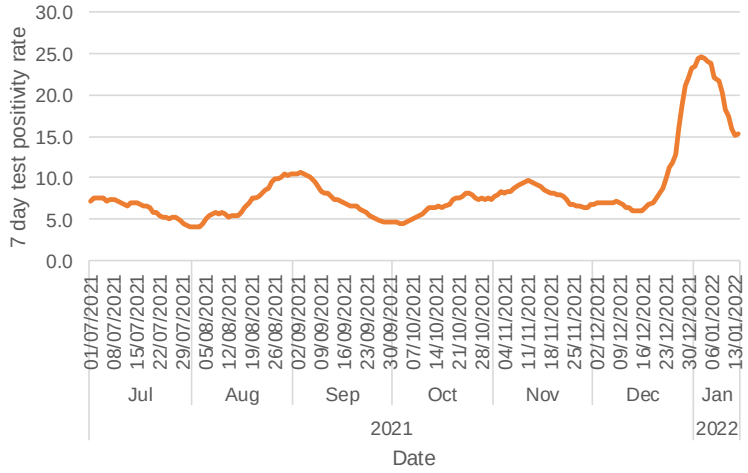
Seven day test positivity rate

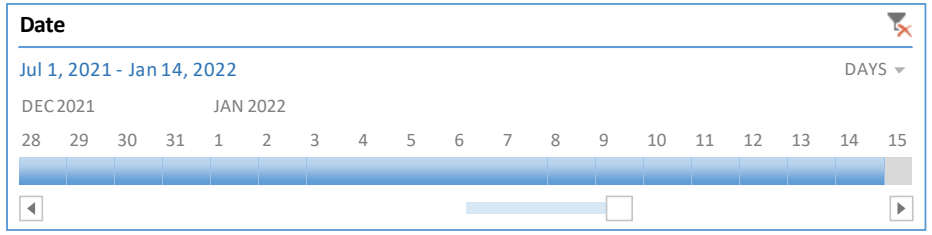
NHS Highland Local Authority Areas

Argyll and Bute



Highland





Select week ending date

16/01/2022	15/01/2022	14/01/2022
13/01/2022	12/01/2022	11/01/2022

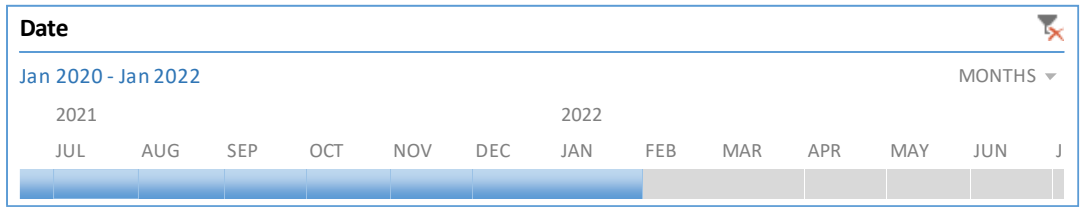
Week: 08/01/2022 to 14/01/2022

	Number of positive tests	Total number of tests	Test positivity rate (%)
Argyll and Bute	404	2662	**15.2**
Highland	1437	9346	**15.4**

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

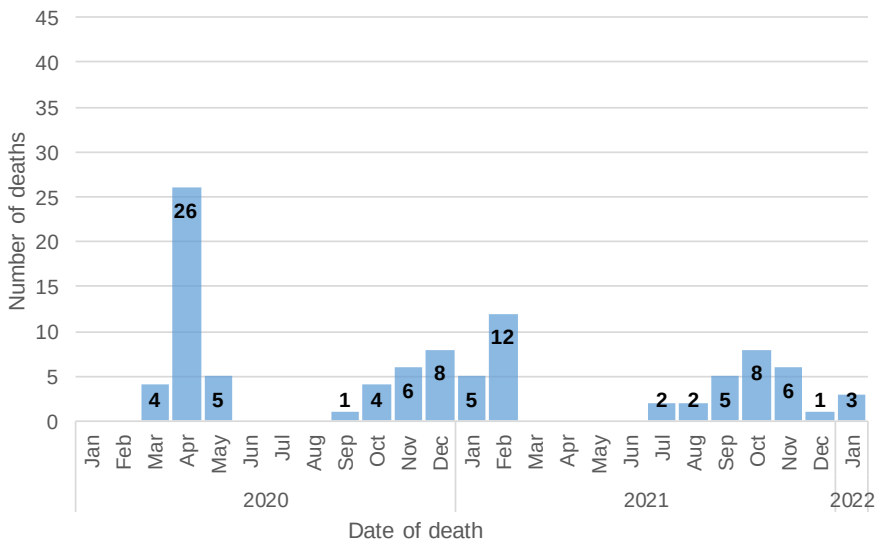


Argyll and Bute	Total number to date	98
	Total in selected period	98

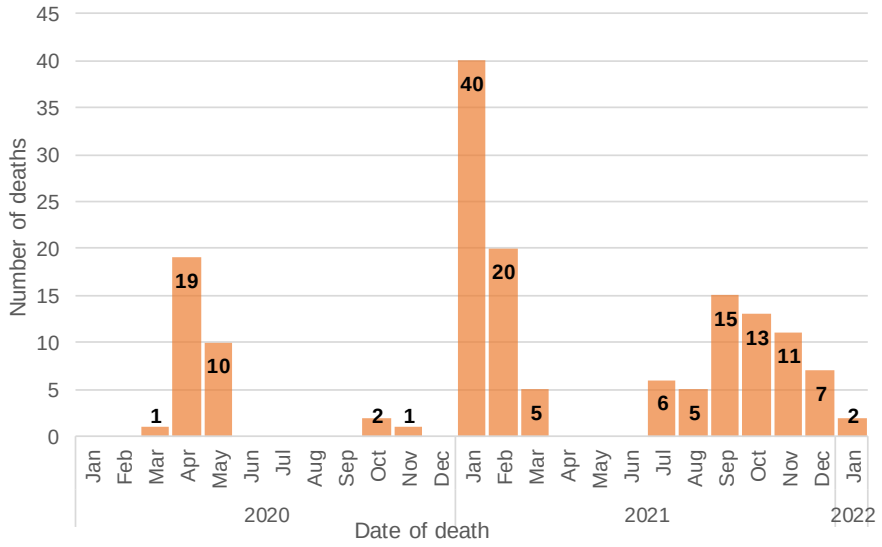
Highland	Total number to date	157
	Total in selected period	157

Deaths (COVID-19 confirmed) by date of death

Argyll and Bute



Highland

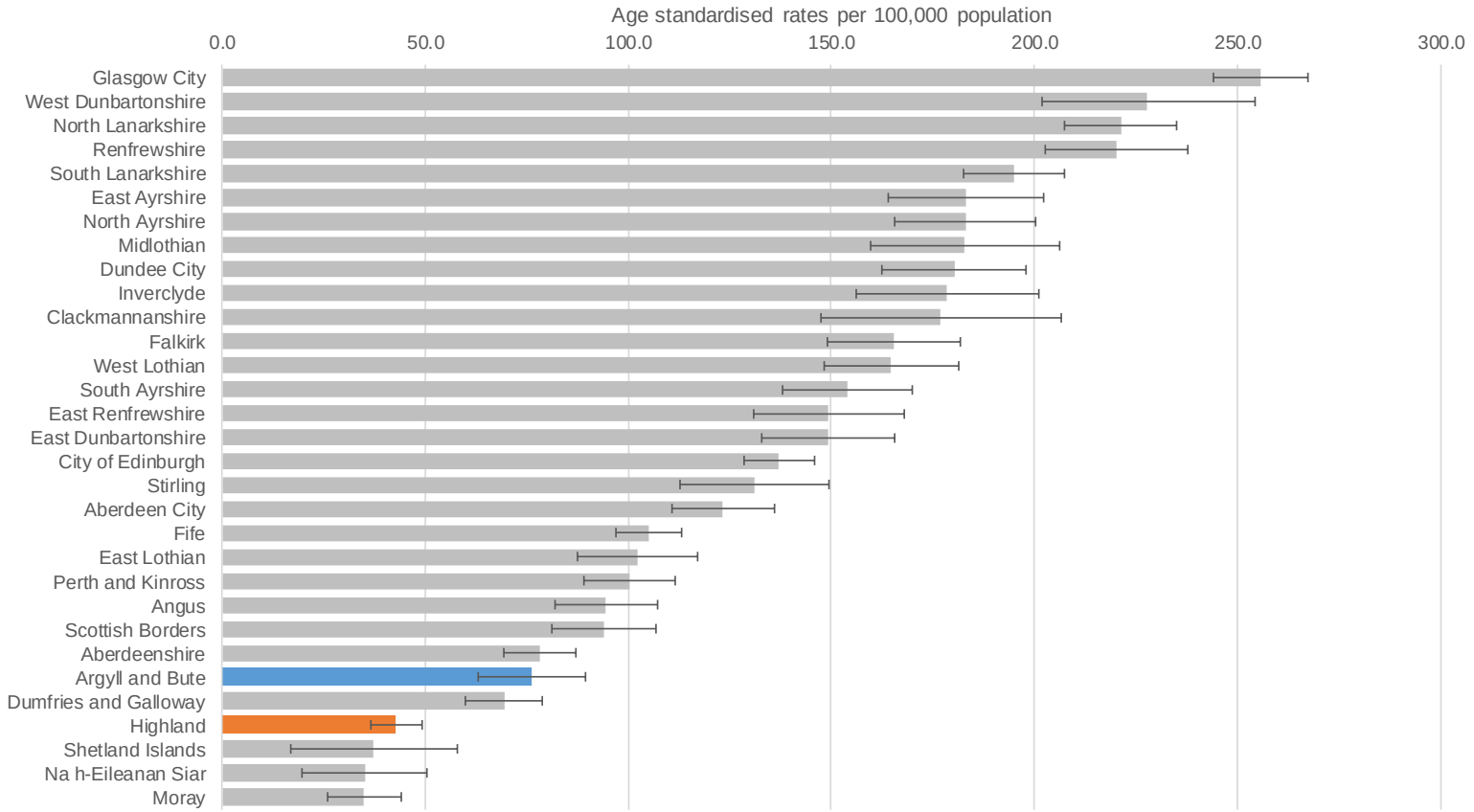


National Records of Scotland (NRS) deaths data linked to ECOSS testing data

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

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

1st March 2020 to 30th November 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 30th November 2021 and only include deaths that were registered by 8th December 2021.

Data Source: National Records Scotland

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Whistleblowing Report
Quarter 2 - 1st July 2021 to 30th Sept 2021

Guardians / Confidential Contacts
Derek McIlroy and Julie McAndrew

INWO Liaison and Lead Executive
Fiona Hogg

Whistleblowing Champion
Albert Donald

1. Introduction

The National Whistleblowing Standards came into force in Scotland on the 1st April 2021.

The principles have been approved by the Scottish Parliament and underpin how NHS services must approach any concerns which are raised. Every organisation providing a service on behalf of the NHS must follow the standards.

Reports are produced quarterly; this is Quarter 2 (Q2) report. The Quarter 1 report (Q1) provided further detail on legislation, the National Whistleblowing Standards and implementation of these standards in NHS Highland. The Q1 report also provides information on the role of the Confidential Contact.

2. Roles and Responsibilities for National Whistleblowing Standards

Everyone in the organisation has a responsibility under the Standards We have set out the Board level roles and responsibilities, as a reminder, within NHS Highland in respect of the Whistleblowing Standards. The others are set out in the Q1 report.

NHS Highland Board

The Board plays a critical role in ensuring the standards are adhered to.

Leadership – Setting the tone to encourage speaking up and ensuring concerns are addressed appropriately

Monitoring – through ensuring quarterly reporting is presented and robust challenge and interrogation of this

Overseeing access – ensuring HSCP, third party and independent contractors who provide services can raise concerns, as well as students and volunteers.

Support – providing support to the Whistleblowing champion and to those who raise concerns.

Board Non-Executive Whistleblowing Champion
This role is taken on by **Albert Donald**, who has been in place since February 2020.
The role monitors and supports the effective delivery of the organisation's whistleblowing policy and is predominantly an assurance role which helps NHS boards comply with their responsibilities in relation to whistleblowing. The whistleblowing champion is also expected to raise any issues of concern with the board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases.

INWO Liaison Officer
This role is taken on by **Fiona Hogg, Director of People & Culture**, in her executive lead role in Culture and Communications. This is the main point of contact between the INWO and the organisation, particularly in relation to any concerns that are raised with the INWO. They have overall responsibility for providing the INWO with whistleblowing concern information in an orderly, structured way within requested timescales. They may also provide comments on factual accuracy on behalf of the organisation in response to INWO investigation reports. They are also expected to confirm and provide evidence that INWO recommendations have been implemented.

3. Governance, Decisions and Oversight

The Standards set out the requirement that the NHS Highland Board plays a critical role in ensuring the Whistleblowing Standards are adhered to, including through ensuring quarterly reporting is presented and robust challenge and interrogation of this takes place. In addition, NHS Highland present this report to the Argyll & Bute Integrated Joint Board meeting and the NHS Highland Staff Governance Committee and other management meetings and committees as appropriate. Further information is set out in Section 2 of this report and more details are in Section 5 of the Q1 report.

The Director of People and Culture is the key contact point for oversight of all possible and ongoing Whistleblowing cases for NHS Highland. When the details of a case come through, the Guardian Service, in their role as Confidential Contact (see sections 4 and 5 below and sections 5, 7 and 8 in the Q1 report) contact the Director of People & Culture who reviews the information. NHS Highland have agreed contact points, to input to a decision on whether something is a whistleblowing complaint. This includes senior Operational Leadership (Chief Officers, Senior Management) Professional Leadership (Board Nurse Director, Board Medical Director), Clinical Governance Leads, senior Finance and HR professionals, the Fraud Liaison Officer, Deputy Chief Executive, Chief Executive, and the Head of Occupational Health & Safety. The Guardian Service and Director of People and Culture coordinate this process.

The criteria for the decision are as set out in the National Whistleblowing Standards Definitions: What is whistleblowing? | INWO (spso.org.uk). If the complaint is not Whistleblowing, a response is drafted with clear reasons why it is not Whistleblowing, this is drafted by the Director of People and Culture and sent to the complainant by the Guardian Service, who keep a record of this. If there is another process or route for their concern, this is signposted. This senior level of oversight of the decision making is critical to ensure consistency, compliance with the standards and visibility of concerns. During Q2, one of our decisions was reviewed by the INWO following an appeal and was found to be in line with the Standards.

If the complaint is Whistleblowing, then the Director of People and Culture liaises with relevant senior leadership and contacts to identify a manager to lead on the complaint. The Guardian Service and Director of People and Culture oversee progress, ensure timelines and communications are maintained. The Director of People and Culture will review the outcome and any follow up actions and learnings needed to ensure these are progressed appropriately., with relevant internal and external individuals, bodies, and committees, as appropriate based on the nature of the complaint.

A summary of every closed case in the period will be included in our reports, including any outcome and action taken or planned. Reporting will be limited during the ongoing investigation of a concern.

4. Raising a Whistleblowing Concerns in NHS Highland

Managers and employees can raise a concern:

- through an existing procedure in NHS Highland,
- by contacting their manager, a colleague, or a trade union representative,
- by contacting the "Confidential Contact" via a dedicated email address or telephone number.

To date, concerns have been raised directly by individuals or by their trade union representative using both the Guardian email address and the dedicated telephone number for whistleblowing concerns.

An essential aspect of the new Whistleblowing standards is that anyone who provides services for the NHS can raise a concern. This includes current (and former) employees, bank and agency workers, contractors (including third sector providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

5. The Role of the Guardian Service

Our Confidential Contact role is undertaken by the Guardian Service, on behalf of NHS Highland. The Guardian Service already provide NHS Highland with an independent Speak Up service to raise concerns which has been well utilised by colleagues since launching in August 2020. The independent, dedicated Guardians are well placed to also provide the Confidential Contact role.

The Guardian Service will ensure:

- that the right person within the organisation is made aware of the concern
- that a decision is made by the dedicated officers of NHS Highland and recorded about the status and how it is handled
- that the concern is progressed, escalating if it is not being addressed appropriately
- that the person raising the concern is:
    - kept informed as to how the investigation is progressing
    - advised of any extension to timescales
    - advised of outcome/decision made
    - advised of any further route of appeal to the INWO
- that the information recorded will form part of the quarterly and annual board reporting requirements for NHS Highland.

All Whistleblowing Concerns are recorded by the Guardian Service regardless of who has raised the concern. All concerns are logged to show progress and to measure and track information as required for reporting.

6. KPI Table

The KPI data is taken as at 30th September 2021 for Quarter 2.

KPI	Qtr. 2		YTD	
Concerns Received	3	100%	12	100%
Concerns confirmed as WB concerns	1	33.3%	3	25%
OPEN Concerns under investigation	1	33.3%	2	66.6%
Stage 1 concerns closed in full within 5 working days	0		0	
Stage 2 concerns closed in full within 20 working days	0		0	
Stage 2 concerns still open from prior report	1	50%	1	50%
% of closed calls upheld Stage 1				
% of closed calls partially upheld Stage 1				
% of closed calls not upheld Stage 1				
% of closed calls upheld Stage 2				
% of closed calls partially upheld Stage 2				
% of closed calls not upheld Stage 2			1	10%
% of closed calls not WB	2	66.6%	6	60%
% of closed calls where Whistleblower chose not to pursue.	0		2	20%
% of closed calls which were for another Board to pursue			1	10%

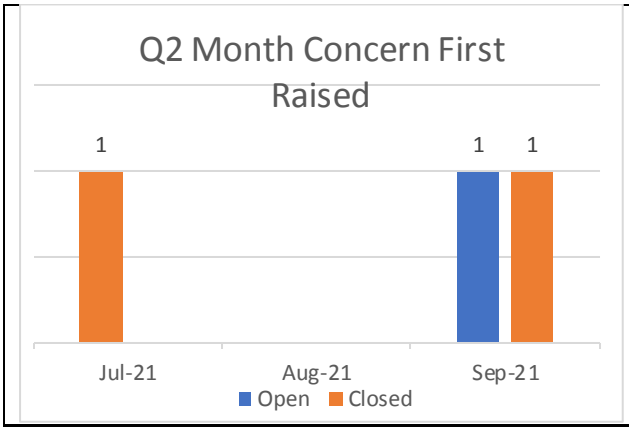
Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1	0		0	
Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.	1	100%	3	100%
Number of concerns which weren't Whistleblowing but were passed to Guardian services for resolution (as a percentage of non-Whistleblowing cases raised)	0		1	11%

7. Statistical Graphs

The following graphs relate to the Quarter 2 reporting period 1st July 2021 to 30th September 2021. As this is only the 2nd reporting period and the number of concerns is low, no trend information can be established yet.

Data has been presented in such a way to ensure that confidentiality is preserved.

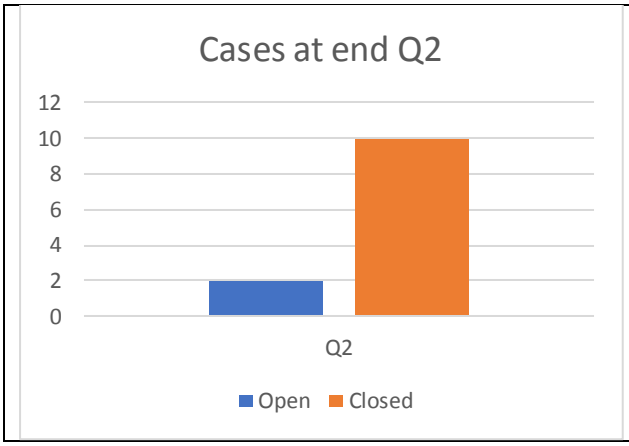
Graph 1



There was one concern raised in July and two in September of Quarter 2.

The open concern raised in September was a WB concern, the other two concerns raised were not Whistleblowing concerns.

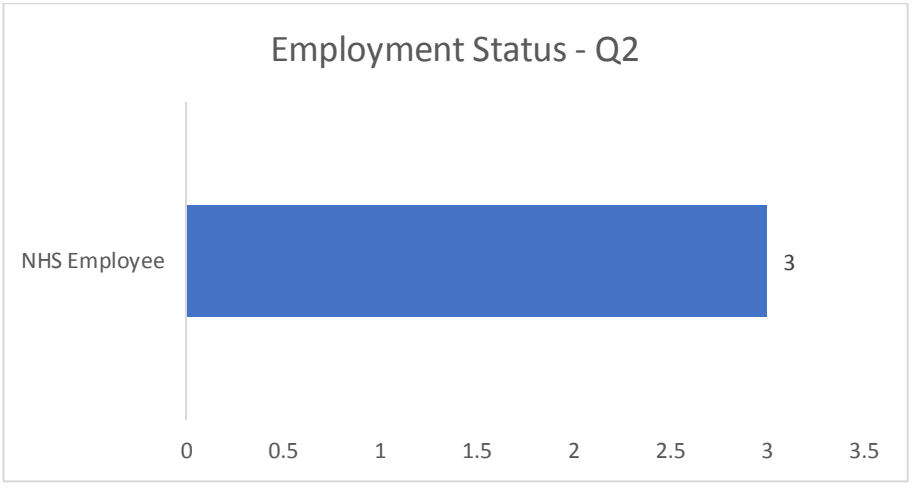
Graph 2



At the start of Q2 there were 2 open cases are actively under investigation in accordance with Stage 2 of the procedures, one of these was closed in August and a new Stage 2 case began in September.

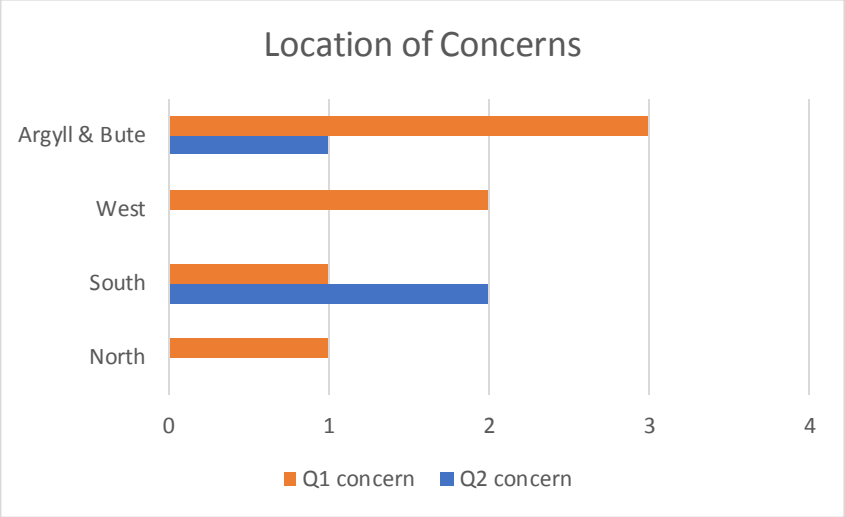
Regular communication is being maintained with the individuals involved with the open cases.

Graph 3



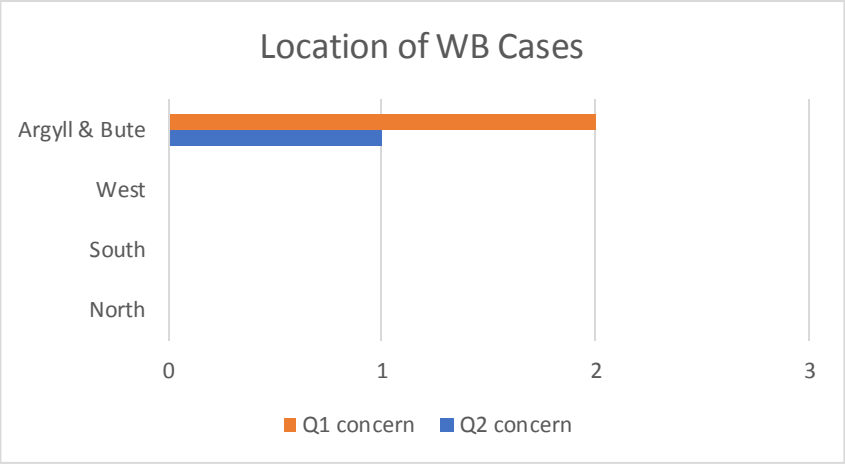
All whistleblowing concerns received are recorded regardless of their origin, hence the receipt of concerns from individuals outside of NHS Highland.

Graph 4

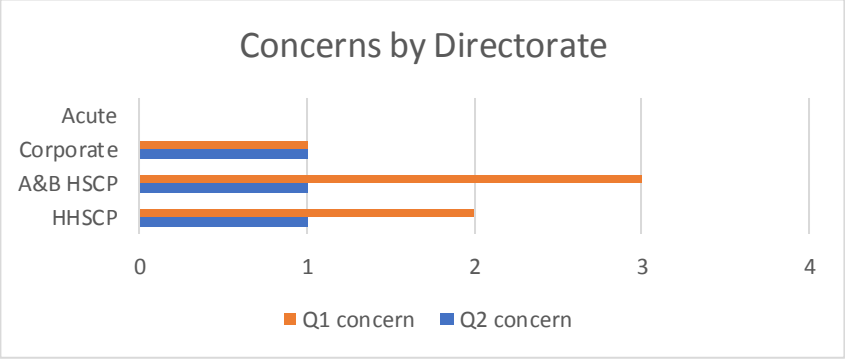


Concerns received from out with the NHS Highland or Argyll & Bute HSCP geographical area have been excluded.

Graph 5



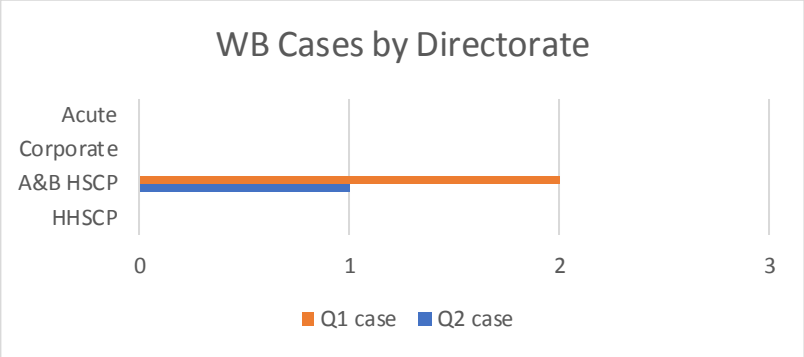
Graph 6



Directorates are used for reporting purposes to preserve the confidentiality of the person raising the concern.

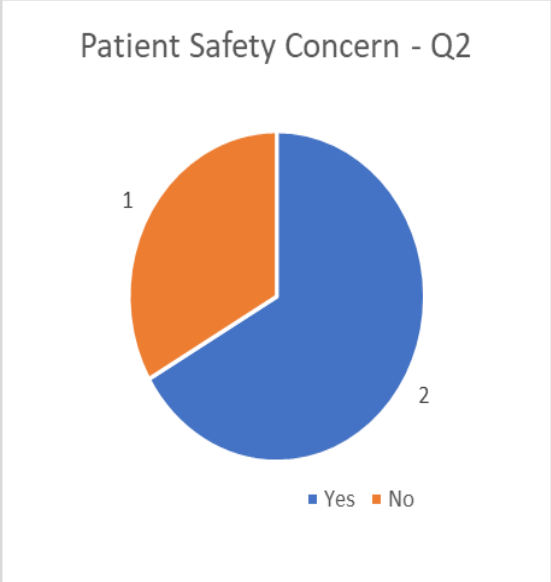
Argyll & Bute is classed as one Directorate due to the lower number of staff and services in the area.

Graph 7



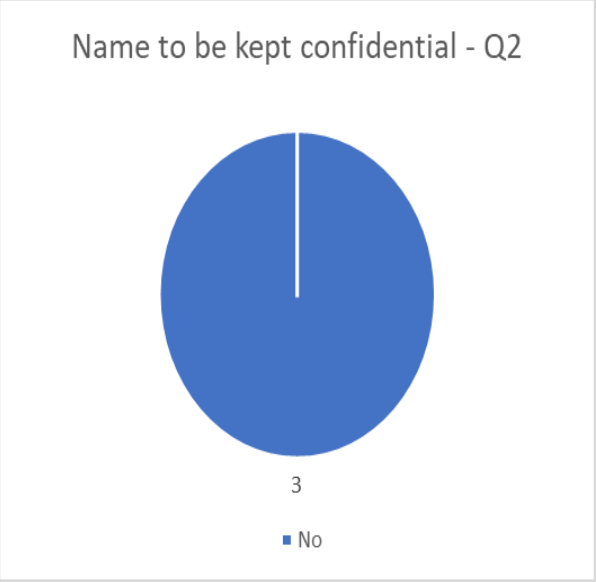
Non-NHS Highland concerns are not included.

Graph 8



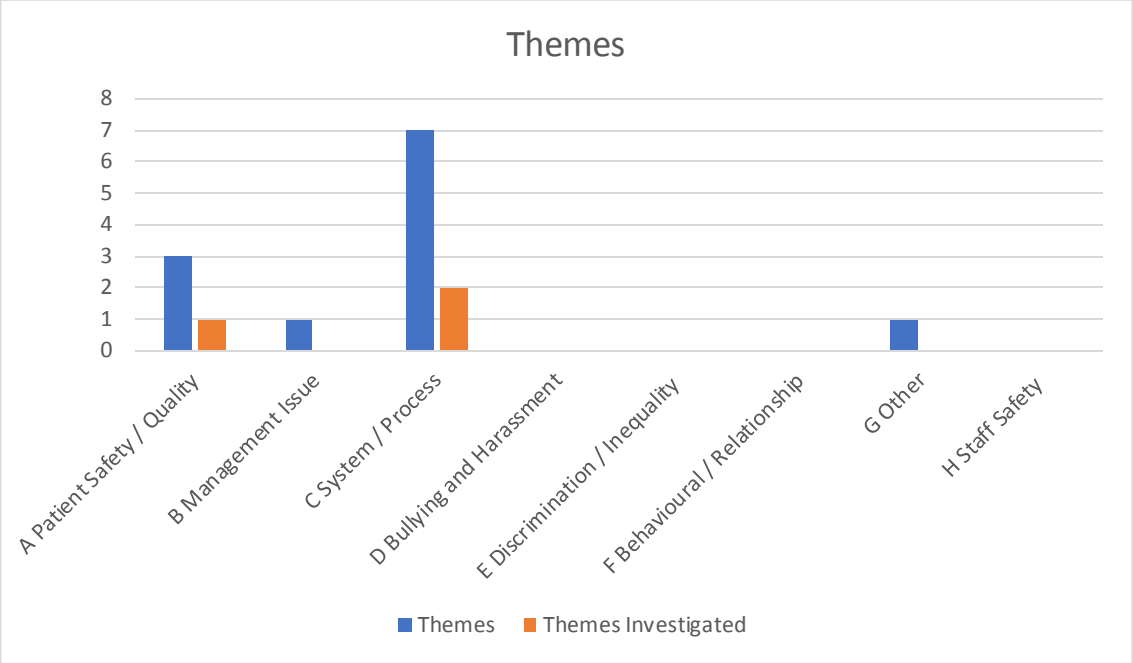
Half of the concerns raised by NHS Highland employees were in relation to Patient Safety.

Graph 9



Whistle blowing concerns cannot be raised anonymously but it is possible for the identity of the individual raising the concern to be withheld from the manager addressing the concern.

Graph 10



The themes presented in the above chart are the same themes used by the Guardian Service when recording concerns which have been raised by NHS Highland and Argyll & Bute HSCP staff. This will allow an easier comparison of data in the future.

8. Detriment as a result of raising a concern.

There is limited data available but at the point of writing there have been no reports where individuals who have raised whistleblowing concerns reported that they suffered a detriment for doing so. Further data will be collated once survey is sent out to staff.

9. Concerns Received - Average time for a full response

Out of the three concerns received under Whistleblowing this month, only one has undergone a full investigation. Due to the low number of Whistleblowing concerns which have been closed to date, it is not possible to provide an average time for a full response, but this will be added in future. It is also important to note that the two ongoing concerns are substantial reviews into service provision, which impacts on the timescales.

10. Lessons learned, changes to service or improvements

It is anticipated that some further information will be available for the Quarter 3 and 4 reports depending on when investigations conclude. The number of Whistleblowing concerns received in Quarter 1 & 2 have been low and most are still under investigation.

11. Staff experience of the Whistleblowing procedures

Proposals of a voluntary staff survey were approved at the implementation group in August. A draft version of the survey is still under review and once approved will go out to individuals who have raised concerns through this process. Feedback from this survey will be collated once this process is in place, which will provide data for detailed commentary on staff experiences for the next reporting quarter.

12. Colleague awareness and training

The implementation group continue to meet and review progress with awareness raising and monitoring uptake of training.

A non-employed partner survey is being carried out in December and January which will include questions to understand awareness of the standards in those who are not employed by NHS Highland but are covered by the Standards.

Our Whistleblowing non-executive Director continues to visit across the Board area and promote his role and speak with colleagues as well as internal and external communications and media. This has been of great value to the Board and has given the Standards good visibility in some of our more remote and rural areas. Reports have been provided on the findings of the visits.

A national review of the training and awareness materials is ongoing and there are proposals to introduce another module for manager awareness. Due to the low number of cases raised, and the senior level these have been managed at, we would expect that those asked to take on an investigation or management role in a case would complete the detailed training ahead of starting their investigation. Promotion of take up of the awareness training to the general manager and colleague population will be the focus.

13. Audit of Whistleblowing Standards Implementation

An internal audit of our implementation of the Whistleblowing Standards was carried out and the report presented to the Audit Committee on 7th December 2022. The report was positive overall and very helpful in focussing our efforts for ongoing improvement.

The recommendations are being implemented and a further update on progress will be provided in the Q3 report. The audit report is attached to this paper. The recommendations are summarised below.

1. Removal of old WB policies and links - Completed
2. Clarification of roles and responsibilities and decision making - Completed Q1 final report
3. Feedback on assurance reporting implemented - Completed Q1 final report
4. Development of Whistleblowing Process document - 31 March 2022
5. Contact details for WB Champion - 31 January 2022
6. Ongoing refinement of Quarterly reporting format and content - 31 March 2022

14. Summary of Whistleblowing Cases

Quarter 2 Case

Case 10 Open – System/Process

This is a stage 2 WB concern where an extension has been authorised beyond 20 days. The concern is actively under investigation with the individual raising the concern kept aware of the investigation process. This complaint relates to provision of services and staffing in a remote location in Argyll & Bute and is being overseen by the Interim Chief Officer for the A&B HSCP, Fiona Davies and the Director of People & Culture, Fiona Hogg. Meetings with the complainant and the local community are ongoing, and a terms of reference for the service review are being finalised. Regular updates are being provided.

Case 11 – Management Issue

This concern was raised by an NHS Highland employee. The issue was already being addressed internally through a different process and it was therefore deemed not to be a whistleblowing concern. The Whistleblower was advised how to refer the matter to the INWO if they were looking for a review of the decision.

Case 12 – System Process

This concern was raised by a non-NHS Highland employee, after review by NHS Highland it was confirmed that the concern did not fall within the scope of the whistleblowing standards as the service was not provided to the NHS. The Whistleblower was referred back to their employer and advised how to refer the matter to the INWO to allow them to review the decision.

Cases ongoing from Quarter 1

Case 1 OPEN – Patient Safety/Quality

This is a Stage 2 WB concern where an extension has been authorised beyond 20 days. This relates to some complex and wide-ranging concerns raised about the management and delivery of GP services in a remote and rural location in Argyll & Bute. The complaint was overseen by the Interim Chief Officer, Fiona Davies, and the Director of People & Culture Fiona Hogg, with regular 20-day updates to the complainant throughout.

A full investigation was carried out by the Head of Primary Care for Highland HSCP and recommendations are being implemented. We have shared the outcomes with the complainant and have continued to update on progress with implementation.

Case 2 CLOSED - System Process

This was a Stage 2 WB complaint regarding concerns about health and safety systems and processes in Argyll & Bute. The case was investigated by Bob Summers, Head of Occupational Health and Safety for NHS Highland and his recommendations were reviewed and accepted by George Morrison, Deputy Chief Officer and the case closed in August 2021 following feedback to the complainant.

The complaint was not upheld, as it was found that appropriate systems, processes, and governance were in place. However, it was clear that awareness and understanding of these systems and processes was not as widespread as it should be and a set of actions to improve this were taken forward locally.

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NHS Highland

Meeting:	**Argyll & Bute Integrated Joint Board**
Meeting date:	**26 January 2022**
Title:	**Quarterly Whistleblowing Standards Reporting**
Responsible Executive/Non-Executive:	**Fiona Hogg, Director of People & Culture**
Report Author:	**Fiona Hogg, Director of People & Culture**

1 Purpose

This is presented to the Committee for:

- Discussion
- Assurance

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence		**Partners in Care**	
• Improving health		• Working in partnership	
• Keeping you safe	X	• Listening and responding	X
• Innovating our care		• Communicating well	X
A Great Place to Work		**Safe and Sustainable**	
• Growing talent		• Protecting our environment	X
• Leading by example		• In control	X
• Being inclusive	X	• Well run	X
• Learning from experience	X		
• Improving wellbeing	X		

2 Report summaries

2.1 Situation

Attached is the second Quarterly Whistleblowing Standards report for NHS Highland, covering the period 1 July 2021 - 30 September 2021, for review and feedback from the IJB. This has been reviewed and updated following presentation to the Staff Governance Committee on 12 January 2022 and was also reviewed at NHS Highland Board on 25 January 2022.

2.2 Background

All NHS Scotland organisations are required to follow the National Whistleblowing Principles and Standards with effect from 1 April 2021. Any organisation providing an NHS service should have procedures in place that enable their staff, students, volunteers, and others delivering health services, to access the National Whistleblowing Standards.

As part of these requirements, a report is required to be presented to the Board on a quarterly basis, as per the extract below from the INWO website. It is also required to present this to the Argyll & Bute IJB on a quarterly basis, in respect of NHS Scotland services delivered by the HSCP on behalf of NHS Highand.

*"**Monitoring***

The number of concerns raised by staff will be reported to a public meeting of the board on a quarterly basis. It is the board's responsibility to ensure this reporting is on time and accurate. The analysis should highlight issues that may cut across services and those that can inform wider decision-making. Board members should show interest in what this information is saying about issues in service delivery as well as organisational culture. This may mean on occasions that board members challenge the information being presented or seek additional supporting evidence of outcomes and improvements. They should also explore the reasons behind lower than expected numbers of concerns being raised, based on trend analysis and benchmarking data."

Therefore, NHS Highland will present their monitoring report to the NHS Highland Board and Argyll & Bute IJB on a quarterly basis, following review at the Staff Governance Committee.

2.3 Assessment

The Argyll & Bute IJB has a critical role in ensuring the Whistleblowing Standards are adhered to in respect of any service delivered on behalf of NHS Highland within Argyll & Bute, including through ensuring quarterly reporting is presented and robust challenge and interrogation of this takes place.

The Guardian Service, as our Whistleblowing Standards confidential contacts carry out the recording and reporting of concerns and possible concerns. Along with the INWO Liaison officer for the Board, Fiona Hogg, the HR Lead, Gaye Boyd and the Whistleblowing Non-Executive Director, Bert Donald, we have compiled the attached report.

It should be noted that as this is only the second period of reporting, and there are only 3 confirmed Whistleblowing Concerns received to date, 2 of which are still being investigated and have not concluded, so it is not possible to include all the detail that will be expected in future reports.

Report Development

We are particularly limited in our ability to report on trends or the outcomes of cases at this time, as a result of small numbers of cases, but this will be built into the report as these cases conclude and additional concerns are investigated.

Ongoing cases

Both active cases are being led by the Interim Chief Officer, Argyll & Bute and being supported and overseen by the Lead Executive, Fiona Hogg. It is important to note that both are complex and rather than a short investigation into a specific situation, are investigating long standing challenges with service design, delivery and management in remote and rural community settings. These have involved multiple stakeholders and significant and ongoing engagement and insights and are making good progress.

The approach that is being taken to these cases will ensure that appropriate learnings are taken by the organisation, which are being acted on as the investigations progresses. The nature of the concerns raised mean that involvement is possible right from the outset, rather than having to wait for the conclusion of the case. There is significant and high level visibility and involvement in the cases across all areas of relevant senior leadership. Once the case is concluded, organisational learnings will be shared across the organisation as well as through the relevant Whistleblowing Standards reports.

Concluded Cases

We had one case which was concluded in Q2. Whilst the complaint was not upheld, did lead to learning recommendations and communication and engagement actions, to ensure colleagues, management and staffside fully understand the systems and processes in place to manage and oversee health and safety and the relative roles and responsibilities within this.

Internal Audit of Implementation of the Standards

During this period, we completed an Internal Audit of the Whistleblowing Standards, to ensure that we understood progress to date and areas of focus for ongoing improvement, which this was reported to NHS Highland Audit Committee in December 2021. The report is attached as Appendix 2 and is a positive report with some agreed actions which we are taking to further improve our systems and processes. These are summarised in the report.

Role of the Whistleblowing Champion

Our NHS Highland Whistleblowing Champion, non-executive director Albert Donald, continues to work with us to promote awareness and understanding of the Whistleblowing Standards and to report back on insights gained from colleagues across the organisation, about their experience working for us. In early November 2021 he visited Oban, Mull, Dunoon and Fort William and in July covered Lochgilphead, Campbeltown, Rothesay and Helensburgh. Further visits across both Highland and Argyll & Bute HSCP areas are planned.

This has been highly valuable and colleagues across the organisation have engaged well with the visits, which has helped our understanding of our strengths and development areas, particularly in our more remote and rural areas.

Our Whistleblowing Standards Implementation Group, chaired by the Deputy Director of People and which our WB Champion is also a member of, continue to meet monthly with a range of internal and external stakeholders to whom the Standards apply. Focus is on increasing awareness of the Standards and promoting them through communication and engagement.

Future reporting timescales

The Q3 report covering the period from October to December will be presented to March 2022 NHS Highland Board and Argyll & Bute IJB. The cycle of reporting is expected to be as follows:

Quarter	Period covered	Staff Governance Committee	NHSH Board meeting	A&B IJB meeting
Q3 2021/2	1 October - 31 December 2021	9 March 2022	29 March 2022	30 March 2022
Q4 2021/2	1 January - 31 March 2022	4 May 2022	24 May 2022	25 May 2022 (date TBC)
Q1 2022/3	1 April - 30 June 2022	7 September 2022	27 September 2022	21 September 2022 (date TBC)
Q2 2022/3	1 July - 30 September 2022	9 November 2022	29 November 2022	23 November 2022 (date TBC)

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

This report proposes moderate assurance is taken, progress with the refinement of our processes is making good progress and our audit report was largely positive. Our outstanding cases are substantial and complex but are being taken seriously and we are working with those involved. However, it is recognised that further work is ongoing in order implement the remaining audit actions and to ensure cases are progressed in a timely manner. This should be complete by end March 2022.

3 Impact Analysis

3.1 Quality/ Patient Care

The Whistleblowing Standards are designed to support timely and appropriate reporting of concerns in relation to Quality and Patient Care and ensure we take action to address and resolve these.

3.2 Workforce

Our workforce has additional protection in place under these standards.

3.3 Financial

The Whistleblowing Standards also offer another route for addressing allegations of a financial nature.

3.4 Risk Assessment/Management

The risks of the implementation have been assessed and included. Consideration is being given to where this would sit on our operational and board level risks.

3.5 Data Protection

No data protection issues identified.

3.6 Equality and Diversity, including health inequalities

No specific impacts

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

Duties to involve and engage external stakeholders are carried out where appropriate:

3.8.1 Route to the Meeting

The report has been reviewed in draft form by Staff Governance Committee and further updates incorporated from their feedback, it has also been considered at the NHS Highland Board meeting on 25 January 2022 as well as at this IJB on 26 January 2022.

2.4 Recommendation

- **Discussion** – Examine the draft report and consider any additional information or revisions that may be appropriate
- **Assurance** – To give confidence of compliance with legislation, policy, and Board objectives

2.5 Appendices

- Appendix 1 – Whistleblowing Report (Quarter 2 - 1 July 2021 to 30 September 2021)
- Appendix 2 - Internal Audit Report - Whistleblowing Standards

NHS Highland

Internal Audit Report 2021/22

Whistleblowing Arrangements

October 2021

NHS Highland

Internal Audit Report 2021/22

Whistleblowing Arrangements

Audit Sponsor	***Key Contacts***	***Audit team***
Fiona Hogg, Director of People and Culture	*Gaye Boyd, Deputy Director of People* *Albert Donald, Non-Executive Director and Whistleblowing Champion* *Sarah Compton-Bishop, Non-Executive Director and Chair of Staff Governance Committee* *Ruth Fry, Head of Communications and Engagement* *Derek McIlroy, The Guardian Service* *Julie McAndrews, The Guardian Service*	*Chris Brown, Partner* *Stephanie Hume, Senior Audit Manager* *Lorna Munro, Internal Auditor*

Executive Summary

Conclusion

We have confirmed that NHS Highland has a process in place to raise and investigate whistleblowing concerns. However, we found that there was some disparity in the number of concerns classed as whistleblowing, assurance reporting was focussed on a single whistleblowing route and reports lacked detail on emerging issues, risks and trends, such as the high contact level reflecting positively on the communication activity. NHS Highland has recorded nine potential whistleblowing concerns, of which only two have met the criteria and been subject to a Stage 2[1] investigation. Although neither Stage 2 investigation is complete, we found inconsistencies in the approaches taken and non-compliance with timescales to update the whistleblower.

Management have undertaken a range of activities to address the implementation of the National Whistleblowing Standards. We identified further potential improvements to existing arrangements, including clarifying roles and responsibilities and providing supporting materials for Investigation Officers. We also identified a number of areas of activity where work is still at an early stage or has not yet been addressed in plans, including developing communication and training to support wider internal/external population, capturing feedback, and actioning lessons learned.

Background and scope

Through a Whistleblowing[2] Policy, staff are encouraged to raise any serious concern they may have about malpractice or serious risk and are guaranteed to have their concerns considered. Importantly, it should help to deal with a problem before any damage is done. The Scottish Government requires all NHS Scotland Boards to have a Whistleblowing Policy and in February 2020 they appointed a Whistleblowing Champion at Board level in all Boards.

NHS Highland's independent 'Speak Up' Guardian Service went live in August 2020, offering a 24/7 service for staff to independently discuss their concerns relating to patient care and safety, bullying and harassment, and work grievances, as part of the culture programme. The management and reporting of Whistleblowing concerns and the role of confidential contact for the standards were added as a 9am-5pm Monday to Friday service in April 2021.

The National Whistleblowing Standards and the full Independent National Whistleblowing Officer (INWO) service, covering the whole of NHS Scotland, went live on 1 April 2021. The Standards are designed to be as comprehensive as possible and cover anyone involved in the delivery of an NHS service, such as current and former employees, volunteers, students and contractors.

In accordance with the 2020/21 Internal Audit Plan, we reviewed the whistleblowing processes in NHS Highland.

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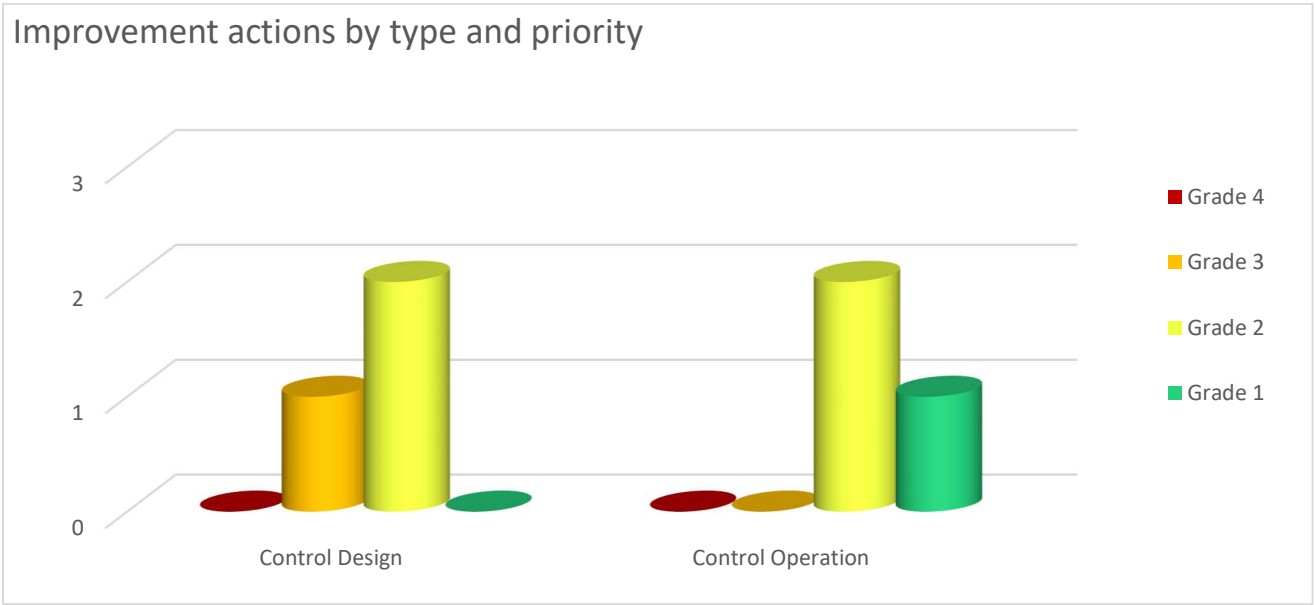
[1] Stage 1 is for more straightforward concerns that can be responded to within five working days or fewer. Stage 2 concerns tend to be more serious or complex and need a detailed examination before the organisation can provide a response, initially within a 20-working day timescale.

[2] The Public Interest Disclosure Act 1998 (PIDA) amended the Employment Rights Act 1996.

Control assessment

- 1. The requirements of the national Whistleblowing Standard have been implemented in NHS Highland.
- 2. There are clear roles and responsibilities in place and individual and collective responsibilities clearly identified in line with the requirements of the Whistleblowing Standards.
- 3. Potential issues (i.e. whistleblowing) are assessed recorded and investigated using a consistent methodology by suitably trained staff and employees who file such a report are suitably protected.
- 4. Decisions where cases are not whistleblowing are clearly documented and decisions recorded and reported.
- 5. The outcomes of investigations and whistleblowing activities are reported appropriately to relevant committees, including timely communication of any lessons learned.
- 6. NHS Highland has an ongoing programme of communications, engagement and training to ensure colleagues and wider stakeholders are aware of the Whistleblowing standards and how to report a concern.
- 7. NHS Highland has involved key stakeholders in the development of the Guardian Service and has mechanisms for gathering feedback on the service and for reporting to management.



Six improvement actions have been identified from this review, three of which relate to compliance with existing procedures and three which relate to the design of controls themselves. See Appendix A for definitions of colour coding.

Key findings

Good practice

We have gained assurance that NHS Highland's procedures reflect good practice in a number of areas:

- There is a clearly articulated Whistleblowing Implementation Group action plan in place covering the expectations of the Whistleblowing Standards.
- Staff from key business areas who are members of the Whistleblowing Implementation Group attended a series of targeted workshops to help ensure they had a good understanding of the subject matter and to support effective decision making.
- Implementation of the Whistleblowing Standards is a project within the Culture Programme, helping to ensure alignment with culture related activities and minimise the need for additional governance structures.
- The Whistleblowing Champion attends national whistleblowing related meetings and actively seeks opportunities internally and externally to promote the Whistleblowing Standards.
- A wide range of awareness activities have taken place, including staff engagement sessions 'Ask Me Anything', Board papers and development sessions, internal announcements including all staff emails and manager cascades, posters, social and local media articles.
- TURAS whistleblowing and Once for Scotland Workforce training modules are in place to support the whistleblowing process.
- NHS Highland has used an external independent service to act as a first point of contact for whistleblowing to help build trust in the process.
- We identified that all concerns raised since April 2021 with the Confidential Whistleblowing Service were assessed and the concerns, we sample tested were appropriately handled and the whistleblower contacted to advise how the concern would be dealt with.
- Within our sample we confirmed that Investigation Officers were appointed in both cases where a whistleblowing concern was raised.

Areas for improvement

We have identified a number of areas for improvement which, if addressed, would strengthen NHS Highland's control framework. These include:

- Providing assurance to the Board on whistleblowing activity based on accurate and complete data supported by comprehensive and insightful narratives.
- Documenting and sharing governance and day to day roles and responsibilities for all aspects of the process, building on the information presented to the March 2021 Board update.
- Maintaining oversight of compliance with Whistleblowing Standard timescales and developing further communication and training, to support Investigating Officers and the wider employee population.

- Capturing existing lessons learned and ensuring that comprehensive action plans are developed to support delivery of the Whistleblowing Standards in the longer term.

These are further discussed in the Management Action Plan below.

Impact on risk register

NHS Highland's corporate risk register (dated February 2021) included the following risks relevant to this review:

- Risk 632: HIGH - There is a reputational and workforce risk in relation to the culture of the organisation. This could impact on recruitment, retention, and performance as well as patient confidence in the organisation.

Acknowledgements

We would like to thank all staff consulted during this review for their assistance and co-operation.

Management Action Plan

Control Objective 1: The requirements of the national Whistleblowing Standard have been implemented in NHS Highland.

Green

1.1 Whistleblowing Policy

NHS Highland has not created its own Whistleblowing Policy, instead directing individuals to the National Whistleblowing Standards website. However, in searching for the Whistleblowing Policy, we noted that:

- The NHS Highland internet pages identifies the 2014 NHS Highland Whistleblowing policy, including on the HR connect page.
- The NHS Highland intranet pages identifies old versions of the policy in the first two search items.

Risk

There is a risk that out-of-date policies which are not aligned to the National Whistleblowing Standards are still available to staff, leading to confusion, inconsistency of approach and/or non-compliance with the standards.

Recommendation

NHS Highland should ensure that historical whistleblowing policies are appropriately tagged as such and/or removed from key information sources.

Management Action

Grade 1 (Operation)

This has already been addressed with all old policies removed and hidden, searching for whistleblowing policy on the Intranet now brings up the top search result with a document including details of where to access the national standards and all other relevant information.

Action owner: Deputy Director of People **Due date:** Completed

Control Objective 2: There are clear roles and responsibilities in place and individual and collective responsibilities clearly identified in line with the requirements of the Whistleblowing Standards.

Yellow

2.1 Roles and Responsibilities

The NHS Highland Board Paper dated 30 March 2021 confirmed the roles and responsibilities of key staff involved in the whistleblowing process. However, this paper did not identify the roles or responsibilities of the Governance Committees in the process. Both the Staff Governance Committee and Audit Committee have a role in oversight and assurance, however only the Audit Committee Terms of Reference makes clear the role of the committee via the Fraud Policy and Response Plan.

In addition, we noted feedback from those involved in oversight and implementation of the investigation process that:

- They did not believe a concern should have been handled under the whistleblowing process and we noted some confusion over who made the decision to do so. Following completion of fieldwork it was clarified for staff that decisions about whether or not a case is to be handled as Whistleblowing is coordinated by the Director of People and Culture, as INWO Liaison Officer, involving relevant opinions and views as required.
- Expectations of greater HR involvement and support during the whistleblowing investigation process. While management have confirmed this is not a HR process, it was acknowledged that all parties need to be clear on responsibilities and this should be documented.

Risk

There is a risk that roles and responsibilities are not clear, as these have not been fully defined or made available, resulting in whistleblowing activity not being appropriately resolved, lessons not being learned, and increasing the likelihood of reputational damage.

Recommendation

Management should confirm:

- The complete governance structure in relation to whistleblowing, along with updating the relevant terms of reference and workplans as appropriate.
- The roles, responsibilities and decision-making assessment methodology for concerns.
- The support for managers assigned cases and those investigating concerns is clearly documented and communicated to investigating officers.

Management Action

Grade 2 (Design)

Further clarification of the process to be followed and the relevant roles and responsibilities and governance was included in the first Whistleblowing report to the board in September 2021. This information along with the support available, will form an NHS Highland Whistleblowing Management process document to be available on the Intranet and via the Guardian Service which will ensure everyone is able to access this.

Action owner: Director of People and Culture **Due date:** 31 March 2022

2.2 Whistleblowing Champion Contact Details

NHS Highland has a non-executive Whistleblowing Champion, whose role is to provide assurance over both the implementation of the whistleblowing standards and that concerns are being effectively managed and addressed. This role is as identified on the NHS Highland website, however the contact details provided are to a generic board email address.

Risk

Whistleblowers may be deterred from making contact if they are concerned the email is not sent directly to the Whistleblowing Champion and/or the communication is not sufficiently confidential. This impairs opportunity to identify, learn from and improve practices to which the concern(s) relate.

Recommendation

Management should provide contact information for the Whistleblowing Champion and/or the Whistleblowing Service (providing by the Guardian Service) against the relevant biographical statement on the NHS Highland website, ensuring the route for raising concerns is via the Guardian Service.

Management Action Grade 2 (Operation)

Contact information for the Whistleblowing service is widely shared, but an additional action to include direct email address for the Whistleblowing Champion as part of the board information and to use the opportunity to add the Whistleblowing concern email and phone line as well.

Action owner: Board Secretary **Due date:** 31 January 2022

Control Objective 3: Potential issues (i.e. whistleblowing) are assessed recorded and investigated using a consistent methodology by suitably trained staff and employees who file such a report are suitably protected.

Yellow

3.1 Compliance and Investigation Processes

We reviewed two Stage 2 investigations as part of fieldwork and confirmed that the Whistleblowing Standards state that the whistleblower should be advised if their concern cannot be responded to within 20 working days. They are entitled to an update every 20 working days thereafter. Our testing identified that in one of the two investigations the whistleblower was not provided with ongoing formal updates every 20 days (though we note that there was ongoing communication with them and their union representative in terms of evidence gathering).

The Whistleblowing Standards also provide guidance for the Investigating Officer on the process to be followed. However, NHS Highland has determined this should be supplemented with the Once for Scotland Workforce Policy on Investigations, as the use of standard templates/methodology ensures consistency of approach. Neither Investigating Officer had been referred to the Workforce Investigation information and they did not use the expected templates, with only one Investigating Officer having agreed a terms of reference for the work.

We also noted that, although experienced, neither Investigating Officer had undertaken the TURAS whistleblowing training or the Once for Scotland Workforce Investigation training. Indeed, more generally, there was low completion of the TURAS training, with only 53 staff having completed the whistleblowing overview course and only 15 having completed the manager whistleblowing course. These are not considered mandatory training.

Risk

There is a risk that investigations are not conducted in line with standards and associated policies, as training, communication and oversight has not been sufficiently robust. This could impair results and outcomes, reducing morale and risking disengagement by those with concerns.

Recommendation

Management should:

- Ensure there is sufficient management oversight of all ongoing whistleblowing investigations to affirm compliance with the Whistleblowing Standards, such as the 20-day response time.
- Provide all Investigating Officers a link to appropriate guidance and templates, including those related to the Whistleblowing Standards and the Once for Scotland Workforce Investigation process.
- Determine the level of training required by officers investigating under the Whistleblowing Standards and taking appropriate action as a result.
- Consider additional activities to improve uptake of whistleblowing training within NHS Highland and its service providers.

Management Action

Grade 2 (Operation)

There is now a robust oversight in place of all ongoing Whistleblowing concerns, with timescales and responses being actively managed. Given the low level of concerns raised and the potential seriousness of those progressed, this is all personally overseen by the Director of People and Culture, as INWO Liaison Officer to ensure consistency and appropriate seniority and expertise of investigating managers.

As part of the NHS Highland Whistleblowing Management Process (set out above under 2.1) signposting to relevant support, documents and training will be included.

Action owner: Director of People and Culture **Due date:** 31 March 2022

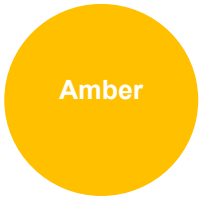
Control Objective 4: Decisions where cases are not whistleblowing are clearly documented and decisions recorded and reported.

No reportable weaknesses identified

We confirmed that since April 2021 seven concerns raised were assessed and not taken forward as whistleblowing investigations. We tested two and confirmed that the decision was clearly documented and the person raising the concern was advised of the outcome and reasons for the assessment. Where appropriate individuals are advised that they were entitled to appeal via the Independent National Whistleblowing Officer.

Neither of the concerns tested required to be addressed through other business routes, such as the complaints process.

Control Objective 5: The outcomes of investigations and whistleblowing activities are reported appropriately to relevant committees, including timely communication of any lessons learned.



5.1 Recording Whistleblowing Concerns and Assurance

We were initially advised by the Confidential Whistleblowing Contact Service that there had been 10 potential concerns raised since April 2021, seven of which related to whistleblowing and three which did not. During testing we confirmed that these numbers were incorrect and appeared to stem from a different interpretation of the classifications used when recording concerns. It was noted that this was early on in the implementation of the standards and has been highlighted in the first quarterly report as a resolved issue. Management confirmed in the quarterly assurance report that only nine potential concerns were raised, of which two met the criteria for whistleblowing investigations.

Although the Confidential Whistleblowing Contact Service is the central point for recording and reporting all whistleblowing concerns, we were unable to confirm that all relevant concerns had been recorded this way, as there are other routes available for staff to raise concerns (e.g. management hierarchy, trade unions, Counter Fraud Services and Datix). It is expected that potential whistleblowing concerns raised via these routes will be identified as whistleblowing and subsequently recorded with the Confidential Whistleblowing Contact Service, but there is a risk that this may not happen if the person receiving the concern is not aware of the process. Although mitigated by internal and external communications from the Guardian Service, the Whistleblowing Champion, the Whistleblowing Implementation Group and others, e.g. Senior Leadership, their remains a risk that the information being provided may not be complete and the correct process may not be followed in some cases. Management have advised that the majority of the cases raised to date as potential Whistleblowing concerns have been from staffside, and this suggests that that the process is well known.

We reviewed the draft of the first quarterly assurance report, to the Staff Governance Committee, covering the areas and metrics required by the Whistleblowing Standards and found it was lacking in insight such as emerging trends, issues and risks and did not capture the activity that has already been undertaken in the implementation of the Standards.

Risk

There is a risk that assurance is not accurate, sufficient or complete. It may impair scrutiny and challenge by those overseeing the arrangements and could result in non-compliance with the Whistleblowing Standards and increased likelihood of reputational damage.

Recommendation

Management should:

- Ensure the concern assessment process is clearly documented and agreed with the contact service, providing clarity on the classification of concerns raised.
- Ensure ongoing communication and engagement with key stakeholders so that all parties understand how to route Whistleblowing concerns to the correct process. Consider implementation of a co-ordinated assurance report for areas such as whistleblowing, complaints, frauds etc,

- Provide adequate insight and narrative on activity to implement the Whistleblowing Standards with assurance reports.

Management Action

Grade 3 (Design)

Further work on the assurance report was completed ahead of it being submitted to Board and it addressed the majority of the issues identified above. Feedback will used to improve the insights and assurance and this will be an ongoing review as data is gathered and further analysis is possible, particularly in relation to trends, issues and risks.

A further communication and engagement plan around the standards and whistleblowing is underway, which will cover visits by the Whistleblowing Champion across the board area, a stakeholder survey carried out in January 2022 to establish how well known the standards are to non-employed colleagues as well as promotion of the training and the publication of the Q2 report in January 2022, and the Q3 report in March 2022.

Action owner: Director of People and Culture **Due date:** 31 March 2022

Control Objective 6 & 7: NHS Highland has an ongoing programme of communications, engagement and training to ensure colleagues and wider stakeholders are aware of the Whistleblowing standards and how to report a concern and has involved key stakeholders in the development of the Guardian Service with mechanisms for gathering feedback on the service and for reporting to management.

Yellow

6.1 Planning

Whilst activity to implement the Whistleblowing Standards has progressed sufficiently to allow concerns to be raised and investigated, there are several areas of work still at an early stage of development or not yet included within any formalised and documented action plans. These include:

- Engaging with volunteers, students, contractors and other service providers on the standards and their rights (in development through the Implementation group).
- Obtaining feedback on Confidential Whistleblowing Contact Service (in development).
- Assessing future needs for the Confidential Whistleblowing Contact role (not yet commenced, anticipated Q2 2022).
- Lessons learned from investigations, the implementation of the standards and associated processes (to commence in Q2 2022).
- Once for Scotland training, including investigations (already available).
- Developing awareness and sources of support, e.g. whistleblowing being covered during induction (in development).

Risk

There is a risk that the remaining work is not included or associated with clear timescales in the implementation plans resulting in slow or no progress to improve engagement/compliance with the Whistleblowing Standards.

Recommendation

Management should ensure that the above areas of work are included within implementation plans and, where appropriate developing medium to longer term plans for review/refresh of whistleblowing as needed.

Management Action

Grade 2 (Design)

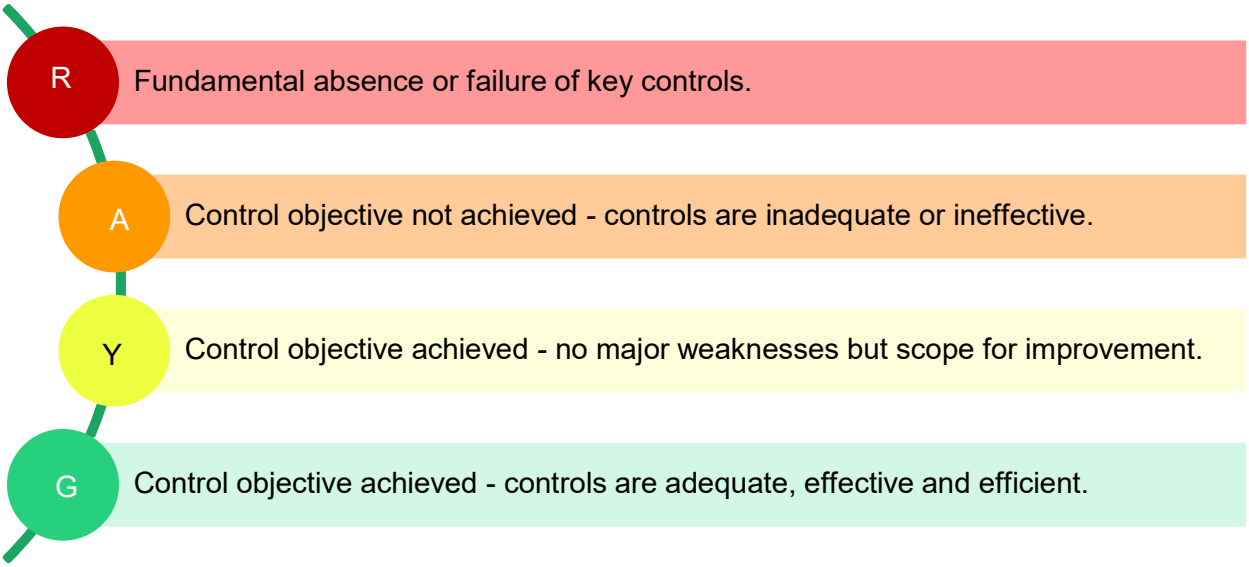
The Implementation Group continue to work through the communication and engagement plans and have good engagement from a range of internal and external stakeholders.

It has been agreed that any lessons learned, themes or follow up actions which need wider organisational oversight, either from reviews of the cases to date or from the group activity, will be captured as part of the Culture Oversight Group action tracking, which is reported to Staff Governance Committee and Board. This will ensure themes and learnings from independent review panel of the Healing Process, which may have overlap, can be joined up with these outcomes where appropriate.

Action owner: Director of People and Culture **Due date:** 31 March 2022

Appendix A – Definitions

Control assessments



Management action grades

4	•Very high risk exposure - major concerns requiring immediate senior attention that create fundamental risks within the organisation.
3	•High risk exposure - absence / failure of key controls that create significant risks within the organisation.
2	•Moderate risk exposure - controls are not working effectively and efficiently and may create moderate risks within the organisation.
1	•Limited risk exposure - controls are working effectively, but could be strengthened to prevent the creation of minor risks or address general house-keeping issues.

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

Integration Joint Board

Date of Meeting: 26 January 2022

Title of Report: Argyll & Bute Health and Social Care Partnership (HSCP) Strategic Plan 2022 - 2025

Presented by: Stephen Whiston, Head of Strategic Planning, Performance & Technology

The Integrated Joint Board is asked to :

- **Note** that following Scottish Government direction to suspend non-essential activity, further work at this time on the Argyll and Bute Strategic Plan for Health and Social Care 2022-2025 has been postponed.
- **Note** that completion of the Strategic Plan 2022-2025 is anticipated to be delayed by 3 months from March 2022 to June 2022.
- **Approve** the extension of the Strategic Plan 2019-2022 until the Strategic Plan 2022-2025 is in place**.**

1. Executive Summary

Argyll & Bute Integration Joint Board is asked to approve a postponement of the completion of the new 3 year Strategic Plan. The SGHD has directed HSCPs to suspend all non-essential clinical and non-clinical services to ensure focus on front line services and expansion of the vaccination programme due to the impact of the Omicron variant on services.

Assessing the impact of this against our production timetable, has identified that we are not able to complete the community and stakeholder engagement programme planned to inform and shape the HSCP objectives and produce the plan by 31/03/22 deadline.

The Strategic plan was being developed by the Strategic Planning Group in accordance with statutory requirements, including both a public, stakeholder and staff engagement and formal consultation period (November 2021 to January 2022).

The strategic plan is the formal instrument by which resources and operational service responsibility and accountability will be delegated to the IJB. It is

therefore proposed and endorsed by the SLT that our existing plan is extended for a further 3 months until the new plan is completed.

2. Detail of Report

This will be the third Argyll and Bute Health & Social Care Partnership (HSCP) Strategic Plan to be developed. The Partnership was established in accordance with the provisions of the Public Bodies (Joint Working) (Scotland) Act, 2014 and corresponding Regulations. The Partnership has accountability and responsibility for all health and social care functions relating to adults and children and has to oversee the strategic planning and budgeting of these, together with corresponding service delivery for Argyll and Bute's residents.

The IJB therefore has a statutory requirement to produce this Strategic Plan, as it is the formal mechanism by which resources are delegated to it from its parent bodies, NHS Highland and Argyll and Bute Council.

The Strategic plan details how it will govern, direct, allocate and operationally manage health and social care resources within Argyll and Bute. It details the vision for the services, the values and principles by which the HSCP will operate. It also details the "road map" of how service will be transformed and what they will look like in 3 years as well as the objectives to be delivered and the outcomes to be achieved.

The purpose of this paper is to obtain the Integration Joint Board approval that due to the state of the pandemic and direction from SGHD we postpone completion of the HSCP new plan for a period of up to 3 months. It is also recommended that we extend for a further 3 months the current strategic plan to cover this period.

3. CONTRIBUTION TO STRATEGIC PRIORITIES

The IJB has a statutory requirement to endorse and agree to implement a 3 year Strategic Plan for Health and Social Care before resources and overall responsibility can be devolved from the parent bodies to the IJB.

4. GOVERNANCE IMPLICATIONS

4.1 Financial Impact

The contents of this report have no direct financial impacts. However, the IJB is required to have an approved and balanced budget in place in advance of the start of the 2022/23 financial year. This means that financial plans and decisions in respect of savings proposals are required in advance of the revised timetable for the approval of the Strategic Plan. The budgeting process will seek to align with the work already undertaken in respect of the strategic planning process.

4.2 Staff Governance

There is no impact on our staff governance or staff contract arrangements due to this delay and existing arrangements regarding engagement and organisational change remain in place.

4.3 Clinical and Care Governance

There is no impact on existing clinical and care governance arrangements.

5. EQUALITY & DIVERSITY IMPLICATIONS

A stage 2 EQIA scoping exercise will be undertaken as part of the new plan production. The existing one remains extant during the 3 month extension period.

6. RISK ASSESSMENT

The existing processes within the HSCP identifying any critical and ongoing risks and recommending action to mitigate these are unaffected by this postponement.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The postponement of the production of the plan will ensure the arrangements to undertake our agreed communication and engagement approach on the plan will be achieved and not truncated due to time.

10. DIRECTIONS

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

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

Integration Joint Board **Agenda item:**

Date of Meeting:

Title of Report: Integration Joint Board- Performance Report (January 2022)

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

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 November 2021
- Acknowledge the impact on future performance reporting of the Covid19 Omicron variant
- Consider Waiting Times Performance and a further reduction in Consultant Lead Outpatient breaches >12 weeks
- Acknowledge performance with regards to both Argyll & Bute and Greater Glasgow and Clyde current Treatment Time Guarantee for Inpatient/Day Case Waiting List and activity

1. EXECUTIVE SUMMARY

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 and the progress made with regard to remobilising health and social care services in Argyll & Bute.

This month has seen further developments with regards to Covid19 and the rapid spread of the new Omicron variant. The Chief Operating Officer for NHS Scotland sent an Omicron Covid Variant update to Health & Social Care Partnerships across Scotland. The focus of this was to acknowledge the impact the variant would have for Health & Social Care provision amidst current winter pressures and detailing the key areas of focus for the HSCP with regards to prioritising the delivery of care to the most urgent and emergency care to support and maintain life and limb services. The three main areas of focus for service provision across Health & Social Care is as follows:

1. Maintaining urgent and emergency care to maintain life and limb services
2. Maximising capacity in our health and social care system.
3. Supporting our workforce

2. INTRODUCTION

NHS Highland's (NHSH) 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. DETAIL OF REPORT

The report details performance for December 2021 with regards to the Health & Social Care Partnership, NHS Greater Glasgow & Clyde and NHS Highland.

4. RELEVANT DATA & INDICATORS

4.1 Remobilisation Performance

The tracker below summarises the HSCP service remobilisation performance against agreed SGHD target (70-80%) for April to November 2021

HSCP Remobilisation Tracker April to November 2021

A&B HSCP - Remobilisation Plan Tracker												
Key Performance Indicators		Performance Overview									Cumulative Apr - Nov 2021	
Description		Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Target	Total
Ref	**TTG**											
TTG 1	TTG Inpatient & Day Case Activity (All Elective	44	34	36	39	41	36	35	24	38	352	283
Ref	**REFERRALS**											
R-1	Total Outpatient Referrals	803	807	780	846	705	780	706	818	896	6424	6338
R-2	Total Urgent Suspicion of Cancer Referrals Received	28	47	26	58	47	45	46	44	43	224	356
	OUT PATIENTS											
OP-1	Total New OP Activity Monitoring	652	602	685	723	630	682	668	642	793	5216	5425
OP-2	Total Return OP Activity Monitoring	904	1319	1286	1454	1424	1446	1459	1479	1631	7232	11498
OP-3	Total AHP New OP Activity Plan	556	889	926	1020	874	964	953	893	992	4448	7511
OP-4	Total AHP Return OP Activity Plan	1312	2660	2691	2821	2368	2619	2549	2343	2527	10496	20578
Ref	**DIAGNOSTICS**											
DI-1	Total Endoscopy Activity Monitoring	50	67	88	66	58	65	61	63	62	400	530
DI-2	Total Radiology Activity Monitoring	462	485	509	581	560	503	508	468	528	3696	4142
Ref	**CANCER**											
CA-1	Total 31 Days Cancer - First Treatment Monitoring	9	3	4	7	10	2	4	3	1	72	34
Ref	**UNSCHEDULED CARE**											
UC-1	Total A&E Attendances Monitoring (LIH)	685	552	729	812	786	813	745	660	598	5480	5695
UC-2	Total A&E Attendance (AB Community Hospitals)	1244	1880	2152	2234	2276	1986	2190	1882	1882	9952	16482
UC-3	Total % A&E 4 Hr (LIH)	95%	98%	96%	96%	95%	91%	93%	92%	96%		
UC-4	Total Emergency Admissions IP Activity Monitoring	165	151	176	200	177	203	175	176	165	1320	1423
UC-5	Emergency Admissions IP Activity Monitoring (AB	148	178	180	176	204	192	182	188	203	1184	1503
Ref	**ADULT CARE**											
AC-1	Total Number of Adult Referrals	716	517	549	585	628	618	576	598	686	5728	4757
AC-2	Total Number of UAA Assessments	224	275	288	344	216	257	252	235	264	1792	2131
AC-3	Total Adult Protection Referrals	24	24	24	21	24	28	32	27	42	192	222
AC-4	Total New People in Receipt of Homecare	36	45	51	43	48	45	39	40	33	288	344
AC-5	Total New Care Home Placements	16	20	19	18	14	22	16	26	17	128	152
AC-6	Total No of Delayed Discharges Awaiting Care Home	5	4	4	5	7	8	13	12	10		
AC-7	Total No of Delayed Discharges Awaiting Homecare	5	8	7	12	13	13	9	15	15		
Ref	**COMMUNITY HEALTH**											
CH-1	Total Mental Health – New Episodes	80	52	60	59	64	76	69	38	41	640	459
CH-2	Total Mental Health – Patient Contact Notes	584	885	828	881	769	794	747	735	851	4672	6490
CH-3	Total DN – New Episodes	92	130	136	123	150	124	112	101	112	736	988
CH-4	Total DN – Patient Contact Notes	4032	4490	4428	4634	4883	5046	4715	4758	4628	32256	37582
CH-5	Total AHP - New Episodes	276	350	352	410	373	388	356	375	441	2208	3045
CH-6	Total AHP - Patient Contact Notes	3096	2895	3083	3354	3289	3247	3514	3365	3820	24768	26567
Ref	**CHILDREN & FAMILIES SOCIAL CARE**											
CF-1	Total Number of Child Request for Assistance	196	248	238	280	173	275	347	257	306	1568	2124
CF-2	Total Number of New Universal Child Assessments	88	85	109	101	59	125	88	96	108	704	771
CF-3	Total Number of Children on CP Register	38	31	28	29	32	31	32	37	36		

(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:

- The total number of outpatient referrals for November notes a 9%(896) increase against the previous monthly performance (818), with regards to the cumulative target (6424) , November performance notes a reduction against target of 1% (6338)
- New Planned Outpatient Activity for Allied Health Professionals for November notes a further 10% increase against October activity levels
- With regards to the 4hr A&E waiting times target, Oban & Island Hospital noted a 1% increase for November (96%) against target (95%)
- Total number of Universal Adult Assessments for November (246) noted a 9% increase against target (224) and a 5% increase against October (235)

4.2 Waiting Times Performance

The tables below identifies the New Outpatient Waiting List and times by main speciality as at the 15th December 2021.

A&B Group Totals	Extracted 15th December 2021				
	New Outpatient Waiting List				
Main Specialty	Total on List	% Breaches of each Group OPWL	Long Waits (over26)	Length of Wait (weeks) Over 12	Under 12
Consultant Outpatient	1158	22.2%	79	257	901
AHP	545	36.1%	74	197	348
Mental Health	632	67.1%	281	424	208
Nurse Led Clinics	160	6.9%	2	11	149
Other/Non MMI	820	30.5%	106	250	570
TOTAL OPWL	**3315**	**34.4%**	**542**	**1139**	**2176**

Main Specialty	Total on List	% Breaches of each Group OPWL	Long Waits (over26)	Length of Wait (weeks) Over 6	Under 6
Scopes *	183	61.7%	15	113	70

Main Specialty	Total on List	% Breaches of each Group OPWL	Long Waits (over26)	Length of Wait (weeks) Over 4	Under 4
MSK **	1402	69.1%	97	969	433

Waiting times Performance Assessment:

- Total number of New Outpatients for December notes a reduction of 126 against the previous October data- this equates to a 4% overall reduction.
- The percentage of Mental Health breaches over 12 weeks (67.1%)notes a 8.5% increase for December compared with previous data for October (58.7%)
- The total percentage breaches over 12 weeks (excluding Scopes & MSK) notes a 4.5% increase for December against the previous October total
- Consultant Lead Outpatients notes a further 4 % reduction in the number of waits more than 26 weeks (79) in December against October (82)
- A further 2.4% reduction in Consultant Lead breaches greater than 12 weeks
- Proportion of Outpatients Waiting Over 12 Weeks by Health Board is noted in **Appendix 2**

4.3 Virtual Outpatient Performance

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

Cumulative Virtual Consultant Outpatient Activity				
Reporting Period	Lorn & Islands Hospital New	Lorn & Islands Hospital Return	Community Hospitals New	Community Hospitals Return
October	383	1234	103	548
December	551	1624	146	741
Variance	+168	+390	+43	+193

(Data Source- NHS Highland Remobilisation Plan Data- Cumulative Virtual New and Return Outpatient December 2021)

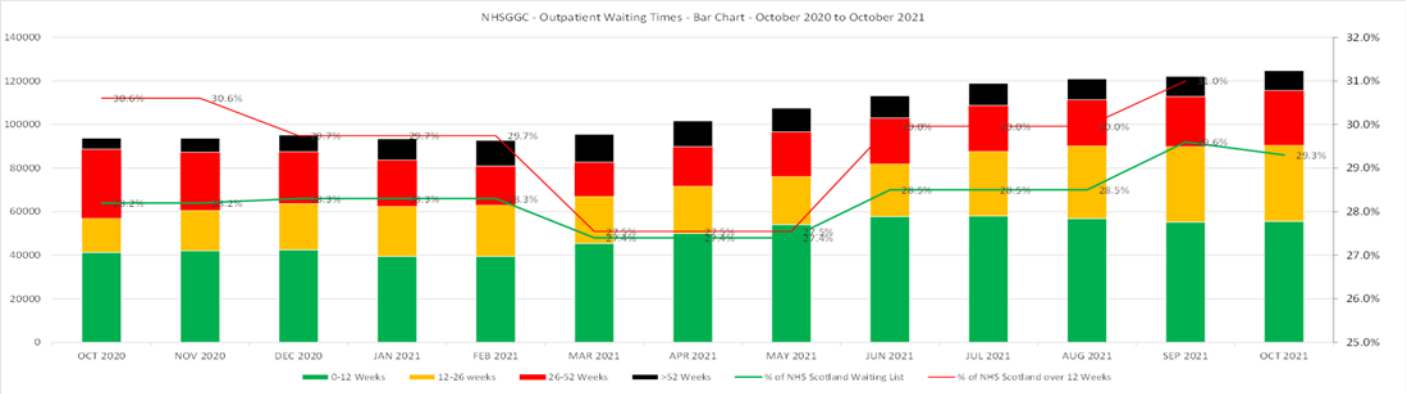
Performance Assessment:

- Combined cumulative Virtual Appointments note a 26% increase in December for both Lorn & Islands Hospital and Community Hospitals
- Lorn & Island Hospital Return appointments noted the largest cumulative increase of (390) against the previous month
- Individually, cumulative Virtual appointments for Lorn & Islands Hospital noted a 26% increase and Community Hospitals a 28% increase against the previous month

4.4 Greater Glasgow & Clyde Outpatient Remobilisation Performance

This report notes the current Greater Glasgow and Clyde Performance with regards to targets identified with their Remobilisation Plan (RMP3) for November 2021.

NHS GG&C Waiting Times (October 2020-October 2021)



(Data Source & Narrative- NHSGGC BOARD PERFORMANCE REPORT- November 2021)

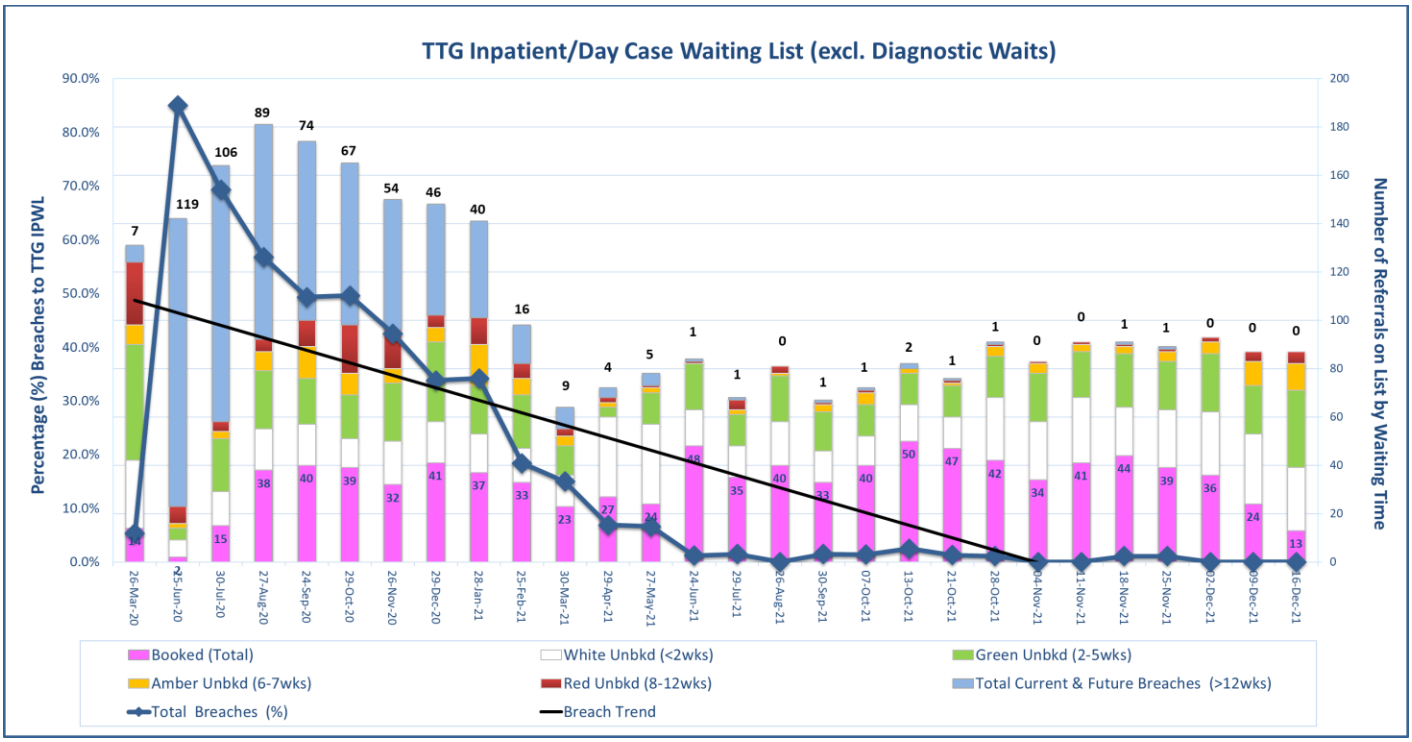
Performance Assessment:

- At the end of October 2021, 124,783 patients were on the new outpatient waiting list, of this total 69,169 were waiting > 12 weeks against the RMP4 target of 66,784. The number of patients waiting > 12 weeks reflects an underachievement of 4% against the RMP4 target.
- 30.0% of the total patients waiting across NHS Scotland for a first new outpatient appointment were NHSGGC patients at the end of October 2021

4.5 Treatment Time Guarantee (TTG) - Inpatient/Day Case Waiting List

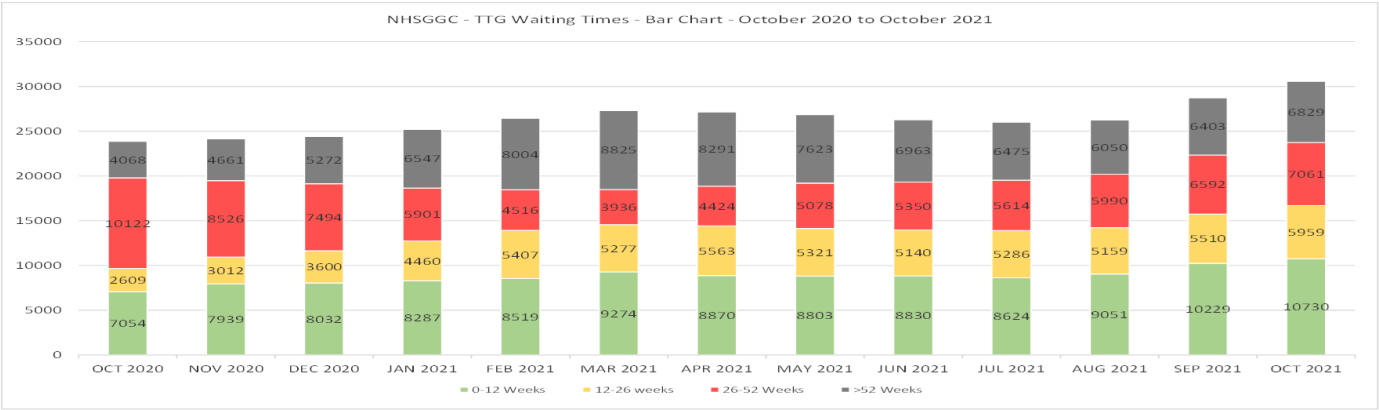
Argyll & Bute Inpatient/Day Case Activity

The graph below identifies current performance with regards to Inpatient /Day Case -12 week breaches and current overall performance as at 16th December 2021 in Argyll and Bute at LIH, Oban



Greater Glasgow & Clyde- Treatment Times Guarantee (TTG) - Waiting Times

The graph below notes current performance with regards to TTG Inpatient and Day Case Activity against trajectory from October 2020 to October 2021



(Data Source - NHSGGC BOARD PERFORMANCE REPORT- November 2021)

Performance Assessment:

Argyll & Bute

- As at 16th December 2021, performance against target notes ZERO breaches.
- NHS Scotland Board Level Performance for TTG is identified in **Appendix 1**

Greater Glasgow & Clyde

- At the end of October 2021, there were 30,579 patients on the IPDC waiting list, of this total 19,849 patients were waiting over 12 weeks against a target of 18,284. The number of patients reflects a shortfall of 7% against the RMP4 target.

- 28.4% of the total NHSS patients waiting >12 weeks were on NHSGGC's waiting list by end of October 2021

5. CONTRIBUTION TO STRATEGIC PRIORITIES

This report monitors our performance against key performance indicators identified in the Strategic Plan.

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 of £590,840.

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. PROFESSIONAL ADVISORY

Data used within this report is a snapshot of a month and data period, where possible data trends are identified to give wider strategic context.

8. EQUALITY & DIVERSITY IMPLICATIONS

No discrimination is made on the access to services and nuances of access to service for other reasons is not contained within the data.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Data use and sharing within this report is covered within the A&B & NHS Highland Data Sharing Agreement

10. RISK ASSESSMENT

Risks and mitigations associated with data sources and reporting are managed and identified within the monthly Performance & Improvement Team- Work Plan

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Full access to this report for public is via A&B Council and NHS Highland websites

12. CONCLUSIONS

The Integration Joint Board is asked to consider the work to date with regards to improved performance against Remobilisation and Waiting Times targets. Consideration should also be given

to the potential impact of the new Omicron variant with regards to future performance reporting and prioritisation of service delivery.

13. DIRECTIONS

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

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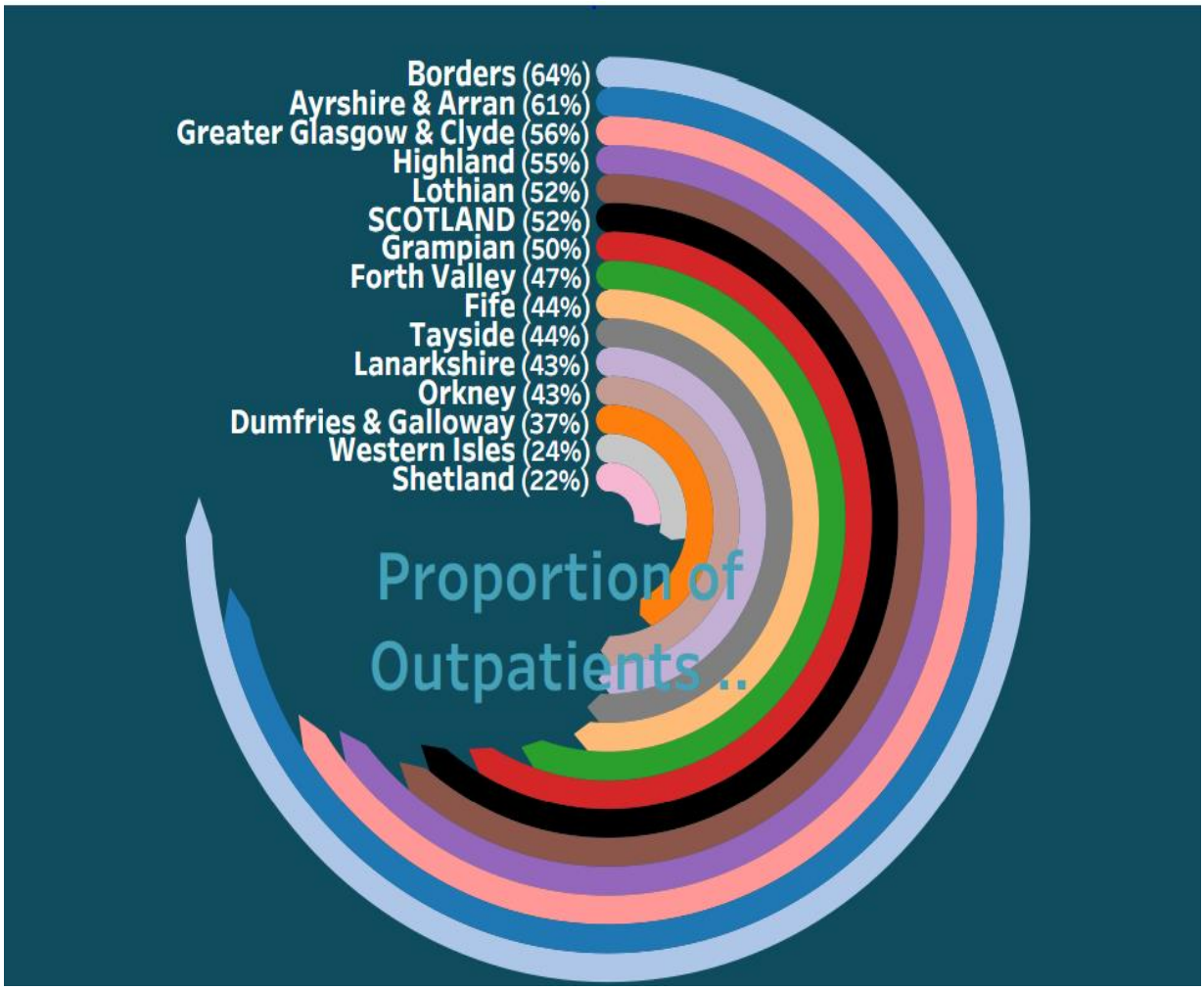
Appendix 1- Board Level KPI's – 13th December 2021

Board Level KPIs Summary

	13 December 2021								
	OPWL - waiting over 12 weeks	Core 4 hour ED Performance (..	Patients Spending over 8 hours in core ED ..	Patients Spending over 12 hours in co..	Core ED Attendances (week)	Delayed Discharges (total)	TTG - patients waiting over 12 weeks	TTG - patients waiting over 26 weeks	OPWL - waiting over 26 weeks
SCOTLAND	214,236	69.5%	1,885	665	24,160	0	75,098	50,411	108,466
Ayrshire & Arran	23,930	72.3%	237	150	1,640	0	5,013	3,309	14,608
Borders	6,245	67.5%	74	49	538	0	1,587	1,180	3,751
Dumfries & Gallo..	3,750	83.5%	13	2	714	0	958	389	949
Fife	9,015	69.0%	79	12	1,190	0	1,391	551	3,243
Forth Valley	7,918	50.0%	132	20	1,103	0	1,307	555	3,524
Grampian	18,709	69.4%	125	25	1,755	0	10,130	7,400	9,751
Greater Glasgow ..	69,598	69.8%	314	28	6,170	0	21,539	14,692	36,074
Highland	10,041	82.3%	39	15	1,048	0	4,217	3,232	5,091
Lanarkshire	15,865	60.5%	309	50	3,765	0	7,921	5,400	6,467
Lothian	38,479	66.7%	561	313	4,424	0	13,347	8,917	20,338
Orkney	489	95.3%	0	0	128	0	132	61	136
Shetland	194	96.9%	0	0	163	0	150	71	82
Tayside	9,744	90.3%	2	1	1,439	0	6,611	4,344	4,351
Western Isles	247	96.4%	0	0	83	0	173	43	97
Grampian as % of Scotland		6.63%	3.76%	7.26%		13.60%	14.76%	8.73%	8.99%
Highland as % of Scotland		2.07%	2.26%	4.34%		5.66%	6.45%	4.69%	4.69%
Tayside as % of Scotland		0.11%	0.15%	5.96%		8.88%	8.66%	4.55%	4.01%

Appendix 2- Proportion of Outpatients Waiting Over 12 Weeks by Health Board (13/12/2021)



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

Integration Joint Board **Agenda item:**

Date of Meeting: **26 January 2022**

Title of Report: **Budget Monitoring – 8 months to 30 November 2021**

Presented by: **James Gow, Head of Finance and Transformation**

The Integration Joint Board is asked to:

- Note that the Month 8 forecast outturn position is a reduced forecast overspend of £280k.
- Note that actions are currently being progressed to manage income and expenditure to ensure the HSCP operates within available resources.
- Note that there is a year to date overspend of £8k as at 30 November 2021.

1. EXECUTIVE SUMMARY

1.1 This report provides a summary of the financial position of the HSCP for the 8 months to 30 November 2021 and an updated forecast. This report is being provided to both the Finance & Policy Committee and the IJB in January 2021.

1.2 The year to date position for the first 8 months of the year is a small overspend totalling £8k against a budget of £194m.

1.3 The forecast position has improved further and is now of reduced concern. A year-end overspend of £280k is forecast against the budget of £307m. The position has improved significantly and does not yet take into account all of the additional funding allocations announced in late 2021. Recruitment and planning work is underway to deliver increased capacity over the winter in line with Government priorities. Some of this funding will address cost pressures already forecast.

1.4 The forecast is based on a number of assumptions and there are risks associated with it, these are reviewed in detail bi-monthly and summarised in this report. As the year progresses, uncertainty reduces and the risk summary reflects this. The forecast overspend is of reduced concern, however, the prioritisation of the Omicron response does present an additional risk to the savings programme in the last quarter of the year.

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 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 HSCP for the eight months to 30 November 2021. Information is provided in respect of the year to date position and the forecast outturn. Additionally, the report provides an update on the position in respect of financial risks and an the additional in-year funding allocated to help manage winter pressures. Summary information is provided in the report and detail in the appendices.

3. DETAIL OF REPORT

3.1 Year to 30 November 2021

A small overspend totalling £8k against the budget of £194m is reported. For Council services, the year to date figure is reported on a cash basis whereas the Health figures are reported on an accruals basis. Appendix 1 provides an analysis of the variances against budget by service.

Service	Actual £000	Budget £000	Variance £000	% Variance
COUNCIL SERVICES TOTAL	44,289	44,212	-77	-0.2%
HEALTH SERVICES TOTAL	150,025	150,093	69	0%
GRAND TOTAL	**194,314**	**194,305**	**-8**	**0%**

3.1.1 For Social Work budgets, the adverse variance is £77k against the budget of £44m. There are a number of areas where overspending is continuing:

Service	Overspend Value (%)	Explanation
Looked After Children	£0.11m (3%)	High demand and cost for Residential Placements.
Physical Disability	£0.23m (13%)	Demand levels and overspending on equipment.
Learning Disability	£0.92m (11%)	Demand for Supported Living and Residential Services and slippage against the savings target.
Mental Health	£0.23m (15%)	Demand for Supported Living and Residential Services.

These pressures are largely offset by underspending on other services. There is a £0.8m favourable variance in respect of the Chief Officer budget. This relates to advance funding received for covid-19 costs (£0.2m) and an over-recovery of vacancy savings (£0.4m). Additionally, there is a £0.4m saving in respect of Older Adult budgets.

3.1.2 For Health Service budgets, a small favourable variance of £69k is reported. Cost pressures identified, particularly in respect of commissioned services and prescribing are offset by the receipt of additional funding and vacancy savings.

3.2 Forecast Outturn

The forecast outturn has improved significantly as the position now reflects some of the additional in-year funding streams and on-going non-recurring savings. The position at the end of quarter 1 was a forecast deficit of £1.6m. This has

gradually reduced, as the year has progressed, to £0.3m at the end of month 8. There are services where overspending is continuing and there is slippage with the delivery of savings target. However, recruitment of staff has become problematic in some services, this is resulting in increased vacancies, reductions in care packages and reduced spend.

There is now a high degree of confidence that the HSCP will operate within the resources available to it. There is on-going engagement with the Council and NHS Highland to ensure an effective approach is being taken to manage the position.

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance
COUNCIL SERVICES TOTAL	75,662	75,942	-280	-0.4%
HEALTH SERVICES TOTAL	231,538	231,538	0	0%
GRAND TOTAL	**307,200**	**307,480**	**-280**	**-0.1%**

3.2.1 The forecast in respect of Social Work Services has improved considerably in recent months. The scale of the forecast overspend resulted in the requirement to create a Financial Recovery Plan, as approved at the September meeting of the IJB. As at the end of November, the forecast overspend has reduced to £280k. Forecast spend does not yet incorporate fully the impact of plans underway to increase service provision in the winter months. The increase in payments to commissioned service providers to fund the increase to £10.02 in the minimum pay rates is being finalised at the time of writing.

There are areas where overspending is continuing due to higher than budgeted demand for social services and slippage in achieving savings. The following table summarises the main forecast variances:

Service	Annual Budget (£m)	Forecast Outturn (£m)	Forecast Variance (£m)	Explanation
Looked After Children	7.1	7.4	(0.3)	Demand for external residential placements
Physical Disability	3.1	3.5	(0.4)	Demand for supporting living services
Learning Disability	15.5	17.0	(1.5)	Demand and costs of commissioned services and slippage with savings
Mental Health	2.8	3.1	(0.3)	Demand for Residential Placements
Chief Officer	1.4	0.3	1.1	Additional vacancy savings and centrally held funding
Older People	37.4	36.7	0.7	Reduced care home placement costs and higher income
Other	8.4	7.9	0.5	
Total	**75.7**	**75.9**	**(0.3)**	

3.2.2 Health budgets are now forecasting that spend will be in line with budget. Whilst there are a number of cost pressures and slippage in the savings programme, these are expected to be fully offset through underspending and additional funding allocations. Appendix 2 provides further detail in respect of the forecast:

	Annual Budget (£m)	Forecast Outturn (£m)	Forecast Variance (£m)	Explanation
Health Services	231.5	231.5	0	In-year funding and vacancy savings offsetting pressures

The Health forecast takes account of anticipated shortfalls against recurring savings targets and emerging cost pressures. It is expected that these will be 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. The Scottish Government have indicated to NHS Highland that they will provide cover for any overspending within the current year through funding for slippage with savings plans.

3.2.3 The approved Recovery Plan outlined a series of actions to be implemented proportionately and as required to manage the financial position. The table below outlines progress:

Action	Progress
Implement new process for approval of Social Work Care Packages	New process designed and implemented in respect of high cost care packages
Vacancy Management	No additional action to delay recruitment has been taken or is planned
Allocation of Income	Additional income announced and process in place for follow up with partners
Delay Planned Projects	No delays for financial management reasons
Non-essential spend	No additional controls implemented beyond existing savings programme

3.2.4 There is now a high degree of confidence that the HSCP will operate within budget this year. Additionally, the government have provided increased funding for this winter, this is being included in the forecasts as it is confirmed and plans worked up. To date there has been little spend although the recruitment process for additional staffing is underway. It is anticipated, that due to the timing of the funding announcements, that not all of the additional funding will be spent in by the end of March 2022, this is a concern nationally. Appendix 3 provides a summary of the allocations.

3.3 Savings Delivery

3.3.1 As at the end of November, £5.9m of the £9.3m savings target has been achieved. This is 63% and an additional £157k was declared in November. It is

forecast that £6.4m in savings will be delivered this year. The shortfall is being compensated for by non-recurring savings. The slippage creates additional pressure next year as a number of projects, considered to be deliverable, still require to be actioned in addition to the new proposals. Forecast achievement is 70%, a shortfall of £2.9m. Of this £1.5m has been approved by the IJB for removal from the savings programme.

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, monitoring and reporting. 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 Slippage has contributed to the difficult financial position with additional implications for managing financial performance next year. The on-going prioritisation of the savings programme is an important strand of the steps being taken by the Strategic Leadership Team. The impact of the omicron Covid-19 wave risks further delay as priorities change for the last quarter of the year. Appendix 4 provides detail on the savings programme summarised below:

2021/22 Savings		Year to 30 November 2021			Forecast		
	Target	Achievement	Shortfall	%	Achievement	Shortfall	%
	£'000	£'000	£'000		£'000	£'000	
Fully Achieved	3,869	3,869	0	100%	3,869	0	100%
Forecast Fully Achieved	820	493	327	60%	820	0	100%
At Risk	2,942	776	2,166	26%	861	2,081	29%
Cancelled / Reduced	1,704	108	1,596	6%	164	1,540	10%
Additional Non-Recurring		674	-674		674	-674	
Total	**9,335**	**5,920**	**3,415**	**63%**	**6,388**	**2,947**	**68%**

It is forecast that £1.5m of the current saving programme will be carried forward for delivery in 2022/23. Many of these projects are proving difficult and will add to the challenge associated with the new savings projects required to balance the budget next year.

3.4 Additional Funding

3.4.1 The Scottish Government has made a series of announcements in recent weeks in respect of winter funding.

3.4.2 Appendix 3 provides the current summary of the additional funding. These mostly relate to the announcement of £300m nationally for winter pressures. The main actions underway at present are:

- Contract amendments to care providers to fund the increase to £10.02 per hour minimum pay rate for commissioned services are being finalised;
- National Care home Contract is in the process of being amended to reflect the pay increase;
- Recruitment is underway to increase employment and capacity;
- Plans being developed in respect of permanent vaccination staffing; and

- Plans are in development to ensure that the additional funding is used appropriately to address pressures this year where possible, co-ordinated by the winter planning / unscheduled care group.

There is particular interest in the funding arrangements for the pay increase for commissioned service providers, Argyll and Bute are on track to be able to make payments in February at the latest, however, this is partially dependent upon service providers invoicing promptly.

3.5 Financial Risks

3.5.1 The Financial Risk Register is updated every 2 months, the table below provides the most recent summary of these as they relate to the current year:

Likelihood / Range	Remote	Unlikely	Possible	Likely	Almost certain	Total
<£100k	0	2	2	1	0	**5**
£100k - £300k	0	2	5	1	0	**8**
£300k - £500k	0	0	1	0	0	**1**
£500k - £1.5m	0	0	0	0	0	**0**
>£1.5m	0	0	0	0	0	**0**
Total	**0**	**4**	**8**	**2**	**0**	**14**

By applying the likelihood weightings, there are currently no risks quantified as potentially being over £500,000 in the current year. The most critical risk identified relate to the savings programme. The current year pay settlement for council employed staff is now agreed and included in the forecast. The total financial value associated with the risks summarised above is estimated at £0.6m.

3.5.2 Current forecasts now take into account those risks identified earlier in the year which are reflected in service delivery costs. Emerging financial risks continue to be considered as part of routine financial management processes, these are now more relevant to planning for next year.

3.5.3 Funding issues related to the Scottish Government's Budget and wider context will be considered as part of the review of the Strategic Risk Register and will continue to be taken into account in financial planning processes.

3.6 Earmarked Reserves

The IJB approved earmarked reserves of £6.6m at the end of 2020/21 as below. To date £2.1m has been spent, mainly to fund covid related costs.

Reserve	Opening Balance £'000	Allocated £'000	Remaining Balance £'000
Covid-19 support & re-mobilisation	2,748	1,679	1,069
Primary Care Transformation Fund	1,793	103	1,690
Community Living Change Fund	300		300
ACT Aros Residences Upgrade	250		250
Mental Health Action 15 Fund	239		239
Alcohol & Drugs Partnership	160	160	0

Best start maternity services	146		146
Technology Enabled Care	144		144
Other reserves individually <£100k	806	115	691
Total	**6,586**	**2,057**	**4,529**

The level of reserves held by IJBs of concern nationally, a number of projects still require to be delivered locally to ensure these are spent as intended.

4. RELEVANT DATA AND INDICATORS

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

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 The Integration Joint Board has a responsibility to set a 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.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – the forecast outturn positon is currently an overspend of £0.3m, the HSCP is committed to operating within budget.

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.

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, reported to the Finance and Policy Committee and summarised in this report.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

11.1 None directly from this report.

12. CONCLUSIONS

12.1 This report provides a summary of the financial position as at 30 November 2021. An overspend of £280k against budget is currently forecast. The forecast is based upon a detailed analysis of costs and demand for services along with progress in respect of the savings programme. There is now a high degree of confidence that the HSCP will be able to operate within the funding available to it in 2021/22 as the impact of increased funding is expected to ease cost pressures in the last third of the year. The Strategic Leadership Team continue to monitor the position and will take further action if required.

12.2 The Scottish Government have announced significant additional winter planning funding, this increases the resources available to the HSCP in the current year. It will also enable the HSCP to increase its frontline staffing levels in the coming weeks, this should alleviate some of the service and financial pressures currently being experienced.

13. DIRECTIONS

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

APPENDICES:

Appendix 1 – Year to Date Position as at 30 November 2021
Appendix 2 – Forecast Outturn for 2021-22 as at 31 November 2021
Appendix 3 – Additional Funding
Appendix 4a – Savings fully achieved
Appendix 4b – Savings forecast to be fully achieved
Appendix 4c – Savings at risk
Appendix 4d – Savings cancelled / reduced

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ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP **APPENDIX 1**

REVENUE BUDGET MONITORING SUMMARY - YEAR TO DATE POSITION AS AT 30 NOVEMBER 2021

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	425	1,232	807	65.5%	Over-recovery on vacancy savings (£352k), Covid-19 funding for lost client income (£235k) and underspends on centrally held funds (£365k). Partly offset by slippage against savings (£116k).
Service Development	265	272	7	2.6%	Outwith reporting criteria.
Looked After Children	4,476	4,361	(115)	(2.6%)	Overspends on Residential Placements (£329k) partly offset by underspends in Fostering, Adoption and Supporting Young People Leaving Care.
Child Protection	1,834	1,913	79	4.1%	Underspends on staffing, travel and subsistence costs in the Area Teams as well as in Contact & Welfare due to demand for services.
Children with a Disability	422	475	53	11.2%	Underspend due to timing of payments.
Criminal Justice	27	99	72	72.7%	Underspends on staffing and staff travel and subsistence costs.
Children and Families Central Management Costs	1,706	1,724	18	1.0%	Outwith reporting criteria.
Older People	21,708	22,100	392	1.8%	Underspend on the Homecare, Care Home Placement and Telecare budgets. Partially offset by the under-delivery on savings within Older People (£441k) and use of agency staff (£104k).
Physical Disability	2,054	1,822	(232)	(12.7%)	Overspend due to demand in Supported Living and an overspend on equipment purchases within the Integrated Equipment Store.
Learning Disability	9,238	8,313	(925)	(11.1%)	Overspend due to demand for services within Supported Living (£782k) and slippage against savings (£331k). Partially offset by underspends on Respite and Day Services.
Mental Health	1,764	1,530	(234)	(15.3%)	Overspend due to higher than budgeted demand for services within Supported Living, Residential Care and Respite.
Adult Services Central Management Costs	370	371	1	0.3%	Outwith reporting criteria.
COUNCIL SERVICES TOTAL	**44,289**	**44,212**	**(77)**	**(0.2%)**	
HEALTH SERVICES:					**Explanation**
Community & Hospital Services	38,852	38,305	(547)	(1.4%)	Unachieved savings, bank, agency and locum costs and unfunded nurse regradings.
Mental Health and Learning Disability	9,542	9,839	297	3.0%	Underspending due to staff vacancies.
Children & Families Services	5,701	5,798	96	1.7%	Underspending due to staff vacancies.
Commissioned Services - NHS GG&C	45,626	45,367	(259)	(0.6%)	Unfunded element of nationally agreed SLA uplift.
Commissioned Services - Other	2,895	2,683	(212)	(7.9%)	Increased number of patients receiving TAVI cardiac procedure at GJNH & unfunded element of SLA uplift.
Head of Primary Care	15,381	15,527	146	0.9%	Vacancies and delays on non-pay spend.
Other Primary Care Services	7,332	7,332	0	0.0%	Outwith reporting criteria.
Prescribing	13,677	13,376	(301)	(2.2%)	Overspending due to increased volume of prescriptions, new diabetes and cholesterol drugs, patient specific high cost drugs.
Public Health	1,526	1,518	(8)	(0.5%)	Outwith reporting criteria.
Lead Nurse	2,720	2,789	69	2.5%	Vacancies and delays on non-pay spend.
Management Service	1,043	969	(73)	(7.6%)	Overspend due to unachieved savings.
Planning & Performance	1,811	1,724	(87)	(5.0%)	Overspend due to unachieved savings.
Budget Reserves	0	667	667	100.0%	Anticipated additional in year SG allocations.
Income	(1,408)	(1,147)	261	(22.8%)	Additional income from long stay mental health inpatients.
Estates	5,327	5,347	20	0.4%	Outwith reporting criteria.
HEALTH SERVICES TOTAL	**150,025**	**150,093**	**69**	**0.0%**	
GRAND TOTAL	**194,314**	**194,305**	**(8)**	**0.0%**	

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP **APPENDIX 2**

REVENUE BUDGET MONITORING FORECAST OUTTURN - AS AT 30 NOVEMBER 2021

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

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	1,382	306	1,076	77.9%	Underspend reflects additional Covid-19 funding to adjust for lost client income (£296k) and forecast underspends on centrally held funds (£549k). Forecast over-recovery on vacancy savings (£527k) ,offset by slippage on savings (£175k) and provision for the outstanding pay settlement (£77k).
Service Development	438	430	8	1.8%	Outwith reporting criteria.
Looked After Children	7,138	7,415	(277)	(3.9%)	Demand for External Residential Placements (£579k), staffing overspends in the Children's Houses (£109k) and overspends in the Hostels. Partly offset by underspends in Fostering (£257k), Supporting Young People Leaving Care (£74k) and Adoption (£69k) due to lower service demand and additional income from external adoption placements and the Home Office for UASC activity.
Child Protection	3,264	3,168	96	2.9%	Underspend due to current known demand for Contact and Welfare services and underspends on Payments to Other Bodies in the Child Protection Committee.
Children with a Disability	886	866	20	2.3%	Outwith reporting criteria.
Criminal Justice	117	34	83	70.9%	Staff vacancies, travel and subsistence and underspends on payments to other bodies.
Children and Families Central Management Costs	3,018	2,967	51	1.7%	Lower than budgeted payments to other bodies and underspends on supplies and services.
Older People	37,449	36,671	778	2.1%	Underspends on Care Home Placement and Homecare and higher income from fees and charges. Partly offset by overspends on Progressive Care, Respite, under-recovery of client income in non-residential services and slippage on savings.
Physical Disability	3,072	3,457	(385)	(12.5%)	Higher demand for Supported Living (£274k) and equipment purchasing in the Integrated Equipment Service (£116k).
Learning Disability	15,456	16,954	(1,498)	(9.7%)	Higher than budgeted demand for Supported Living (£1.045m) and Joint Residential (£89k) combined with slippage on savings (£441k). Partly offset by underspends on Respite (£83k).
Mental Health	2,800	3,091	(291)	(10.4%)	Increased demand for services in Supported Living and Residential Placements.
Adult Services Central Management Costs	642	583	59	9.2%	Lower than budgeted payments to third parties due to the end of contracted spend (£25k).
COUNCIL SERVICES TOTAL	**75,662**	**75,942**	**(280)**	**(0.4%)**	

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
HEALTH SERVICES:					**Explanation**
Community & Hospital Services	57,971	58,716	(745)	(1.3%)	Unachieved savings, bank, agency and locum costs, unfunded nurse regradings
Mental Health and Learning Disability	15,060	14,774	286	1.9%	Staffing vacancies.
Children & Families Services	8,708	8,608	100	1.1%	Staffing vacancies.
Commissioned Services - NHS GG&C	68,051	68,426	(375)	(0.6%)	Unfunded element of nationally agreed SLA uplift
Commissioned Services - Other	4,024	4,224	(200)	(5.0%)	Increased number of patients receiving TAVI cardiac procedure at GJNH & unfunded element of SLA uplift
Head of Primary Care	23,868	23,605	263	1.1%	Vacancies, delays on non-pay spend.
Other Primary Care Services	10,722	10,722	0	0.0%	Outwith reporting criteria.
Prescribing	20,201	20,607	(406)	(2.0%)	Increased volume of prescriptions, new diabetes and cholesterol drugs, patient specific high cost drugs
Public Health	2,320	2,329	(9)	(0.4%)	Outwith reporting criteria.
Lead Nurse	3,364	3,296	68	2.0%	Vacancies, delays on non-pay spend.
Management Service	1,754	1,839	(85)	(4.8%)	Unachieved savings
Planning & Performance	2,704	2,831	(127)	(4.7%)	Unachieved savings
Budget Reserves	5,773	4,773	1,000	17.3%	Slippage on anticipated additional in year SG allocations
Income	(1,733)	(1,933)	200	(11.5%)	Additional income from long stay mental health inpatients
Estates	8,750	8,720	30	0.3%	Outwith reporting criteria.
HEALTH SERVICES TOTAL	**231,538**	**231,538**	**(0)**	**0.0%**	
GRAND TOTAL	**307,200**	**307,480**	**(280)**	**(0.1%)**	

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ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP

Appendix 3 In-Year Funding Announcements - November 2021

	Total Allocation (£)	Argyll & Bute 2021/22 (£)
Winter Pressures		
Interim Care	40,000,000	728,000
Care at Home Capacity	62,000,000	1,129,000
Multi Disciplinary Teams	20,000,000	364,000
Pay Rate Increases - contractors	48,000,000	783,000
Support Staff Recruitment	15,000,000	285,000
Workforce Wellbeing	4,000,000	76,076
Mental Health Outcomes 21-22	20,079,000	381,069
Recovery & Renewal - Dementia phase 2	3,500,000	66,566
Multi Disciplinary Teams	28,000,000	-
Vaccination - sustainable workforce	25,000,000	425,000
Dentistry	4,700,000	75,000
Property Funding - GPs / MDT		95,095
Property Funding - Expansion of Prim Care		38,038
Interface Care TBC		
Long Acting Buprenorphine		76,259
Winter Funding		180,000
Total		**4,702,103**

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ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2021/22 **Appendix 4a**

Fully Achieved Savings as at 30 November 2021

Ref.	Savings Description	Target £' 000	Achieved £' 000
Social Work			
1819-7	Thomson Court	10	10
1819-14	Redesign of Internal and External Childrens Residential Placements	22	22
1819-18	Review provision of HSCP care homes	99	99
1819-19a	Review and Redesign of Learning Disability Services - Sleepovers and Technology - Kintyre	3	3
1819-19a	Review and Redesign of Learning Disability Services - Sleepovers and Technology - Bute	1	1
1819-19a	Review and Redesign of Learning Disability Services - Sleepovers and Technology - Helensburgh	16	16
1819-19a	Review and Redesign of Learning Disability Services - Packages of Care Mid Argyll	34	34
1819-19a	Review and Redesign of Learning Disability Services - Packages of Care Kintyre	26	26
1819-19a	Review and Redesign of Learning Disability Services - Packages of Care Cowal	11	11
1819-19a	Review and Redesign of Learning Disability Services - Packages of Care Helensburgh	13	13
1819-19c	Review and Redesign of Learning Disability Rothesay Resource Centre	3	3
1819-19c	Review and Redesign of Learning Disability Assist Cowal Resource Centre	30	30
1819-25	Older People Day/Resource Centre - Address high levels of management - consolidate opening hours shared resource	57	57
1920-16	Redesign review of Criminal Justice service to become self funding	20	20
1920-45	Planned changes in staffing for Bowman Court in line with Lorne Campbell Court structure	28	28
2021-5	Bring staffing within ECCT teams and Mull Progressive Care Centre into line with best practice	85	85
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	10	10
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	10	10
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	18	18
2021-32	Review housing support services and remove where not required for LD and PD clients - Kintyre	19	19
2021-42a	Integrated equipment store - increased consistency in prescribing	70	70
2021-46	Improved rostering of staff for school hostels	6	6
2122-08	Pay for care home placements for older people in line with national contract with no added enhancements	70	70
2122-12	Reduce payments to voluntary organisations for non-contracted services	60	60
2122-19	remove existing underspends in contact & welfare budget	50	50
2122-20	reduction in staff travel	20	20
2122-21	align budgets with spending levels in sundry Social work Childrens budgets	24	24
2122-22	Remove underspend in fostering budget	70	70
2122-23	Remove vacant assessment and reviewing officer post	50	50
2122-24	Community justice to be self funding	50	50
2122-47	Reduce care home placements budgets as numbers have been falling pre Covid	90	90
2122-49	Reduce social work travel budget	16	16
2122-50	Reduction and realignment of the Development and Flexibility Budget Lines £13k and sundry other social work underspends £11k	24	24
2122-51	Do not fill vacant posts in day services as service is being re-designed	30	30
2122-52	Reduction in mental health team travel £5.5k	6	6
2122-53	Removal of out of area day services no longer required	13	13
2122-55	Reduction in travel for Social Work Mental health & Addictions team travel	2	2
2122-57	Savings from review of Jeans Bothy SLA already completed	5	5
2122-70	From Social Work: unallocated growth monies for 2020/21	782	782
2122-71b	Non-recurring vacancy savings for one year only, reflecting continued reduction of activity in 2021/22 due to pandemic	250	250
Health			
1819-53	Vehicle Fleet Services (see also 2021-57)	18	18
1920-3	Health Promotion Discretionary Budgets	54	54
1920-8a	GP Prescribing	324	324
1920-38a	LIH Theatre nurse staffing - HAK112	30	30
2021-57	Fleet management - electric vehicles, improved accuracy of mileage claims using postcodes; fuel savings through use of telematic data (see also 1819-53)	40	40
2122-05	Only pay for escort travel where it is essential	35	35
2122-16	Reduce befriender service following review of clients	12	12
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	9	9
2122-18	Reduce Senior Dental Officer post by 0.4 WTE	40	40
2122-15a	End grants paid to link clubs, some of which are no longer providing services	2	2
2122-27	staff travel reduction	5	5
2122-28	Reduction in Staff Nurse and Community Children's Nurse hours	16	16
2122-29	slight reduction in admin hours	6	6
2122-39	Bute patient travel £10k	10	10
2122-41	Islay: save admin on patient travel £26k	26	26
2122-45	Helensburgh: Linen services £6.8k, window cleaning £2k	9	9
2122-56	Reduction in travel for Health Mental health & Addictions team travel	3	3
2122-58	review of Community Mental Health SLA with NHS GG&C and improved contract management of this service	30	30
2122-59	HSCP telephony new contract £153k;	153	153
2122-61	re-grade of project manager post in Planning & Performance team	7	7
2122-62	removal of surplus from social prescribing budget	30	30
2122-63	removal of surplus from public engagement £8k	8	8
2122-64	Medical director budget - reduce Travel	4	4
2122-65	Lead Nurse budget reduce Travel £2k and Child Protection £5k	7	7
2021-66	Community dental practices	15	15
2122-67	Finance Hours reduction of 0.6 Band 4 £17k; travel and stationery £3k	20	20
2122-69	People & Change saving on Travel and printing £4k	4	4
2122-71a	Non-recurring vacancy savings for one year only, reflecting continued reduction of activity into 2021/22 due to pandemic	750	750
Total		**3,869**	**3,869**

Increase since last month **205**

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2021/22 **Appendix 4b**

Savings Forecast @ 100% achievement

Ref.	Savings Description	Target £' 000		Year to 30 November 2021 Achievement £' 000	Shortfall £' 000	%		Forecast Achievement £' 000
Social Work								
Health								
1819-44	Advanced Nurse Practitioners - Oban	14		0	14	0%		14
1920-8b	GP Prescribing	500		329	171	66%		500
2021-58	Additional income from other health boards	200		150	50	75%		200
2122-33	centralise lab ordering £20k and theatre stock ordering £5 along with North Highland	25		5	20	20%		25
1920-38b	Lorn & Islands Hospital staffing	28		4	24	14%		28
2021-23	Catering & domestic - spending below budgets	30		0	30	0%		30
2122-34	Oban hospital: outreach clinics £5k; TSSU transfer to N Highland £5k	10		5	5	50%		10
2122-60	Planning & Performance team - reduce budget for travel & printing £3k; Consultant Travel £10k	13		0	13	0%		13
Total Forecast to be Fully Achieved		**820**		**493**	**327**	**60%**		**820**

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2021/22 **Appendix 4c**

At Risk Savings

Ref.	Savings Description	Target £' 000	Year to 30 November 2021 Achievement £' 000	Shortfall £' 000	%	Forecast Achievement £' 000	Shortfall £' 000	%
Social Work								
2122-01	Align business model for staffing for the 3 children's homes	100	94	6	94%	94	6	94%
2122-03	Do not replace independent chair of panel	8	6	2	75%	6	2	75%
2122-11	Remove funding for all lunch clubs	29	0	29	0%	0	29	0%
2122-02	Carry out hostel review to achieve best value in admin and catering	44	21	23	48%	32	12	73%
1920-40	Implement best practice approaches for care at home and re-ablement across all areas following Bute pilot	300	246	54	82%	246	54	82%
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	44	17	27	39%	17	27	39%
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	29	0	29	0%	0	29	0%
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	27	0	27	0%	0	27	0%
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	22	0	22	0%	0	22	0%
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	41	0	41	0%	0	41	0%
1819-32	Catering & cleaning review	20	0	20	0%	0	20	0%
1819-33	Catering, Cleaning and other Ancillary Services	70	0	70	0%	0	70	0%
1920-43	Cap on overtime	87	18	69	21%	18	69	21%
1920-41	Extend use of external home care transferring hours as gaps occur	33	0	33	0%	0	33	0%
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	60	0	60	0%	0	60	0%
2122-54	Reduction in supported living packages through improved commissioning	30	0	30	0%	0	30	0%
Health								
2122-15b	End grants paid to link clubs, some of which are no longer providing services	5	3	2	60%	3	2	60%
2021-1	Mental Health redesign of dementia services (excludes commissioned services)	200	0	200	0%	0	200	0%
2122-32	1% general efficiency requirement across all hospital budgets	487	206	281	42%	267	220	55%
2122-35	Mid Argyll hospital removal of surplus budgets on hotel services £20k, comms £4.3k; GMS out of hours £2k; equipment £1.5k	28	24	4	86%	24	4	86%
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	74	53	21	72%	53	21	72%
2122-46	Helensburgh outreach clinics £8k; casualty payments £14k,	22	8	14	36%	8	14	36%
2122-66	Savings from building rationalisation following increase in home working	100	28	72	28%	28	72	28%
1920-22	Dunoon Medical Services (see also 2021-16)	100	0	100	0%	0	100	0%
1920-35	Bed reduction savings : Dunoon	150	0	150	0%	0	150	0%
2021-2	Standardise procurement of food across all sites and expansion in conjunction with Council for early years	69	0	69	0%	0	69	0%
2021-3	AHP - carry out workforce planning and establishment setting to find efficiencies in posts and realign services provided to match	86	0	86	0%	0	86	0%
2021-4a	Admin & clerical general productivity / efficiency enhancement via shift to digital working in 2020/21 and 2021/22	100	0	100	0%	0	100	0%
2021-4b	Right size admin budgets Mid Argyll and LIH	45	18	27	40%	18	27	40%
2021-16	Rationalisation of medical services for Dunoon (adds to 1920-22)	20	0	20	0%	0	20	0%
2021-19	Redesign of hotel services to reflect reduction in inpatient numbers	99	0	99	0%	0	99	0%
2021-20	Centralised booking of medical records - reduction in admin costs	97	0	97	0%	0	97	0%
2021-29	Dunoon Gum clinic - underspend	20	0	20	0%	0	20	0%
2021-64	Review of Forensic Medical Examiner Costs - particularly Bute & Cowal and Out of hours costs (full year saving may only be available in 2021/22)	50	0	50	0%	0	50	0%
2122-04	Bring back urology services from NHS Greater Glasgow & Clyde and offer from Oban Hospital instead	110	0	110	0%	0	110	0%
2122-43	Oban Patient travel £25k; staff travel £10k	35	25	10	71%	25	10	71%
2122-30	Introduce more re-use of walking frames and improved procurement of musculo-skeletal supplies	20	0	20	0%	0	20	0%
2122-36	Campbeltown hospital patients travel £30k	30	0	30	0%	0	30	0%
2122-37	Campbeltown hospital catering £14k;	14	0	14	0%	10	4	71%
2122-38	Campbeltown hospital sundry underspends comms £6k; portering £1; pharmacy £6k; general management discretionary £5k, transport £2k; GMS out of hours £1.5k	22	9	13	41%	12	10	55%
2122-42	Islay: saving on local outreach clinics and accommodation through more remote clinics	15	0	15	0%	0	15	0%
Total Considered At Risk		**2,942**	**776**	**2,166**	**26%**	**861**	**2,081**	**29%**

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 202 **Appendix 4d**

Cancelled / Reduced Savings

Ref.	Savings Description	Target £' 000		Year to 30 November 2021 Achievement £' 000	Shortfall £' 000	%		Forecast Achievement £' 000	Shortfall £' 000	%	Total Reduction £' 000	C/Fwd £' 000
Social Work - Cancelled in Full												
1819-42	Contract Management reducing payments to Commissioned External providers	33		0	33	0%		0	33	0%	33	
1819-19b	Review of Ext Residential Learning Disability Placements	194		0	194	0%		0	194	0%	194	
1819-22	Adult Care West - Restructure of Neighbourhood Teams (SW & Health)	250		0	250	0%		0	250	0%	250	
1819-31	Integrate HSCP Admin, digital Tech and Central Appoint System	104		0	104	0%		0	104	0%	104	
1819-46	Adopt a Single Community Team Approach to undertaking Assessment and Care Management	120		0	120	0%		0	120	0%	120	
Health - Cancelled in full												
2021-17	Ongoing grip and control of all non-essential expenditure	256		0	256	0%		0	256	0%	256	
2021-15	Investment fund savings - reduce spend on Care & repair by £60k originally funded as short term investment	60		0	60	0%		0	60	0%	60	
2021-65	Review of support payments to GP practices	50		0	50	0%		0	50	0%	50	
2122-25	Remove 0.7 health visitor post following retirements	35		0	35	0%		0	35	0%	35	
2122-26	Remove advanced nurse vulnerable groups post	60		0	60	0%		0	60	0%	60	
2122-31	Kintyre OT £13; Kintyre Physio £4k; Mid Argyll Physio £4k	21		0	21	0%		0	21	0%	21	
2122-44	Oban paramedical supplies £5k	5		0	5	0%		0	5	0%	5	
2122-40	Cowal Pharmacy	10		0	10	0%		0	10	0%	10	
Social Work Reductions												
1819-19a	Review and Redesign of Learning Disability Services - Packages of Care Lorn	46		22	24	48%		28	18	61%	18	
2021-32	Review housing support services and remove where not required for LD and PD clients - Cowal	39		18	21	46%		23	16	59%	16	
1819-8	Assessment and Care Management	42		28	14	67%		28	14	67%	14	
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	50		7	43	14%		17	33	34%	33	
1819-19a	Review and Redesign of Learning Disability Services - Sleepovers and Technology - Mid Argyll	4		2	2	50%		2	2	50%	2	
1819-19a	Review and Redesign of Learning Disability Services - Sleepovers and Technology - Lorn	15		0	15	0%		4	11	27%	11	
1819-19a	Review and Redesign of Learning Disability Services - Sleepovers and Technology - Cowal	12		2	10	17%		5	7	42%	7	
2021-32	Review housing support services and remove where not required for LD and PD clients - Mid Argyll	26		0	26	0%		7	19	27%	19	
2021-32	Review housing support services and remove where not required for LD and PD clients - Lorn	45		0	45	0%		11	34	24%	34	
2021-32	Review housing support services and remove where not required for LD and PD clients - Helensburgh	45		7	38	16%		17	28	38%	28	
1819-19b	Review and Redesign of Learning Disability Services - Sleepovers and Technology Argyll Wide	118		22	96	19%		22	96	19%	46	50
Health Reductions												
1920-4	Review of Service Contracts	64		0	64	0%		0	64	0%	44	20
Total Cancelled / Reduced		**1,704**		**108**	**1,596**	**6%**		**164**	**1,540**	**10%**	**1,470**	**70**

ARGYLL & BUTE SOCIAL WORK SAVINGS PLAN 2021/22

2021/22 Savings	Target £' 000	Year to 30 September 2021 Achievement £' 000	Shortfall £' 000	%	Forecast Achievement £' 000	Shortfall £' 000	%
Fully Achieved	3,605	3,605	0	100%	3,605	0	100%
Forecast Fully Achieved	1,938	614	1,324	32%	1,938	0	100%
At Risk	3,792	708	3,084	19%	1,146	2,646	30%
Additional Non-Recurring		445	-445		445	-445	
Total	**9,335**	**5,372**	**3,963**	**58%**	**7,134**	**2,201**	**76%**

2021/22 Savings	Target £' 000	Year to 31 October 2021 Achievement £' 000	Shortfall £' 000	%	Forecast Achievement £' 000	Shortfall £' 000	%
Fully Achieved	3,664	3,664	0	100%	3,664	0	100%
Forecast Fully Achieved	1,067	562	505	53%	1,067	0	100%
At Risk	4,604	863	3,741	19%	1,169	3,435	25%
Additional Non-Recurring		674	-674		674	-674	
Total	**9,335**	**5,763**	**3,572**	**62%**	**6,574**	**2,761**	**70%**

2021/22 Savings	Target £' 000	Year to 30 November 2021 Achievement £' 000	Shortfall £' 000	%	Forecast Achievement £' 000	Shortfall £' 000	%
Fully Achieved	3,869	3,869	0	100%	3,869	0	100%
Forecast Fully Achieved	820	493	327	60%	820	0	100%
At Risk	2,942	776	2,166	26%	861	2,081	29%
Cancelled / Reduced	1,704	108	1,596	6%	164	1,540	10%
Additional Non-Recurring		674	-674		674	-674	
Total	**9,335**	**5,920**	**3,415**	**63%**	**6,388**	**2,947**	**68%**

Non Recurring - LD	193
Non-Recurring - Health	481
	674

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

Integration Joint Board **Agenda item:**

Date of Meeting: **26 January 2022**

Title of Report: **Budget Outlook and Progress Report**

Presented by: **James Gow, Head of Finance and Transformation**

The Board is asked to:

- Consider the current budget outlook report for the period 2022-23 to 2024-25.
- Note the funding and expenditure assumptions and uncertainties in respect of the budget outlook.
- Note that it is anticipated that the IJB will be able to set a balanced budget in March 2022 for the 2022/23 financial year.
- Endorse the approach to the development of the 2022-23 budget and note that separate reports on savings proposals and public consultation have been provided.

1. EXECUTIVE SUMMARY

1.1 This report summarises the current budget outlook model covering the period 2022-23 to 2024-25. The key focus is the mid-range scenario for 2022-23, this is anticipated to form the basis of the budget for next year, due to be approved by the IJB in March 2022. The report should be considered alongside the Budget Proposals and the Budget Consultation reports, included as separate agenda items. This report has also been considered by the Finance & Policy Committee at its meeting on the 21st January.

1.2 The overall context in respect of the funding for Health and Social Care is outlined in the Scottish Government Budget and subsequent letters issued to NHS Highland and Argyll & Bute Council. At the time of writing formal offers of funding from partners have not been made and there is a lack of clarity in respect of some funding streams. The figures outlined in this report therefore remain provisional and uncertain. The budget outlook is more positive than previously due to additional funding being invested by the Scottish Government. This allows for growth in the budget and enables the HSCP to consider options for some limited investment in developing services in line with Government priorities. Much of the additional funding allocations have specific targets and new spend attached to them which severely limits flexibility. Savings plans still require to be implemented in order to ensure financial targets are met, the debt to the council is repaid timeously and that the HSCP operates on a financially sustainable basis in the longer term.

1.3 There are funding and cost uncertainties associated with medium term planning and the model will continue to be refined. This report focuses primarily on the development of a budget for the HSCP for 2022/23. The Scottish Government currently intend to publish a full Spending Review in May 2022, this will enable better informed medium term plans to be developed in due course.

1.4 The Scottish Government published its draft budget on 9th December, the key contextual aspects of this, as they impact on the Health and Social Care sector include:

- significant additional investment in Health and Social Care;
- re-statement of the commitment to the implementation of a National Care Service;
- commitment to £10.50 per hour wage floor for social care staff and a tiered approach to public sector pay increases;
- National Insurance increase is fully funded within the NHS but not within the Local Government settlement; and
- Local Authorities expected to pass on additional funding to HSCPs.

Appendix 2 provides members with the introductory section and the chapters relating to the Health and Local Government budgets. At the time of writing, the HSCP has not had its allocation of this funding fully confirmed by its partners and there remains some degree of uncertainty. The budgeting process is increasingly complex due to this, along with modelling the increases in costs.

1.5 The HSCP context is that outturn for 2020/21 was an underspend of £1.1m, repaid to Argyll and Bute Council to offset previously carried forward overspends. This reduced the value of debt due to the Council substantially. The model makes an allowance for the outstanding repayments totalling £2.8m over 3 years. Cash releasing savings are needed to fund this. Additionally, a minimum repayment of £200k is scheduled to be made in 2021/22. It is hoped that the HSCP will be able to repay this debt more swiftly if at all possible to enable sustainable longer term planning, capital investment and transformation.

1.6 The best, mid-range and worst case scenarios are presented for the next three years. The focus at present is the mid-range scenario for 2022-23 as this forms the basis of the HSCP financial planning.

1.7 The mid-range budget position is summarised below:

	2022-23 £m	**2023-24 £m**	**2024-25 £m**
Estimated Funding	320.8	325.2	330.3
Estimated Spend	325.6	337.1	349.8
Budget Gap (Cumulative)	4.8	11.9	19.5

The budget gap for 2022/23 is £4.8m and this requires to be addressed by savings, these are outlined in the budget proposals for 2022/23. The budget gap for future years is dependent upon future funding and the extent to which additional funding is rolled into the baseline for future years. Further

clarity on this is expected when the Scottish Government publish their Spending Review.

1.8 The short term priority is to ensure that the IJB can consult upon and then approve a budget and range of savings proposals prior to the commencement of the next financial year.

2. INTRODUCTION

2.1 This report summarises the budget outlook covering the period 2022-23 to 2024-25 and provides an update in respect of the budget setting process for 2022-23. It should be considered alongside the report on the Budget Proposals, this outlines the proposed savings plan for next year, and the Budget Consultation report. The budget outlook is more positive than previously due to additional funding. This allows for growth in the overall budget and also enables the HSCP to consider options for some limited investment. However, much of the additional funding allocations have specific targets and new spend attached to them which limits flexibility.

2.2 The budget outlook is based on three different scenarios, best case, worst case and mid-range. The detail of the scenarios is provided in Appendix 1. The model has been updated to reflect current assumptions in respect of funding allocations, cost pressures, service demand and inflation. At the time of writing, the Scottish Budget has been published but there are still some uncertainties in respect of the final allocations to the HSCP which are to be confirmed by NHS Highland and Argyll & Bute Council. The main focus of this report is in respect of 2022/23, longer term planning will be prioritised once the Scottish Government publish their full Spending Review.

2.3 In respect of the budgeting process, the budget outlook model described in this report is anticipated to form the basis of the HSCP budget for 2022-23, due to be approved by the IJB in March 2022. The mid-range scenario provides the anticipated budget for next year. It is important to recognise that an on-going budget gap is anticipated and delivery of savings is a crucial element.

3. DETAIL OF REPORT

3.1 Funding Estimates

The overall context in respect of the funding for Health and Social Care is outlined in the Scottish Government Budget and subsequent letters issued to NHS Highland and Argyll & Bute Council. At the time of writing formal offers of funding from partners have not been made and there is a lack of clarity in respect of some funding streams, the figures outlined in this report therefore remain provisional.

NHS Highland

3.1.1 The assumptions for funding from NHS Highland have been amended for 2022/23 to include the further NRAC uplift of £2.85m as well as the additional funding which is being allocated through Health budgets.

3.1.2 The table below outlines the estimated funding from NHS Highland over the next three years within the mid-range scenario. This funding source is increasing, however there remains a risk in respect of the funding for next year as Highland Health Board is still to confirm HSCP allocations:

	2022-23 £m	2023-24 £m	2024-25 £m
Baseline funding	194.2	194.2	194.2
Resource Transfer	7.2	7.2	7.2
Funding uplift	5.9	10.1	14.3
Other Recurring Funding	37.7	37.7	37.7
Further NRAC uplift offered £2.85m	2.8	2.9	2.9
Total Funding NHS	**247.8**	**252.1**	**256.3**

Council Funding

3.1.3 The Council funding estimates are likewise still to be fully confirmed. There has been a significant increase in anticipated funding via this route as outlined in the Scottish Government budget announcement. This additional funding has improved the financial outlook for next year and funds some previously identified cost and demand pressures.

3.1.4 In respect of the debt owed to Council, the repayment profile was reconsidered in May 2021 when the 2020/21 underspend was confirmed. The new repayment schedule is presented below. It is intended that the HSCP will seek to accelerate these repayments if it can. This will improve the financial outlook and provide an opportunity for the development of improved longer term planning, transformation and an associated capital investment programme. In the meantime these repayments are adding to the budget gap and savings target, in particular in increase from a £200k planned repayment in 2021-22 to £900k in 2022-23 increases the savings target by £700k:

	Repayment18-19 Overspend £000	Repayment 19-20 Overspend £000	Total £000
2021-22	200	0	200
2022-23	900	0	900
2023-24	493	407	900
2024-25	0	759	759
Total	**1,593**	**1,166**	**2,759**

3.1.5 The table below outlines expected funding from Argyll and Bute Council:

	2022-23 £m	2023-24 £m	2024-25 £m
Baseline funding	62.8	62.8	62.8
Less current planned repayments	(0.9)	(0.9)	(0.8)
New Funding	11.1	11.3	12.0
Net Funding from Council	**73.0**	**73.2**	**74.0**

3.1.6 The following table summarises the total estimated funding over the next three years within the mid-range scenario, The Scottish Government have not published spending plans beyond 2022-23.

	2022-23 £m	2023-24 £m	2024-25 £m
Funding NHS	247.8	252.1	256.3
Funding A&B Council	73.0	73.2	74.0
Total Funding	**320.8**	**325.3**	**330.3**

3.2 Existing Savings Cancelled

3.2.1 Following the review of the savings programme, the IJB agreed to cancel or reduce historic savings deemed as undeliverable. The impact of this, as described at the time, is that it adds to the budget gap next year and £1,470,000 has been added into the model to account for un-delivered savings to be removed from the baseline budget.

3.3 Base Budget

3.3.1 The following table summarises the base budget in the mid-range scenario, the model then makes inflationary and cost and demand pressure adjustments to the base budget:

	2022-23 £m	2023-24 £m	2024-25 £m
Base Budget NHS	226.1	226.1	226.1
Base Budget Council	75.1	75.1	75.1
Base Budget	**301.2**	**301.2**	**301.2**

3.4 Employee Cost increases

3.4.1 Employee costs are expected to increase by £3.9m in total. This is based on an assumption of a 2% increase for Health and Council employed staff. It also includes £1.1m for the National Insurance Increase in April 2022 and for anticipated incremental increases. Pay claims related to 2021/22 are now settled and the public pay policy for 22/23 has also been published by the Scottish Government. This sets expectations in respect of public sector pay increases and is tiered, with lower paid staff receiving higher pay increases than higher paid staff. There is a risk in respect of this assumption particularly in the context of increasing general inflation. Increases for commissioned staff pay rises are allowed for in other budget lines.

3.4.2 The increases to the employee budgets estimated over the next three years in the mid-range scenario is summarised below.

	2022-23 £m	2023-24 £m	2024-25 £m
Total Employee Cost Increases	**3.9**	**6.7**	**9.6**

This additional cost is in respect of existing staffing levels, as plans are more fully developed in respect of some of the new funding streams, it is likely that budgeted spend on employees will increase.

3.5 Non-pay Inflation

3.5.1 Non-pay inflation calculations have been updated to reflect the impact of expected additional inflation on energy costs and a 5% allowance has been made for inflation on prescribing and drugs. Higher than assumed supplies and services inflation, if it occurs, is a risk that will require to be managed in year.

3.5.2 The table below summaries the updated non-pay inflation estimated over the next three years within the mid-range scenario.

	2022-23 £m	2023-24 £m	2024-25 £m
Health:			
Prescribing & Hospital Drugs	1.2	2.2	3.3
Main GG&C SLA	1.4	2.8	4.3
Other SLAs	0.8	1.6	2.4
Energy Costs	0.2	0.5	0.7
Social Work:			
National Care Home Contract	0.7	1.5	2.2
Living Wage–full year @ £10.02	2.3	2.3	2.3
Living Wage to £10.50 in 22/23 and inflation thereafter	1.5	3.0	4.7
Free personal & nursing care	0.4	0.4	0.4
Other Inflationary Increases	0.3	0.5	0.7
Total Non-Pay Inflation	**8.8**	**14.8**	**21.0**

3.6 Cost and demand pressures

3.6.1 Cost and demand pressures include specific areas where there is an identified need for additional budget to cover increasing demand. For the purposes of the model, the costs associated with additional funding allocations (investments) are included here. Plans are currently in development for this spend and as result spend is not yet incorporated in baseline budgets. There is uncertainty in respect of whether some funding streams are recurring, longer term commitments to spend can only be made once the recurring baseline is fully confirmed. Appendix 1 provides further detail.

3.6.2 The table below summaries cost and demand pressures and new investments:

	2022-23 £m	2023-24 £m	2024-25 £m
Health:			
Oncology Medicines	0.5	0.9	1.3
NMAHP Additional Staffing	0.2	0.2	0.2
SLA Adjustment for 21/22 Increase	0.4	0.4	0.4
Health - Others	1.0	1.0	1.3
Social Work:			
Older People Growth and investment	3.0	3.0	3.5

Younger Adult Services	1.6	2.4	3.5
Multi-Disciplinary Teams & Adult Services Investment	1.8	1.7	1.6
Social Work Other	0.6	1.3	1.6
Contingency for HSCP Unknown Cost and Demand Pressures	1.2	2.0	3.0
Total Cost and Demand Pressures	**10.3**	**12.9**	**16.4**

The budget includes some contingency for 2022/23 due to uncertainties in respect of funding and to make some allowance for slippage with the savings programme, this is likely to be challenging to deliver in full. In addition, there are specific risks in respect of some of our key partners and it is recognised that there is a requirement to develop a long term investment plan. Accelerating the repayment of the debt to the council is also a priority.

3.7 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 £m	**2023-24 £m**	**2024-25 £m**
Base Budget	301.2	301.2	301.2
Employee Cost Changes	3.9	6.7	9.6
Non-Pay Inflation	8.8	14.8	21.0
Cost and Demand Pressures & Investment	10.3	12.9	16.4
Cancellation of Savings	1.5	1.5	1.5
Total Estimated Expenditure	**325.6**	**337.1**	**349.7**
Estimated Funding	320.8	325.3	330.3
Estimated Budget Surplus /(Gap) Cumulative	**(4.8)**	**(11.8)**	**(19.4)**
Estimated Budget Surplus / (Gap) In Year	**(4.8)**	**(7.0)**	**(7.6)**

3.7.2 In the mid-range scenario, the anticipated budget gap for 2022/23 is £4.8m which will be managed through the savings programme. It is re-iterated that there remains some contingency and additional funding streams are enabling growth, particularly focussed on social care services. The identified gap in the future years is expected to narrow as future funding, and the recurring nature of it is confirmed. In the event that funding is not confirmed on a recurring basis, action would be taken to unwind some of the growth currently planned.

3.7.3 Appendix 1 provides details of Best Case and Worst Case scenarios. As stated previously, the focus has been on working towards a robust budget and savings programme for 2022/23. Longer term planning, including the development of capital investment plans will be a priority in the coming months, particularly once the Spending Review is published and there is improved clarity in respect of the National Care Service.

3.8 Budget Planning 2022/23

3.8.1 The figures presented in this report 2022/23 are forming the basis of financial planning and budget setting for that year. The development of the budget has progressed in line with the agreed timeline. The key work required to finalise include:

- final development of the plans for delivering the £4.8m savings target and public consultation;
- confirmation of funding from partners;
- development of firm plans for new investments; and
- finalise value of current savings being carried forward

3.8.2 Reports in respect of the budget savings and the consultation are provided separately.

3.8.3 There are number of risks and uncertainties in respect of the budget outlook figures and that the contingency has been allocated to help manage these. The Financial Risk Register will be updated as the budget is finalised and will be reported in line current practise. Some of the key risks include:

- final funding allocations and terms;
- delivery of the savings programme;
- inflation and pay increases;
- on-going Covid-19 pandemic and funding of additional costs; and
- sustainability of key providers and commissioned services.

Additionally, the commitment to the development of the National Care Service poses a significant risk of disruptive structural change which could divert attention from operational and strategic priorities and planning within the coming year.

3.8.4 The updated timetable for the budgeting process is provided below:

Agree approach with SLT	JG / FD / GM	8 September - Complete
Issue template to managers to identify undeliverable savings - drafts due by 23 September	JG	10 September - Complete
Issue template for identification of new savings and provisional targets	JG	23 September - Complete
Report Process to Finance and Policy Committee	JG	24 September - Complete
Report updated budget outlook to Finance and Policy Committee	JG	22 October - Complete
First draft of new savings templates completed by managers with SIO and Finance support	SLT	26 November - Complete
ELT Workshop to review proposals	ELT	1 December - Complete
Scottish Government Draft Budget Published		9 December

Finalisation of savings programme for 2022/23	ELT / Professional Leads	20 December – small number of plans outstanding
Update report to Finance and Policy	JG/FD	21 Jan
Consultation on Draft Budget and Savings Proposals	JG/FD	Feb 2022
Final Budget for approval by IJB	JG/FD	30 March 2022

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. The assumptions used are considered carefully and are aligned with the Scottish Government Draft Budget. These will be regularly reviewed and updated as appropriate. Medium term financial plans will be developed further once the Spending Review is published. There are likely to variations between the assumptions made at this stage of the budget planning process and the eventual funding allocations and cost pressures for 2022/23 and beyond.

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 has been taken into account when difficult options to balance the budget have been developed. Whilst the finalisation of the new Strategic Plan has been delayed due to the emergency footing status announced in December 2021, the budgetary planning process has sought to be consistent with the direction of travel and work done to date.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – There is expected to be a significant budget gap in future years that requires to be addressed as the HSCP is required to set a balanced budget.

6.2 Staff Governance – None directly from this report but there is a strong link between HR management 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. Savings proposals are consulted on with all members of the HSCP management team.

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 Financial risks will continue to be identified and reported separately. Some of key risks relating to the Budget Outlook include:

- final funding allocations and terms;
- delivery of savings;
- inflation level and pay increases;
- on-going covid pandemic and funding of additional costs; and
- sustainability of key providers and commissioned services.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

11.1 This is considered as part of a separate report which outlines a proposed consultation process on the budget proposals. Projects to address the budget gap will 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. The focus at present is on the development of a balanced budget for 2022/23. Due to current levels of risk and uncertainty, the savings target for next year remains at £4.8m and it is anticipated that the HSCP will be able to set a balanced budget in March 2022.

The overall funding environment has improved and it is now intended that the focus moves towards longer term planning, and transformation. Addressing capital investment need and repaying the outstanding debt to Argyll and Bute Council as timeously as possible are priorities.

13. DIRECTIONS

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

APPENDICES:

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

Appendix 2 – Scottish Government Draft Budget

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BUDGET OUTLOOK 2022-23 TO 2024-25 **APPENDIX 1**
31 DECEMBER 2021 UPDATE

	Best case scenario			Mid-range scenario			Worst case scenario		
	2022-23 £000	2023-2024 £000	2024-2025 £000	2022-23 £000	2023-2024 £000	2024-2025 £000	2022-23 £000	2023-2024 £000	2024-2025 £000
Base Budget:									
Base Budget	300,873	300,873	300,873	300,873	300,873	300,873	300,873	300,873	300,873
Base Budget Adjustments	330	0	0	330	330	330	330	330	330
Revised Base Budget	**301,203**	**300,873**	**300,873**	**301,203**	**301,203**	**301,203**	**301,203**	**301,203**	**301,203**
Employee Cost Changes:									
Pay Awards	1,145	2,294	3,447	2,202	4,420	6,654	3,266	6,566	9,901
Pay Increments/change to employee base	429	857	1,286	572	1,044	1,516	1,257	1,814	2,088
National Insurance Increase April 2022	1,041	1,234	1,429	1,079	1,274	1,473	1,191	1,288	1,491
Total Employee Cost Changes	**2,615**	**4,385**	**6,162**	**3,853**	**6,738**	**9,643**	**5,714**	**9,668**	**13,480**
Non-Pay Inflation:									
Health:									
Prescribing	750	1,500	2,250	1,070	2,000	3,000	1,100	2,200	3,300
Hospital Drugs	60	137	214	100	200	300	225	467	709
Main GG&C SLA	1,137	2,274	3,410	1,421	2,842	4,263	1,705	3,410	5,116
Other SLAs (GPs, GG&C, other HBs, service inputs)	630	1,261	1,891	788	1,576	2,364	946	1,891	2,837
Utilities and rates	176	351	527	234	468	702	326	652	815
Social Work:									
Catering Purchases	21	43	67	21	43	67	21	43	67
National Care Home Contract	552	1,124	1,716	710	1,452	2,228	868	1,784	2,749
NHS Staffing Recharges	72	146	224	72	146	224	72	146	224
Purchase and Maintenance of Equipment	30	61	92	35	71	108	40	81	124
Specific CPI Increases	38	77	118	44	90	138	51	104	159
Full year impact of the £10.02 per hour pay rate for care staff	2,349	2,349	2,349	2,349	2,349	2,349	2,349	2,349	2,349
2022/23 Scottish Living Wage (£10.50 per hour) excluding FPNC	1,326	2,708	4,149	1,484	3,038	4,665	1,642	3,370	5,187
Free personal & nursing care uplift	396	396	396	396	396	396	396	396	396
Carers Allowances	48	98	150	56	115	175	65	132	201
Utilities	14	28	43	16	33	50	18	37	57
Audit fee	8	8	9	8	10	12	8	10	12
Total Non-Pay Inflation	**7,607**	**12,560**	**17,605**	**8,804**	**14,829**	**21,041**	**9,832**	**17,072**	**24,301**
Cost and Demand Pressures:									
Health:									
TAVI	52	53	54	103	104	105	155	156	157
Additional NMAHP (nursing, midwifery & Allied Health Professionals) staffing	150	155	160	200	204	208	250	257	265
New high cost care packages	0	100	100	100	102	104	200	206	212
New dementia pathway to NHS GG&C	0	51	52	50	51	52	50	51	52
Other NSD developments	0	100	150	50	100	200	100	150	200
Oncology Medicines Demand	350	700	1,050	450	900	1,350	550	1,100	1,650
Microsoft Licence Fees	50	50	50	75	75	75	100	100	100
Cystic Fibrosis Treatments	0	0	0	50	100	200	200	400	600
Care First replacement cost	45	45	45	45	80	80	120	120	120
Depreciation	0	50	75	0	50	75	25	50	75
LIH 9th Medic	60	0	0	60	0	0	60	0	0
SLA Balance 21/22	355	355	355	355	355	355	355	355	355
CPA mental health	63	63	63	63	63	63	63	63	63
OOH contract uplift	39	39	39	39	39	39	39	39	39
Hearing Aids	30	30	30	30	30	30	30	30	30
Pacs / RIS manager	23	23	23	23	23	23	23	23	23
Director Psychology	41	41	41	41	41	41	41	41	41
Distress Brief Interventions	140	0	0	140	0	0	140	140	140
IPF Homecare Drugs	150	150	150	150	150	150	150	150	150
Patients Travel	75	75	75	75	75	75	100	100	100
Council:									
Regrading of Social Work and Community Care Assistants	100	201	303	100	202	306	100	203	309
Older People Growth	0	0	0	396	799	1,208	793	1,610	2,458
Care Services for Younger Adults (< 65 years) LD, MH	175	352	531	350	707	1,072	525	1,066	1,624
Care Services for Younger Adults (< 65 years) PD	35	70	106	70	141	214	105	213	324
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	378	378	378	378	378	378	378	378	378
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
SG Investment - Home Care for Older People	2,268	2,268	2,268	2,268	2,268	2,268	2,268	2,268	2,268
SG Investment - Interim Care Home Placements	366	0	0	366	0	0	366	0	0
SG Investment - Mental Health Recovery and Renewal	66	0	0	66	0	0	66	0	0
SG Investment - Child Disability Payment Claims Support	22	22	22	22	22	22	22	22	22
SG Investment - Trauma Training	50	0	0	50	0	0	50	0	0
SG Investment - Multi-Disciplinary Teams	628	527	425	628	527	425	628	527	425
SG Investment - Investment in Adult Services (to be finalised)	1,215	1,215	1,215	1,215	1,215	1,215	899	899	899
Allowance for Unknown Cost and Demand Pressures	500	1,250	1,750	1,231	2,000	3,000	1,500	3,000	4,500
Total Cost and Demand Pressures	**8,189**	**9,889**	**11,799**	**10,272**	**12,868**	**16,435**	**11,794**	**16,405**	**21,614**
Existing Savings Cancelled - IJB Nov 2021	1,470	1,470	1,470	1,470	1,470	1,470	1,470	1,470	1,470
Total Savings Cancelled	**1,470**	**1,470**	**1,470**	**1,470**	**1,470**	**1,470**	**1,470**	**1,470**	**1,470**
Total Estimated Expenditure	**321,083**	**329,177**	**337,909**	**325,602**	**337,108**	**349,792**	**330,013**	**345,818**	**362,068**
Funding:									
NHS	248,034	254,313	260,781	247,811	252,013	256,300	242,887	246,579	250,337
Council	72,991	73,509	74,650	72,991	73,209	74,050	72,991	72,509	72,650
Total Funding	**321,025**	**327,822**	**335,431**	**320,802**	**325,222**	**330,350**	**315,878**	**319,088**	**322,987**
Budget Surplus / (Gap) Cumulative	**(59)**	**(1,355)**	**(2,478)**	**(4,800)**	**(11,886)**	**(19,442)**	**(14,135)**	**(26,730)**	**(39,081)**
Budget Surplus / (Gap) In Year	**(59)**	**(1,297)**	**(1,123)**	**(4,800)**	**(7,085)**	**(7,556)**	**(14,135)**	**(12,595)**	**(12,351)**
Partner Bodies Split:									
Health	1,365	2,436	3,958	(1,168)	(3,444)	(5,950)	(9,066)	(14,054)	(18,596)
Social Work	(1,424)	(3,791)	(6,436)	(3,632)	(8,442)	(13,492)	(5,069)	(12,676)	(20,485)
Budget Surplus / (Gap) Cumulative	**(59)**	**(1,355)**	**(2,478)**	**(4,800)**	**(11,886)**	**(19,442)**	**(14,135)**	**(26,730)**	**(39,081)**
Budget Surplus / (Gap) In Year	**(59)**	**(1,297)**	**(1,123)**	**(4,800)**	**(7,085)**	**(7,556)**	**(14,135)**	**(12,595)**	**(12,351)**

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Scottish Budget: 2022-23

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SCOTTISH BUDGET: 2022-23

Laid before the Scottish Parliament by the Scottish Ministers, December 2021

SG/2021/367

The Scottish Government, Edinburgh 2021

Contents

Foreword

by the Cabinet Secretary for Finance and Economy

This Scottish Budget comes at a crucial juncture for Scotland. Over the last year, thanks to the hard work and sacrifices of everyone across Scotland, the heroic efforts of health and care staff, and the roll-out of our mass vaccination programme, we have started to look beyond the immediate impact of the pandemic. But, in the face of the crisis, a return to normal is not enough.

As the emergence of new variants demonstrates, we must remain vigilant and ensure the necessary resources are available for the continued protection of people and public services, but we must also look to the future. This budget seeks to balance the immediate pressures with the long-term imperatives - shifting the dial on inequalities, carbon emissions and economic prosperity. It delivers on our ambitious Programme for Government, as we start implementing the manifesto this government was resoundingly re-elected on in May, and our Shared Policy Programme with the Scottish Green Party.

This budget - the first of this Parliament - is progressive, but also transitional. It paves the way for a full Resource Spending Review in May 2022 which will set out the government's long-term funding plans and the roadmap for delivering key commitments, such as the establishment of a National Care Service and ending our contribution to climate change through a just transition.

This long-term approach is vital to deliver on our ambitions to transform our society and economy, and to capitalise on the opportunities the next decade could bring - but we must also act now. This budget brings forward key commitments and lays the groundwork for much of the transformational investment and innovation that is to come across three strategic priorities: tackling inequalities; securing a just transition to Net Zero; and investing in economic and public service recovery.

We will drive forwards our national mission to tackle child poverty - investing in training and employment opportunities, addressing financial insecurity and improving living standards, and ensuring that every young person is able to fulfil their potential. Fundamental to this will be our significant investment in the Scottish Child Payment. We committed to double this payment by the end of the parliament, but the decision of the UK Government to push more households into poverty by cutting universal credit, and the impact of rising living costs, makes it imperative that we act now. We will double the payment to £20 a week from April 2022, and extend it to under 16's by the end of 2022, helping lift 40,000 children out of poverty and mitigating the impact of UK Government cuts.

We will play our part in tackling the global climate emergency head on, re-invigorated by COP26 in Glasgow and our Shared Policy Programme with the Scottish Greens. Through this Budget we will provide at least £2 billion of the first, multi-billion pound, public and

private investment needed across this Parliament for a just transition – protecting and restoring our natural environment, decarbonising our homes, industries and transport, and positioning ourselves as a global leader in renewable energy, and green and digital technology.

As we move to a Net Zero economy it is critical that we secure a just transition that is led by workers, communities and industry across Scotland. This principle will underpin our efforts to transform our wider economy: supporting innovation and diversification of industries, boosting entrepreneurship and exports, and doing so in a way that improves people's standards of living. We will help equip businesses to grasp the opportunities of a green recovery which secures new highly-skilled jobs for the future – rooted in fair work, good wages and increased prosperity. As part of this, we will continue investing in strong public infrastructure, and give confidence to businesses.

And, we will restore our precious public services, not least health and social care – providing record levels of funding to respond to the pressures created by the pandemic, and ensure that everyone can get the care they need in a time, place and way that suits. Most significantly, we will take the next steps in the single greatest public health reform since the establishment of the NHS – the creation of a new National Care Service.

Among the provisions of this budget, the Scottish Government will invest:

1. Over £4 billion in social security and welfare payments, including £197 million to double the Scottish Child Payment and extend it to under 16s.
2. £145.5 million for the sustained employment of additional teachers and classroom assistants and a further £200 million to tackle the poverty-related attainment gap.
3. £831 million for affordable housing – progressing our commitment to deliver 110,000 affordable, energy efficient homes across the next decade.
4. The first £20 million of our 10 year, £500 million Just Transition Fund – which we will increase year on year – and almost £350 million to drive forward our commitment to decarbonise the heating of 1 million homes, and the equivalent of 50,000 non-domestic buildings, by 2030.
5. £53 million to protect and restore nature, and a further £69 million in woodland creation and sustainable management of Scotland's woodlands.
6. £304 million for bus services, plus £110 million for concessionary travel for under 22s, and £150 million for active travel – supporting our commitment to cut car kilometres by 20% by 2030.
7. £802 million of non-domestic rates reliefs – helping businesses get back on their feet following the crisis.
8. Over £1.6 billion for social care and integration – progressing our commitment to increase spend in social care by 25% by the end of parliament, and laying the groundwork for the establishment of a National Care Service.
9. £12.9 billion for health boards – delivering the first increase to ensure front-line funding which directly supports patient services increases by at least £2.5 billion by 2026-27.
10. An additional £40.5 million to maintain the police resource budget in real terms, £53.2 million to support the recovery, renewal and transformation of our justice services, and £13 million for court recovery and trial backlogs.

In delivering on these ambitions, we will harness a collaborative approach across all areas of Scottish life – public and private, national and local – capitalising on the renewed approach to partnership seen through the pandemic. As set out in our COVID Recovery Strategy, we will work jointly with local government to deliver our ambitions, and this budget provides a settlement which recognises the important role they play across all communities. It provides increased resources for social care and education – ensuring the continued delivery of vital services across Scotland – while working to increase the fiscal autonomy and power of local government, and put more say over how local budgets are raised in local hands.

While this budget lays the groundwork for a fair and green recovery from the pandemic, and invests in the infrastructure and industries of the future, we must be clear that the UK Government's spending review hindered rather than helped us on this mission, and failed to safeguard the country against the continued impacts of the virus. Far from providing its supposed increase, with all COVID-19 funding and one-off consequentials stripped out, we will in practice see a reduction in our day-to-day funding in 2022-23 compared to last year, at a time when we need to invest in the economy and help public services to recover.

For hard-pressed families, the UK Government's spending review gave with one hand – with a small increase in the minimum wage, despite failing young people and failing to match the Real Living Wage – while taking with the other, doing nothing to make up for the £20 a week cut in universal credit and risking plunging more families into poverty. In the year of COP26, it turned its back on the global climate crisis – prioritising tax reliefs for domestic air travel over transformational change, and constraining our ability to deliver the capital infrastructure necessary to invest in the good, green jobs of the future. And, it continued to undermine the devolution settlement and set Scottish councils against each other – through the Levelling Up Fund, and the encroachment of the Internal Market Act – while making up little for the funds lost by, and the impacts of, EU exit.

By removing the necessary COVID-19 funding and limiting the future investment needed to seize the opportunity of reducing inequality and a just transition to Net Zero, the UK Government's settlement means we face difficult decisions in how we manage the continued impacts of the virus while securing a brighter future.

That means this budget cannot deliver the resources all our partners will want. Instead, it addresses key priorities, targets resources on low income households, and paves the way for future investment over the life of this Parliament. Where possible, it seeks to cushion the economy against the headwinds that COVID-19, EU exit and the UK Government's settlement have created. The Scottish Government has had to dig deep – diverting resources where necessary, and utilising some one-off funding sources to deploy the full resources available to us to start forging a different path.

As people, businesses and communities continue to feel the aftermath of the pandemic, we recognise the need for ongoing stability and certainty for taxpayers, as well as targeted support, as a foundation for the recovery. That is what our tax package delivers, through a more progressive approach to tax. It supports our spending plans, protects essential public services, and underpins support for the people and businesses that need it the most – consistent with our Scottish Approach to Taxation which we will set out in more detail in Scotland's first Framework for Tax later this month. Alongside the budget we have also published a distributional analysis and a factsheet in relation to Scottish Income Tax.

For businesses, we will continue to offer the lowest Non-Domestic Rates poundage in the UK, as well as ongoing rates relief for the retail, hospitality and leisure sectors, at 50% relief for the first three months of 2022-23, capped at £27,500 per ratepayer. This will save ratepayers in these sectors an estimated £56 million in 2022-23. On Income Tax, the Starter and Basic Rate bands will increase by CPI, and the Higher and Top Rate thresholds will remain frozen in cash terms, raising an additional £106 million in 2022-23.

The overall fiscal and economic position has also required some challenging decisions in relation to public sector pay, while recognising the challenges increases in inflation are having on people. The public sector pay policy secures a minimum inflationary uplift for employees earning up to £25,000 and announces a minimum wage of £10.50 per hour for bodies covered by the policy, helping the lowest paid workers and supporting our poverty reduction measures, which other public sector employers are encouraged to implement within their own pay proposals. At a time of much uncertainty, the government is also maintaining the no compulsory redundancy policy.

Taken together, the Scottish Government – strengthened by the Bute House Agreement with the Scottish Green Party – is putting forward a budget which starts to deliver the necessary investment to secure our long-term ambition of a fairer, greener future. It helps families and young people to break the generational cycle of poverty; tackles the global climate and nature emergencies, and provides businesses with the confidence to invest in a just transition to Net Zero; and supports the recovery and reform of our precious public services.

Securing those long-term ambitions requires a long-term fiscal plan. Given the continued threats of the virus, and the disappointing settlement from the UK Government, this is a transitional budget. We have identified some additional non-recurring sources of funding that help us maintain levels of public spending when it is most needed. To provide certainty and stability, and demonstrate how we will deliver on our commitments in full across this Parliament, it will be followed by a Resource Spending Review in May 2022. We have published a consultative framework document for that spending review alongside this budget, setting out the priorities and approach which will guide it. This work will complement the already published Capital Spending Review to provide a comprehensive multi-year settlement for all public spending in Scotland.

While the fiscal future and state of the economy remains uncertain, we will press forward with an ambitious programme to secure a fairer, greener Scotland. It is a social, economic and environmental imperative. By investing today in the green technologies of tomorrow, and promoting good, new jobs, we can support businesses to grow and diversify, and play their part in a just transition to Net Zero. By protecting family incomes, enhancing opportunities for children and young people, and providing a strong social safety net, we will be investing in a more certain and secure future for people, and reducing the risk of long-term inequality. And, by protecting and renewing our public services, we can ensure they are equipped to focus on prevention and providing safe, healthy and prosperous lives for people across Scotland. We will use this budget, and the Spending Review, to work across the Scottish Parliament and society to grasp those opportunities, and deliver on our promises to the people of Scotland.

Kate Forbes,
Cabinet Secretary for Finance and Economy

Chapter 4
Health & Social Care Portfolio

Portfolio Responsibilities

The Health and Social Care portfolio is responsible for improving the health and wellbeing of the population, ensuring that care and support is delivered when, how and where people need it.

The 2022-23 budget delivers record funding of £18 billion for the portfolio, which will be used to support the remobilisation of services, as well as delivery of priorities relating to prevention and early intervention. Key to this is rethinking how services are delivered; harnessing innovation, bolstering capacity and putting people and place at the forefront of reforms to ensure sustainable recovery and equitable access to services.

The public health measures required to respond to the threat and uncertainty of COVID-19 remain a key consideration in our planning, and we await the outcome of further detail that was promised in the UK Spending Review to support our plans. Underlining our commitment to front-line services, we will nonetheless provide initial additional funding of £559 million for NHS Boards, and funding of £232 million for addressing waiting times and supporting our National Treatment Centres. We continue to be hugely indebted to our front-line staff and unpaid carers, who provide vital care day in and day out, under the toughest of circumstances. Their selfless efforts to care for others have been invaluable in our response to the pandemic so far, and our spending plans for 2022-23 continue to provide support for the mental health and wellbeing of our health and social care staff, and unpaid carers, as set out in the Programme for Government.

To ensure that care is delivered where and when it is needed, our increased investment in primary care and in social care and integration are significant steps towards the Programme for Government commitments. The investment of over £1.6 billion in social care and integration lays the groundwork for our National Care Service and includes a transfer for 2022-23 of £846.6 million to local government.

We will continue our vital work to reduce health inequalities, including £61 million to address the national tragedy of drugs deaths. It is vital that we work towards a fairer, healthier Scotland for all and recognising the crucial role of mental health and wellbeing services, the Scottish Government will make direct investment of £290 million in mental health, including £120 million for our Mental Health Recovery and Renewal Fund.

Health and Social Care

Table 4.01: Spending Plans (Level 2)

Level 2	2020-21 Budget £m	Restated 2021-22 Budget £m	2022-23 Budget £m
Health and Social Care	15,327.9	17,214.8	18,020.1
Food Standards Scotland	16.0	19.5	23.0
Total Health and Social Care	**15,343.9**	**17,234.3**	**18,043.1**
of which:			
Total Fiscal Resource	14,532.3	16,332.4	17,106.2
*of which Operating Costs**	*64.2*	*84.7*	*111.8*
Non-cash	273.2	272.5	272.5
Capital	428.0	529.0	554.0
Financial Transactions (FTs)	10.0	-	10.0
UK Funded AME	100.4	100.4	100.4
Presentational Adjustments for Scottish Parliament Approval			
Sportscotland (NDPB non-cash)	(1.2)	(1.1)	(1.1)
Social Care (NDPB non-cash)	(0.1)	(0.2)	(0.2)
Food Standards Scotland - shown separately	(16.0)	(19.5)	(23.0)
PPP/PFI Adjustments	21.0	21.0	21.0
Total Health and Social Care	**15,347.6**	**17,234.5**	**18,039.8**

Total Limit on Income (accruing resources)	3,000.0

Table 4.02: Health and Social Care Spending Plans (Level 3)

Level 3	2020-21 Budget £m	Restated 2021-22 Budget £m	2022-23 Budget £m
NHS Territorial Boards	10,704.0	10,894.4	11,508.6
NHS National Boards	1,312.1	1,345.9	1,422.6
Health Capital Investment	448.0	549.0	574.0
COVID-19 Funding	-	960.0	-
Workforce and Nursing	262.1	316.8	402.7
General Medical Services	1,035.8	1,116.8	1,162.8
Pharmaceutical Services	198.0	206.1	216.2
General Dental Services	428.6	431.0	469.0
General Ophthalmic Services	109.5	111.7	125.5
Outcomes Framework	71.9	74.1	74.1
Health Improvement and Protection	51.6	59.4	85.6
Alcohol and Drugs Policy	34.2	84.2	85.4
Mental Health Services	117.1	273.9	290.2
Quality and Improvement	20.1	37.6	65.9
Digital Health and Care	112.1	112.5	112.9
Early Years	53.4	53.4	58.9
Miscellaneous Other Services	(164.1)	(34.5)	9.5
Social Care Investment	332.4	395.4	1,137.1
Revenue Consequences of NPD	65.0	98.0	75.0
Sportscotland	32.7	33.7	34.7
Active, Healthy Lives	13.4	15.4	19.4
NHS Impairments (AME)	100.0	100.0	100.0
Financial Transactions	10.0	-	10.0
Capital Receipts	(20.0)	(20.0)	(20.0)
Total Health and Social Care	**15,327.9**	**17,214.8**	**18,020.1**
of which:			
Fiscal Resource	14,516.9	16,313.5	17,083.8
Non-cash	273.0	272.3	272.3
Capital	428.0	529.0	554.0
FTs	10.0	-	10.0
UK Funded AME	100.0	100.0	100.0

Table 4.03: Food Standards Scotland Spending (Level 3)

Level 3	2020-21 Budget £m	2021-22 Budget £m	2022-23 Budget £m
Administration	16.0	19.5	23.0
Capital Expenditure	-	-	-
Total Food Standards Scotland	**16.0**	**19.5**	**23.0**
of which:			
Fiscal Resource	15.4	18.9	22.4
Non-cash	0.2	0.2	0.2
Capital	-	-	-
FTs	-	-	-
UK Funded AME	0.4	0.4	0.4

Table 4.04: Territorial and National Boards Spending Plans (Level 4)

Level 4	2020-21 Budget £m	2021-22 Budget £m	2022-23 Budget £m
Improving Outcomes and Reform	228.6	241.3	373.0
Territorial Boards			
NHS Ayrshire and Arran	762.4	774.5	806.8
NHS Borders	219.8	222.7	234.8
NHS Dumfries and Galloway	316.1	320.6	334.1
NHS Fife	701.5	712.6	749.4
NHS Forth Valley	558.7	569.4	598.1
NHS Grampian	1,013.5	1,027.9	1,072.2
NHS Greater Glasgow and Clyde	2,364.7	2,398.1	2,504.0
NHS Highland	666.0	691.9	725.6
NHS Lanarkshire	1,268.1	1,286.1	1,346.8
NHS Lothian	1,540.1	1,569.5	1,639.3
NHS Orkney	52.6	54.8	57.1
NHS Shetland	53.9	54.6	57.0
NHS Tayside	808.5	819.9	856.5
NHS Western Isles	80.0	81.1	84.5
Total	**10,405.9**	**10,583.7**	**11,066.1**
National Boards			
National Waiting Times Centre	60.0	60.9	68.1
Scottish Ambulance Service	278.4	283.7	305.9
The State Hospital	37.6	38.1	40.0
NHS 24	72.7	73.8	78.4

Level 4	2020-21 Budget £m	2021-22 Budget £m	2022-23 Budget £m
NHS Education for Scotland	461.5	471.7	492.3
NHS National Services Scotland	327.7	341.4	355.3
Healthcare Improvement Scotland	26.3	27.5	30.4
Public Health Scotland	47.9	48.6	52.1
Total	**1,312.1**	**1,345.9**	**1,422.6**
Other Income	69.5	69.5	69.5
Total Territorial and National Boards	**12,016.1**	**12,240.4**	**12,931.2**

Health and Social Care intended contributions to the National Outcomes

Primary National Outcomes	Secondary National Outcomes
Health	Poverty
Children and Young People	Communities
Human Rights	Education
	Economy
	Fair Work and Business
	Environment

For further information on the purpose of the portfolio budget, and contributions to national outcomes (including impacts of spend on equality of outcome) please refer to the relevant portfolio annex in the published Equality and Fairer Scotland Budget Statement.

Chapter 5
Social Justice, Housing & Local Government Portfolio

Portfolio Responsibilities

Our portfolio is responsible for tackling inequalities, and we aim to embed equality, inclusion and human rights into our policy-making and public service delivery. We're also responsible for the national mission to reduce child poverty, for creating a fairer Scotland and for providing accessible and affordable housing. Together, these ambitions enhance the wellbeing, the financial capabilities and the participation of people in Scottish life.

We will continue to prioritise funding to support the development, design and implementation of our social security powers and delivery of benefits through Social Security Scotland. We are establishing a social security system that meets the needs of the people of Scotland and delivers a service that treats people with dignity, fairness and respect.

The portfolio supports a wide range of work to prevent discrimination and promote equality, inclusion and human rights creating the conditions for cohesive, resilient and safe communities. We support the Equality and Human Rights infrastructure across Scotland to address systemic inequality, tackle hate crime and address violence against women and girls.

Further to our commitments set out in the Programme for Government and the Covid Recovery Strategy, we continue to: prioritise funding from across government portfolios to reduce child poverty, including doubling Scottish Child Payment for eligible children under six years from April 2022, and extending it to under 16s by December 2022; invest in Discretionary Housing Payments to provide direct financial support to those struggling with housing costs; support our continued major expansion of affordable and social housing; improve safety, quality and standards of existing homes; support the third sector and develop social enterprise; and, eradicate homelessness and rough sleeping.

The portfolio also includes funding for our partners in local government to continue providing high quality, front-line services that will improve outcomes for individuals and communities across Scotland.

Spending Plans

Table 5.01: Spending Plans (Level 2)

Level 2	2020-21 Budget £m	2021-22 Budget £m	2022-23 Budget £m
Third Sector	24.6	26.1	25.8
Housing	1,030.7	900.5	895.3
Building Standards	2.0	16.7	11.8
Social Justice*	29.5	40.9	102.0
Connected Communities	4.4	4.7	5.2
Office of the Scottish Charity Regulator	3.3	3.6	3.4
Scottish Housing Regulator	4.3	5.1	5.3
Equalities	30.2	32.2	45.0
Social Security	367.3	472.3	536.0
Social Security Assistance	3,342.9	3,498.4	3,949.2
Local Government*	11,020.8	11,124.5	11,145.4
COVID-19 Funding	-	429.0	-
Total Social Justice, Housing and Local Government	**15,860.0**	**16,554.0**	**16,724.4**
of which:			
Total Fiscal Resource	11,277.1	12,954.9	12,416.9
Of which Operating Costs	*91.3*	*94.7*	*99.0*
Non-cash	0.7	19.9	50.3
Capital	1,434.5	1,404.7	1,341.2
Financial Transactions	307.7	84.5	150.0
UK Funded AME	2,840.0	2,090.0	2,766.0

*Excludes COVID-19 Funding in 2021-22 which is separately identified

Presentational Adjustments for Scottish Parliament Approval

Office of the Scottish Charity Regulator - shown separately	(3.3)	(3.6)	(3.4)
Scottish Housing Regulator - shown separately	(4.3)	(5.1)	(5.3)
Central Government Grants to Local Authorities returned to portfolios (E&S, Justice & NZET)*	(895.9)	(811.2)	(791.3)
Total Social Justice, Housing and Local Government	**14,956.5**	**15,734.1**	**15,924.4**
Total Limit on Income (accruing resources)	90.0		

*Includes £20m COVID-19 Funding in 2021-22

Table 5.02: Third Sector Spending Plans (Level 3)

Level 3	2020-21 Budget £m	2021-22 Budget £m	2022-23 Budget £m
Third Sector	24.6	26.1	25.8
Total Third Sector	**24.6**	**26.1**	**25.8**
of which:			
Fiscal Resource	22.6	22.6	21.8
Non-cash	-	-	-
Capital	-	-	-
FTs	2.0	3.5	4.0
UK Funded AME	-	-	-

Table 5.03: Housing Spending Plans (Level 3)

Level 3	2020-21 Budget £m	2021-22 Budget £m	2022-23 Budget £m
More Homes	896.1	748.1	744.3
Fuel Poverty and Housing Quality	1.9	2.9	2.5
Housing Support	126.5	142.9	141.5
Communities Analysis	6.2	6.6	7.0
Total Housing	**1,030.7**	**900.5**	**895.3**
of which:			
Fiscal Resource	137.7	150.3	148.5
Non-cash	-	-	-
Capital	596.5	669.2	601.8
FTs	296.5	81.0	145.0
UK Funded AME	-	-	-

Table 5.04: Building Standards Spending Plans (Level 3)

Level 3	2020-21 Budget £m	2021-22 Budget £m	2022-23 Budget £m
Building Standards	2.0	16.7	11.8
Total Building Standards	**2.0**	**16.7**	**11.8**
of which:			
Fiscal Resource	2.0	3.7	3.8
Non-cash	-	-	-
Capital	-	13.0	8.0
FTs	-	-	-
UK Funded AME	-	-	-

Table 5.05: Social Justice Spending Plans (Level 3)

Level 3	2020-21 Budget £m	2021-22 Budget £m	2022-23 Budget £m
Social Justice*	29.5	40.9	102.0
Total Social Justice	**29.5**	**40.9**	**102.0**
of which:			
Fiscal Resource	29.5	40.9	101.0
Non-cash	-	-	-
Capital	-	-	-
FTs	-	-	1.0
UK Funded AME	-		-

*Excludes COVID-19 Funding of £50m in 2021-22

Table 5.06: Connected Communities Spending Plans (Level 3)

Level 3	2020-21 Budget £m	2021-22 Budget £m	2022-23 Budget £m
Total Connected Communities	**4.4**	**4.7**	**5.2**
of which:			
Fiscal Resource	4.4	4.4	5.2
Non-cash	-	-	-
Capital	-	0.3	-
FTs	-	-	-
UK Funded AME	-	-	-

Table 5.07: Office of the Scottish Charity Regulator Spending Plans (Level 3)

Level 3	2020-21 Budget £m	2021-22 Budget £m	2022-23 Budget £m
Total Office of the Scottish Charity Regulator	**3.3**	**3.6**	**3.4**
of which:			
Fiscal Resource	3.2	3.6	3.4
Non-cash	0.1	-	-
Capital	-	-	-
FTs	-	-	-
UK Funded AME	-	-	-

Table 5.08: Scottish Housing Regulator Spending Plans (Level 3)

Level 3	2020-21 Budget £m	2021-22 Budget £m	2022-23 Budget £m
Total Scottish Housing Regulator	**4.3**	**5.1**	**5.3**
of which:			
Fiscal Resource	4.1	4.7	4.9
Non-cash	0.2	0.2	0.2
Capital	-	0.2	0.2
FTs	-	-	-
UK Funded AME	-	-	-

Table 5.09: Equalities Spending Plans (Level 3)

Level 3	2020-21 Budget £m	2021-22 Budget £m	2022-23 Budget £m
Equalities	30.2	32.2	45.0
Total Equalities	**30.2**	**32.2**	**45.0**
of which:			
Fiscal Resource	30.2	32.2	45.0
Non-cash	-	-	-
Capital	-	-	-
FTs	-	-	-
UK Funded AME	-	-	-

Table 5.10: Social Security (Level 3)

Level 3	2020-21 Budget £m	2021-22 Budget £m	2022-23 Budget £m
Scottish Welfare Fund - Administration	5.5	5.5	5.5
Social Security Advice, Policy and Programme	175.4	195.4	219.6
Social Security Scotland	186.4	271.4	310.9
Social Security	**367.3**	**472.3**	**536.0**
of which:			
Fiscal Resource	306.9	359.6	404.2
Non-cash	0.4	19.7	50.1
Capital	60.0	93.0	81.7
FTs	-	-	-
UK Funded AME	-	-	-

Table 5.11: Social Security Assistance (Level 3)

	2020-21 Budget £m	2021-22 Budget £m	2022-23 Budget £m
Scottish Welfare Fund	35.5	35.5	35.5
Carer's Allowance	291.6	306.0	314.9
Carer's Allowance Supplement	38.8	41.7	41.8
Adult Disability Payment	1,582.9	1,669.4	1,948.5
Attendance Allowance	532.2	549.8	544.6
Disability Living Allowance (Adult)	501.9	465.0	444.6
Child Disability Payment	216.6	230.9	265.2
Child Winter Heating Assistance	-	3.1	4.0
Industrial Injuries Disablement Scheme	80.2	80.2	80.5
Severe Disablement Allowance	7.5	6.8	6.2
Scottish Child Payment	21.0	68.0	197.4
Job Start Payment	2.0	2.0	1.1
Young Carer Grant	1.0	1.0	1.0
Best Start Grant	17.5	18.9	17.8
Best Start Foods	5.0	9.0	13.1
Funeral Support Payment	9.2	11.1	11.9
Low Income Winter Heating Assistance	-	-	21.1
Social Security	**3,342.9**	**3,498.4**	**3,949.2**
of which:			
Fiscal Resource	3,333.7	3,498.4	3,949.2
Non-cash	-	-	-
Capital	-	-	-
FTs	9.2	-	-
UK Funded AME	-	-	-

Table 5.12: Central Government Grants to Local Authorities Spending Plans (Level 3)

Level 3	2020-21 £m	2021-22 £m	2022-23 £m
Transfer of Management of Development Funding	92.2	92.2	92.2
Vacant & Derelict Land Grant	7.6	7.6	7.6
Total SJ,H&LG Central Gov Grants to LAs	**99.8**	**99.8**	**99.8**

LG also includes specific grants from Education, Justice and NZET

Table 5.13: Local Government Spending Plans (Level 3)

Level 3	2020-21 Budget £m	2021-22 Budget £m	2022-23 Budget £m
General Revenue Grant*	6,713.4	7,649.2	6,973.2
Non-Domestic Rates	2,840.0	2,090.0	2,766.0
General Capital Grant	467.9	490.0	510.5
Specific Resource Grants**	685.6	752.0	752.1
Specific Capital Grants	310.1	139.0	139.0
Local Government Advice and Policy	3.8	4.3	4.6
Total Local Government* **	**11,020.8**	**11,124.5**	**11,145.4**
of which:			
Fiscal Resource	7,402.8	8,405.5	7,729.9
Non-cash	-	-	-
Capital	778.0	629.0	649.5
FTs	-	-	-
UK Funded AME	2,840.0	2,090.0	2,766.0

*Excludes COVID-19 funding in 2021-22 of £259m and £100m but includes £726m for the cost of COVID-19 Non-Domestic Rates Reliefs
**Excludes COVID-19 funding of £20m in 2021-22
***Excludes COVID-19 funding

Table 5.14: Scottish Fiscal Commission (SFC) Non-Domestic Rate Income Forecast

	2020-21 £m	2021-22 £m	2022-23 £m	2023-24 £m	2024-25 £m	2025-26 £m	2026-27 £m
Non-Domestic Rates Estimate	1,816	2,083	2,809	3,233	3,168	3,231	3,519
PCA / forecast	1,916	2,062	2,809	3,233	3,168	3,231	3,519
Distributable Amount	1,868	2,090	2,766	3,169	3,104	3,231	3,519
Prior Year Adjustments	(137)	(100)	21	0	0	0	0
Yearly Balance	(89)	(128)	64	64	64	0	0
Cumulative Balance	(64)	(192)	(128)	(64)	0	0	0

Table 5.15: Specific Grant Funding and Other Local Government Funding

	Portfolio	2020-21 Budget £m	2021-22 Budget £m	2022-23 Budget £m
Criminal Justice Social Work	Justice and Veterans	86.5	86.5	86.5
Pupil Equity Fund* **	Education and Skills	120.0	120.0	120.0
Early Learning and Childcare Expansion	Education and Skills	463.2	521.9	521.9
Gaelic	Education and Skills	4.5	4.5	4.5
Inter-Island Ferries	Net Zero, Energy and Transport	11.5	19.2	19.2
Total Specific Revenue Grants		**685.7**	**752.1**	**752.1**
Vacant and Derelict Land	Social Justice, Housing and Local Government	7.6	7.6	7.6
Transfer of Management Development Fund (TMDF)	Social Justice, Housing and Local Government	92.2	92.2	92.2
Regional Transport Partnership	Net Zero, Energy and Transport	15.3	15.3	15.3
Cycling Walking and Safer Routes	Net Zero, Energy and Transport	8.9	23.9	23.9
Heat Networks Early Adopters Challenge Fund	Net Zero, Energy and Transport	50.0	0.0	0.0
Early Learning and Childcare	Education and Skills	121.0	0.0	0.0
Total Specific Capital Grants		**295.0**	**139.0**	**139.0**

*As in previous years, a portion of the raising attainment budget line will be used to top up Pupil Equity funding above the £120 million, to meet increasing costs of the programme.
**Excludes COVID-19 funding of £20m in 2021-22

Table 5.16 Revenue Funding within Other Portfolios to be Transferred In-Year

	2020-21 £m	2021-22 £m	2022-23 £m
Local Government Budget Settlement*	**11,017.0**	**11,108.2**	**11,140.8**
1+2 languages	3.0	2.4	1.2
Additional Support for Learning	15.0	15.0	15.0
Additional Teachers and Support Staff	0.0	0.0	145.5
Appropriate Adults	1.0	1.0	1.0
Blue Badge Scheme	0.7	0.7	0.7
British Sign Language	0.2	0.0	0.0
Building Standards Fees	(1.5)	(1.5)	(1.5)
Care at Home	0.0	0.0	124.0
Carer's Act	11.6	40.1	60.5
Child Bridging Payments	0.0	0.0	68.2
Child Burial And Crematoria Charges	0.3	0.6	0.6
Children And Young People Act	1.0	0.0	0.0
Community Justice Partnership Funding**	1.6	2.0	2.0
Customer First Digital Public Services***	1.4	1.4	1.4
Discretionary Housing Payments	71.8	83.1	80.2
Early Learning and Childcare Expansion	24.1	24.1	9.1
Educational Psychologists	0.0	(0.9)	(0.9)
Extra Environmental Health Officers	0.0	1.7	0.0
Former Housing Support Grant	1.0	1.0	1.0
Free Personal and Nursing Care	2.2	12.3	27.3
Free Sanitary Products In Public Places	2.8	2.8	2.8
Free Sanitary Products In Schools	2.1	2.1	2.1
Health and Social Care	57.2	57.2	257.2
Health and Social Care and Mental Health	120.0	120.0	120.0
Homelessness Support****	23.5	23.5	23.5
Interim Care Funding	0.0	0.0	20.0
Living Wage	25.0	59.0	233.5
Mental Health Officer Shortfall	0.5	0.0	0.0
Mental Health Recovery and Renewal	0.0	0.0	3.7
National Trauma Training	0.0	0.0	1.6
Pupil Equity Fund	0.0	0.0	10.0
Rapid Rehousing Transition Plans	8.0	8.0	8.0
Removal of Curriculum Charges	0.0	0.0	8.0
Removal of Music Tuition Charges	0.0	0.0	12.0
School Clothing Grant	6.0	6.0	11.8
School Counselling	4.0	4.0	4.0
Scottish Disability Assistance - Child Disability Payment	0.0	0.0	3.2

	2020-21 £m	2021-22 £m	2022-23 £m
Scottish Welfare Fund	40.9	40.9	40.9
Seatbelts on School Transport	0.2	0.6	0.8
Self-Directed Support	3.5	3.5	3.5
Sensory Impairment	0.3	0.3	0.3
Tobacco-Related Issues	1.3	1.3	1.3
Total Revenue Funding within other Portfolios	**428.7**	**512.2**	**1,303.5**
Expansion of Free School Meals	0.0	0.0	30.0
Total Capital Funding within other Portfolios	**0.0**	**0.0**	**30.0**
Total Local Government Settlement in Local Government Finance Circular	**11,445.7**	**11,620.4**	**12,474.3**

*Excludes Local Government Advice and Policy
**Former Community Justice Transitional Funding
***Former Customer First
****Former Temporary Accommodation

Table 5.17 Local Government Funding outwith Core Settlement

	2020-21 £m	2021-22 £m	2022-23 £m
Total Local Government Finance Circular	**11,445.7**	**11,620.4**	**12,474.3**
Attainment Scotland Fund	62.0	62.0	56.0
Business Gateway	1.6	1.6	0.0
City Region and Growth Deals	3.8	11.2	7.2
Clyde Gateway Urban Regeneration Company	0.5	0.5	0.5
Community Mental Health & Wellbeing	0.0	15.0	15.0
Discretionary Housing Payment (Care Experienced Young People)	2.0	0.0	0.0
Education Maintenance Allowance	25.0	25.0	25.0
Fair Start Scotland (Lot 4)	1.1	1.1	1.1
Justice Social Work*	0.0	4.0	4.0
Low Emission Zone Support	0.0	2.1	1.0
Mental Health Officer	0.0	0.5	0.0
No One Left Behind - Long-Term Unemployed	0.0	0.0	20.0
No One Left Behind (previously Local Employability Model)	7.1	7.1	15.6
Parental Employability Support Funding	5.0	5.0	5.8
Parental Employability Support Funding Boost – Disabled Parents Employability Support	2.0	2.0	0.0
Parental Employability Support Funding Boost – Early Learning and Childcare alignment	0.0	2.0	0.0
Parental Employability Support Funding Boost – Support for young parents	0.0	0.7	0.0
Private Water Supply Grants	1.7	1.7	1.5

	2020-21 £m	2021-22 £m	2022-23 £m
Schools for the Future Programme	72.4	72.6	70.9
Support for Sustainable and Active Travel	5.3	5.3	5.3
Supporting Post 16 Transitions Towards Employment	4.3	0.0	0.0
Travel Strategy and Innovation	4.1	4.1	4.1
Young Persons Guarantee - Local Employability Partnerships	0.0	0.0	45.0
Total Revenue	**197.9**	**223.5**	**278.0**
Capital			
Capital Land and Works	22.0	22.0	18.9
City Region and Growth Deals	201.0	198.1	226.0
Clyde Gateway Urban Regeneration Company	5.0	5.0	5.0
Coig Tourist Routes	0.3	0.0	0.0
Future Transport Fund	18.0	51.0	51.0
Gaelic Capital Fund	0.0	3.8	3.0
Home Energy Efficiency Programmes for Scotland (HEEPS)	55.0	58.0	64.0
Low Emission Zone Support	0.0	0.0	1.0
Place Based Investment Programme**	0.0	23.0	33.0
Recycling Improvement Fund	0.0	0.0	13.2
Regeneration Capital Grant Fund	25.0	25.0	25.0
Support for Sustainable and Active Travel	1.0	1.0	1.0
Travel Strategy and Innovation	55.1	35.0	16.5
Vacant & Derelict Land Investment Programme	0.0	5.0	5.0
Total Capital	**382.4**	**426.9**	**462.6**
Total Local Government Funding Outwith Core Settlement	**580.3**	**650.4**	**740.6**
Overall Scottish Government Funding for Local Government	**12,026.0**	**12,270.8**	**13,214.9**

*Former Community Justice Services
**Former Place, Town Centres & 20 Minute Neighbourhoods

Social Justice, Housing and Local Government intended contributions to the National Outcomes

Primary National Outcomes	Secondary National Outcomes
Communities	Culture
Human Rights	Health
Children and Young People	International
Poverty	Economy
	Fair Work and Business
	Environment
	Education

For further information on the purpose of the portfolio budget, and contributions to national outcomes (including impacts of spend on equality of outcome) please refer to the relevant portfolio annex in the published Equality and Fairer Scotland Budget Statement.

A&B HSCP | Transforming Together

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Date of Meeting: **26 January 2022**

Title of Report: **Budget consultation 2022/23**

Presented by: **James Gow, Head of Finance and Transformation**

The Board is asked to:

- Consider the proposed budget consultation for 2022/23 and approve the final draft, subject to any further amendments.

1. EXECUTIVE SUMMARY

1.1 This paper presents a draft public consultation on the HSCP budget for 2022/23 seeking views of our stakeholder priorities for our services and where they would prefer to see savings targeted. The intention is to seek responses by end February to enable the responses to influence the final budget proposals, due to be considered by IJB on 30 March 2022.

2. INTRODUCTION

2.1 The HSCP is in the process of developing its budget for 2022/23. This is a detailed and complex process which involves engagement and negotiation with both partners as well as detailed modelling of existing and new service costs and demands. The budget outlook model has indicated that there is expected to be a significant budget gap and planning has been progressed on that basis. In recent weeks management has been working on the development of savings plans with an initial target set at £4.8m. It is anticipated that some of this gap, created by a range of cost pressures, can be addressed through the allocation of some of the additional funding streams included within the Scottish Government draft budget.

2.2 This paper outlines a proposed public consultation on the budget for 2022/23 seeking views on our stakeholder priorities for our services and where they would prefer to see savings targeted. The intention is to seek responses by mid to late February so public views can influence the final savings proposals due to be considered by IJB on 30 March 2022. It is intended to follow a similar process to last year.

2.3 There is a separate paper on the agenda summarising the draft savings prepared by officers. Views are sought from consultees about where they would like to see savings targeted in order to bridge this gap and inform IJB decisions in setting the budget.

3. DETAIL OF REPORT

3.1 Context

3.1.1 The Integration Joint Board (IJB) is legally required to set a balanced budget for the Health and Social Care Partnership (HSCP) 2022/23 at its meeting scheduled for 30 March 2022. At the time of writing, the IJB does not yet have final funding offers from Argyll and Bute Council and NHS Highland. The draft Scottish Budget has been published which confirms additional financial support for the Health and Social Care sector. The budget also outlines expectations in respect of new service priorities, management of covid-19, winter pressures and commits the sector to increasing minimum pay rates for all care workers. As of December 2020 we are predicting that we need to reduce our spending by £4.8m next year to address cost pressures.

3.1.2 Budget planning for 2022/23 indicated that there was a likely budget shortfall totalling £4.8m, the approach and timetable was considered and endorsed by the Finance & Policy Committee and IJB in November 2021. It should be recognised that there remains a degree of uncertainty in respect of the budget for next year and reducing the requirement to deliver savings will be a priority in the event that additional flexibility is identified in the budget. It is expected that there will be approximately £1.5m in savings carried forward from the current year which have still to be delivered on a recurring basis in 2022/23. The financial outlook therefore remains challenging.

3.2 Budget Consultation

3.2.1 Attached as Appendix 1 is a draft budget consultation document for consideration. This is similar to the one utilised last year with some changes to the questions we are asking people to consider. Following approval by the IJB, it will be uploaded onto the Council's website consultation pages and run for a 4 week period, ending on 28 February 2022. It seeks views from the public on where savings should be targeted, along with views on the proposed policy savings areas and an option for participants to make further suggestions. The appendix is structured but does provide free text sections to enable individuals to provide feedback in their own words.

3.2.2 It is intended to promote this via Community Planning Partnership and Council's Keep in the Loop subscriber service and a range of fora including staff partnership forum, internal management team meetings, and other groups, where these continue to operate. As was the case last year, there will be no option to complete paper copies because of the difficulties in handling this whilst working remotely and in enforcing social distancing, it is assumed that coronavirus restrictions will continue through the early part of next year. In the last year where paper copies were offered, just 19 paper responses were received out of a total of 563 responses.

3.2.3 The questions are intended to align with the work underway on the Strategic Plan, Commissioning Strategy and the Transformation plans as well as encouraging responses in respect of financial prioritisation. They attempt to

gather views on some of the key strands which run through these longer term pieces of work.

3.2.4 The Board is asked to consider and approve the consultation and the arrangements proposed for carrying out the consultation with support from Argyll and Bute Council.

4. RELEVANT DATA AND INDICATORS

4.1 Information is derived from the financial systems of NHS Highland and Argyll and Bute Council along with the Scottish Budget as published in December 2021.

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 assessing the proposed budget savings options which are needed to deliver a balanced budget for 2022/23.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – The budget gap for 2022/23 has been estimated at £4.8m, the IJB is required to set a balanced budget for the year.

6.2 Staff Governance – It is probable that some of the savings will require reductions in staffing. These have still to be fully identified along with assessments of whether these can be accommodated through vacancies and natural turnover, or would involve potential redeployments / redundancies.

6.3 Clinical Governance – Heads of Service have been asked to consider any potential impacts on clinical care and governance in putting forward savings proposals and ensure that proposals are acceptable. Equality and Socio-Economic Impact Assessments (EQIAs) are still to be produced for the Policy related savings. The proposed consultation will inform these.

7. PROFESSIONAL ADVISORY

7.1 Professional Leads have been involved in the development of savings proposals.

8. EQUALITY AND DIVERSITY IMPLICATIONS

8.1 Proposals to address the estimated budget gap are required to consider equalities impacts. Equality and socio economic impact assessments have still to be prepared in respect of each of the savings proposals.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

9.1 None directly from this report.

10. RISK ASSESSMENT

10.1 The budget consultation will help inform an assessment of the risks associated with savings proposals. The scale of the on-going financial challenge presents a risk to the IJB budget and financial position and the response to covid-19 exacerbates the challenge.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

11.1 Budget consultation is planned and a structure document to enable this is attached. In addition, significant transformational savings will require local stakeholder and community engagement as an integrated part of those workstreams.

12. CONCLUSIONS

12.1 The budget gap for 2022/23 is estimated at £4.8m. This paper puts forward proposals for consultation on bridging that budget gap. The IJB is asked to approve the attached budget consultation following any final amendments desired by the Board.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT DETAILS

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Appendices:

1 Budget Consultation

A&B HSCP Transforming Together

Argyll & Bute Health & Social Care Partnership

PLANNING OUR FUTURE

CONSULTATION ON OUR BUDGET 2022/23

What are your priorities for HSCP services and how can we reduce our spending?

February 2022

A&B HSCP Transforming Together

Argyll & Bute Health & Social Care Partnership

Budget Consultation 2022/23

Argyll and Bute Health & Social Care Partnership (HSCP) delivers a broad range of services to our communities, many of which are most used by very vulnerable people. Our vision is that people in Argyll and Bute will live longer, healthier, independent, happier lives and this underpins all that the HSCP does.

Our population is ageing, this is happening faster than elsewhere in Scotland, giving us particular pressures and demands for Older People services. We have other pressing demands to treat long term health conditions like cancer, heart disease, diabetes and stroke. At this time we are also having to manage the impact Covid-19 is having throughout our services and the communities we serve.

The resources available to the HSCP are not sufficient to enable us to meet all of the increasing costs and demands we face, and invest in our staff and facilities whilst continuing to provide our existing services in the same ways. We have to find efficiencies, transform how we operate and in some cases do less whilst ensuring we continue to provide high quality and safe health and social care. These are difficult choices, and there are no easy options left to reduce our spending. We would really value your views to help us make the best decisions that affect all of our lives.

This consultation is about high level budget decisions and how we prioritise our investment in local services, when it comes to the impacts on services being delivered, we will carry out further detailed community engagement. This will include working with people who will be affected by these changes including patients, carers, our staff and partners to ensure we listen to and take into account their ideas and concerns.

Thank you for taking the time to respond to this consultation.

Sarah Compton-Bishop

Chair, Integration Joint Board

What is an HSCP?

The Health and Social Care Partnership (HSCP) is an independent public body whose duties are laid out in Scottish law. It is a partnership between NHS Highland and Argyll and Bute Council who both contribute to its budget. In Argyll and Bute the HSCP is the organisation that plans the delivery of all of our health and social care services.

How is the HSCP funded?

HSCP receives money from both partners, NHS Highland and Argyll and Bute Council, each year. The amount that each partner pays is a decision taken by their own Boards.

The HSCP then has to operate within the amount of money it has been given. This budget must be "balanced"; in other words, the HSCP cannot plan to overspend.

Setting the 2022/23 budget

The Integration Joint Board (IJB) is required to set a balanced budget for the Health and Social Care Partnership (HSCP) 2022/23 at its meeting scheduled for 30 March 2022.

The IJB is advancing its financial planning for 2022/23 and is awaiting final confirmation of funding from both NHS Highland and Argyll and Bute Council. The Scottish Government published its draft budget in December 2021 and the IJB welcomes the commitment made in the budget to increase funding to the Health and Social Care Sector. This additional funding does include additional commitments and priorities, including increasing pay rates throughout the sector. It is hoped that this will encourage staff to continue to work in the health and care sector and encourage new people to come and work with us. The HSCP is, however, still required to deliver savings and efficiency improvement. We also have significant debt to repay previous overspending which increases the financial challenge we face. We need to reduce our spending by around £4.8m next year to enable us to meet our service and debt repayment commitments.

In recent years we have worked very hard to become more efficient. In the year 2021/22 alone we have reduced our spending by £6m. However, due to the ongoing Covid-19 pandemic, many transformational changes have not been made as fast as we originally anticipated, or have not been possible at all. We will carry forward £1.5m of previously agreed savings plans into the new financial year. Together with the anticipated new funding gap of £4.8m, there is a substantial challenge ahead for us.

The total shortfall in the HSCP's budget for 2022/23 is estimated to be £4.8m or approximately 1.5% of the budget.

Changes which HSCP can, and cannot, make

Many of the demands on HSCP's budget are not wholly within its control. These include, for example:

- Provision of services because the law requires it

- Providing services in a specific way because this is laid down in national guidance and standards
- Increased demand for healthcare because of demographic pressures, e.g. growing numbers of older people
- People have increasingly complex needs, which increases the cost of some care packages
- The cost of new drugs
- Costs for GP services increasing due to new nationally set contracts
- Staff and supplier costs increasing on account of nationally agreed pay awards, pay increase commitments for care staff and the Scottish Living Wage
- Costs for services contracted through NHS Greater Glasgow & Clyde
- Services provided through nationally agreed GP, dentistry, pharmacy and optometry contracts

This means that the HSCP has relatively limited ways in which it can make savings.

There are 3 types of savings the HSCP can make:

1. **Reducing overheads**
2. **Reducing or cutting services**
3. **Redesigning services to make them more efficient**

Reducing overheads

In recent years there has been a far-reaching drive to cut overheads within the HSCP. The senior leadership team has continued to identify options for overhead savings and these will continue to contribute to the savings target. However, it must be recognised that there is now little potential for further significant reduction in this type of spend. We also recognise that we need to invest in the infrastructure we use to deliver health and social care services for the long term benefit of the communities we serve.

Reducing or cutting services

This is where we are proposing to offer less services, such as through limiting support we provide directly or commissioning fewer hours from our providers whilst ensuring we provide high quality and safe levels of care which seeks to meet the needs of the most vulnerable in our communities.

Changing how we work

Having limited resources and having to manage service pressures means that we cannot continue to deliver our services in the same way as we have previously and change is needed. Some of these changes are already being implemented including:

- More technology used to support people at home, by allowing remote monitoring of conditions and consultations with trained staff, thus avoiding hospital visits and unnecessary admissions
- More care delivered at home and more support for carers (especially family and friends), so nursing and care home beds will be used for people with higher care requirements.

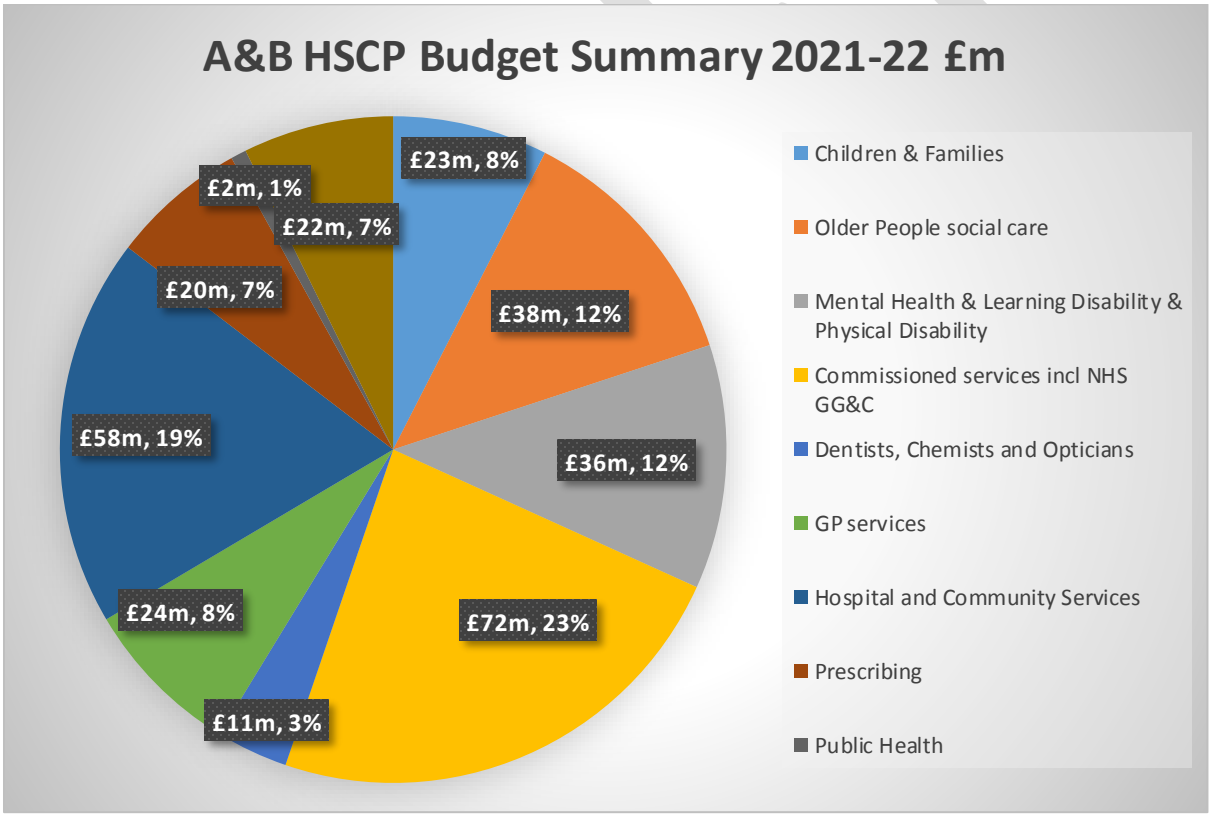
- Most hospital treatments do not require overnight stays, so that beds can be prioritised for those with continuous medical needs.

However, more now needs to be done to ensure we can provide high quality care within our available budget.

The HSCP's Senior Leadership Team has carefully reviewed all budgets to identify any areas where efficiencies can be made without adversely affecting quality and/or safety. There has been an ongoing effort throughout the past 2 years to restrict non-essential expenditure.

We have identified new areas to reduce spending totalling £4.8m in the next financial year. Whilst we have sought to identify options with the minimum impact on services, some of these will potentially affect services you use and our staff. We want to understand your views on these. We expect that we will need to identify further savings in the coming years and would also value any suggestions you have on longer term options. We would like to know what matters most to you about HSCP services.

The diagram below shows a breakdown of how this year's budget of £307m is spent:



- The biggest single area of spend is £68m on acute (specialist) services with NHS Greater Glasgow & Clyde. Our contract with them ensures people within Argyll & Bute have access to a full range of acute care. We also buy services worth £4m from other health boards.
- The second biggest area of spending is £58m on hospital based services. This includes our hospital in Oban (£17m), and our community hospitals and services

in Campbeltown, Dunoon, Lochgilphead, Mull and Iona, Islay, and Helensburgh. All community based services like community nursing and allied health professionals are included here.

- The third biggest area of spend of £38m on older people social care which includes care at home and care home placements.
- We spend £36m on Mental Health, Learning Disability and Physical Disability which includes both social care and NHS based services.
- Children and families services cost £23m include fostering and adoption, hostels and children's' houses, residential placements, child protection, children with disabilities, maternity services and school nurses, and justice social work.
- GP and other Primary Care services cost £35m and contracts are largely set nationally with little ability for the HSCP to make efficiencies.
- Prescribing costs account for £20m of annual spend.
- Management and corporate costs of £21.4m include the cost of running the Estate (£9m) and services such as planning, finance, IT, safety and quality and centrally held budgets.

CONSULTATION QUESTIONS

Section 1: The role of the Health & Social Care Partnership in Argyll and Bute and the services we provide

1	**Which of these general services do you, those you live with or care for, use frequently**	
	Children & Families Services	
	Older People Social Care	
	Mental Health, Learning Disability and Physical Disability Services	
	Greater Glasgow & Clyde hospitals and other services outside Argyll and Bute	
	GP Services	
	Dentists, Chemists & Opticians	
	Argyll & Bute local hospital and community services	
	Public health (immunisation, health screening and other health improvement activities)	
	Other Services (please tell us what)	

2	**What other services do you use (Please tick any that apply)**	
	Children & Families	
	Older People Social Care	
	Mental Health, Learning Disability and Physical Disability Services	
	Greater Glasgow & Clyde Hospitals and other services outside Argyll and Bute	
	GP Services	
	Dentists, Chemists & Opticians	
	Argyll & Bute local hospital and community services	

Public health (immunisation, health screening and other health improvement activities)	
Other (please tell us what)	

Section 2: Balancing our Budget

We are seeking to reduce our spending by £4.8m next year but the following costs are not available for savings:

- GP, dentist and pharmacy contracts which are set nationally
- Contract costs for the Mid Argyll Hospital

Plus some spending is very challenging to reduce:

- Contract for acute hospital services with NHS Greater Glasgow & Clyde where we expect these to be based on an inflation based uplift.

3		**The list below describes our main service categories and areas of spend, are there any of these where you would support reductions in spending? (please tick yes or no)**		
			Yes	**No**
		Children Services – fostering & adoption, looked after children		
		Maternity, Health Visitor and School Nursing services		
		Justice Social Work services		
		Care at Home and other community social care support packages		
		Residential care and nursing home placements		
		Mental health services		
		Disability support packages		
		Community hospitals (offered at Campbeltown, Dunoon, Islay, Mid Argyll, Mull, Rothesay)		
		Community services (Nursing, Occupational Therapy)		
		Acute Services offered from Oban Lorn & Isles Rural General Hospital		
		Acute services from NHS Greater Glasgow & Clyde		
		GP practices		
		Dentists, pharmacists and opticians		
		Public health screening, immunisation and health improvement programmes		
		Management, corporate and facilities		

Other – please let us know your thoughts on where savings could be made:		

4 All of the HSCP's funding comes from NHS Highland and Argyll and Bute Council. In turn, the bulk of their funding comes from the Scottish Government. We know this funding will not be enough to cover all our service costs in the coming year. We have identified a number of savings to the value of £4.8m that may affect the services you are used to accessing. These are listed in the table in Appendix 1 and we would like to hear your views on these proposals.

If you have comments on the savings options, please let us know

5	**We expect to continue to need to identify more ways to bridge our future funding gap. If you have any other ideas about how we could save money and operate more efficiently please let us know here:**

6 We understand that people worry about changes to services and how this might affect them and their families, however the need for change is imperative due to our financial situation. We are interested in what changes might be acceptable to you. Please let us know your views on the following service changes:

Option	**Acceptable**	**Not sure**	**Not acceptable**
More use of technology e.g. video facilities for appointments or electronic monitoring systems for people looked after at home – already used much more due to Covid social distancing requirements			
Shift from individual packages of care for Mental Health support to enabling models of group based care providing more peer support and social interaction			
Fewer local nursing home and care home facilities for older people to concentrate services in a smaller number of larger care homes			
Reduce community based day services for older people and people with disabilities and replace these with a range of community based Third Sector services			
Increase services delivered in the Oban hospital to reduce the number of patients throughout Argyll and Bute being treated by NHS Greater Glasgow and Clyde			
Reduce discretionary (non-contractual) support to voluntary organisations encouraging these to be self-funding			

7 Please also let us know if the impacts of changes are acceptable or not:

Impacts	**Acceptable**	**Not sure**	**Not acceptable**
More travel to specialist services			
Increased travel to visit relatives receiving care or treatment			
Less in person face to face time with specialists			
Family and friends doing more to support people living at home			
Encouraging individuals to take more responsibility for health and wellbeing to prevent health problems			

Section 3: About You

8	**Age Group**	
	< 18	
	18-30	
	31-50	
	51-65	
	66-75	
	76-85	
	85+	

9	**What is your gender**	
	Male	
	Female	
	Transgender	
	Non-binary	
	Other	
	Prefer not to say	

10	**Which area do you live in?**	
	Helensburgh and Lomond	
	Oban, Lorn, and the Isles	
	Bute and Cowal	
	Mid Argyll, Kintyre, and the Islands	

11	**Do you have dependents that you look after?**	
	No dependents	
	Child or children under 18	
	Spouse or partner	
	Older relative(s)	
	Other adult(s)	

12	Are you a young carer, or a person being cared for by others, or disabled?	
	I am a Young Carer	
	I am cared for by others	
	I have a disability	

Many thanks for taking the time to respond to our questions. Your views are very important to us and will be taken into account in our budget planning. We will report your responses and the findings in various ways including Argyll and Bute Council's website.

Closing date for responses: 28 February 2022

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

Integration Joint Board

Date of Meeting: **26 January 2022**

Title of Report: **Budget Proposals 2022/23**

Presented by: **James Gow, Head of Finance and Transformation**

The Board is asked to:

- Note that the inclusion of the proposed savings is expected to enable the IJB to set a balanced budget for 2022/23 at its meeting on 30 March 2022;
- Note and approve the management savings totalling £4,642k to be delivered in 2022/23;
- Endorse the proposed policy savings, totalling £158k for further consultation;
- Note that these proposals will form part of the budget consultation process; and
- Note that there is still some further work required to identify further management savings to finalise the plan.

1. EXECUTIVE SUMMARY

1.1 This report presents a range of savings proposals which have been identified by the Senior Leadership Team in order to enable the IJB to set a balanced budget for 2022/23. This report has also been considered by the Finance & Policy Committee at its meeting on 21 January.

1.2 The Budget Outlook, considered at the November meeting outlined the expected budget gap and the savings target. The Scottish Government published a draft budget in December which allocated significant additional funding to the Health and Social Care sector, this is welcomed and makes the budgeting process for 2022/23 more manageable. Nevertheless, there is still a requirement to develop and implement savings proposals to ensure that the HSCP can operate on a financially sustainable basis, repay the debt it owes timeously and begin to consider investment requirements.

1.3 The savings target was set at £4.8m, this was allocated to services and Heads of Service have worked up proposals which are categorised as management savings and policy savings. These total £4.8m and are summarised in the appendix.

2. INTRODUCTION

2.1 The HSCP is in the process of constructing its budget for 2022/23, it is required to set balanced budget and a number of savings proposals have been developed to enable this. This report is seeking endorsement for the initial savings proposals. This will enable these to be included in the public consultation on the budget and to enable management to accept funding settlements from partners.

3. DETAIL OF REPORT

3.1 Context

3.1.1 The Integration Joint Board (IJB) is legally required to set a balanced budget for the Health and Social Care Partnership (HSCP) 2022/23 at its meeting scheduled for 30 March 2022. At the time of writing, the IJB does not yet have final funding offers from Argyll and Bute Council and NHS Highland. The draft Scottish Budget has been published which confirms additional financial support for the Health and Social Care sector. The budget also outlines expectations in respect of new service priorities, management of covid-19, winter pressures and commits the sector to increasing minimum pay rates for all care workers. This does mean that the HSCP will be in the process of expanding services and increasing staffing establishments in some areas whilst seeking to deliver the savings plan.

3.1.2 Budget planning for 2022/23 indicated that there was a likely budget gap totalling £4.8m, the approach and timetable was considered and endorsed by the Finance & Policy Committee and IJB in November 2021. There remains a degree of uncertainty in respect of the budget for next year and reducing the requirement to deliver savings will be a priority if feasible once funding allocations are fully confirmed.

3.2 Savings Proposals

3.2.1 The development of savings proposals has been a priority for the Senior Leadership Team in recent weeks. These proposals have been classified as:

- Management Savings – where there are no policy, redundancy implications or significant changes to service delivery; and
- Policy Savings – where there are either staffing or policy implications arising from the proposal.

The table below summarises the current position:

	£'000
Management Savings	3,785
Management Saving - plans to be fully developed	857
Policy Savings	158
Total	**£4,800**

Due to the timing of the planned consultation, the savings projects which have still to be developed are being classed as management savings.

Further, specific consultation will be required in the event that this is not the case once Heads of Service finalise.

3.2.2 The Board is asked to note and endorse the savings programme in advance of the consultation process and approval of the budget in March. There will clearly be a service impact associated with the savings programme, however, the management team have worked hard to ensure that the proposals have the minimum possible impact upon service delivery and our staff. It is also worth highlighting that there is some growth funding available in certain areas and this should enable savings to be delivered with a reduced impact.

3.2.3 Each of the savings summarised in the appendix provides a brief description of the nature of the saving and its impact. It is re-iterated that as the budgeting process is finalised, reducing the savings target will be considered in the event that this is feasible.

4. RELEVANT DATA AND INDICATORS

4.1 Information is derived from the financial systems of NHS Highland and Argyll and Bute Council along with the Scottish Budget as published in December 2021.

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 assessing the proposed budget savings options which are needed to deliver a balanced budget for 2022/23.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – The budget gap for 2022/23 has been estimated at £4.8m, the IJB is required to set a balanced budget for the year.

6.2 Staff Governance – It is probable that some of the savings will require reductions in staffing. These have still to be fully identified along with assessments of whether these can be accommodated through vacancies and natural turnover, or would involve potential redeployments / redundancies. It should be noted that there are specific funding increases which will result in increased staffing establishments in many service areas.

6.3 Clinical Governance – Heads of Service have been asked to consider any potential impacts on clinical care and governance in putting forward savings proposals and ensure that proposals are acceptable. Equality and Socio-Economic Impact Assessments (EQIAs) are still to be finalised for the Policy related savings.

7. PROFESSIONAL ADVISORY

7.1 Professional Leads have been involved in the development of savings proposals.

8. EQUALITY AND DIVERSITY IMPLICATIONS

8.1 Proposals to address the estimated budget gap are required to consider equalities impacts. Equality and socio economic impact assessments have still to be prepared in respect of each of the savings proposals.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

9.1 None directly from this report.

10. RISK ASSESSMENT

10.1 The budget consultation will help inform an assessment of the risks associated with savings proposals. The scale of the on-going financial challenge presents a risk to the financial sustainability of the HSCP. Financial risks will continue to be reported in detail.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

11.1 Budget consultation is planned and the savings proposals form part of the consultation process.

12. CONCLUSIONS

12.1 The budget gap for 2022/23 is estimated at £4.8m. This paper puts forward proposals for consultation on bridging that budget gap. Work is on-going in respect of the development of some of the proposals. It is highlighted that these savings are in addition to outstanding ones from 2021/22 and many of them are expected to be challenging to implement, particularly in the context of the on-going response to the pandemic.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT DETAILS

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Appendices: 1 Argyll & Bute Savings Plans 2022/23

Argyll & Bute HSCP - Proposed Savings Plans 2022/23

Appendix 1 - Proposed Savings Plans 2022/23

Reference		Lead Officer	Service	Description of Saving	Service Impact	Saving Value £'000	Notes	Risk	RAG
Management / Operational Savings Proposals									
2223-1	Health	Associate Director of Pharmacy	Prescribing	Management and review of prescribing processes and products to ensure best value is being achieved.	Minor impact on service users	**589**	Saving largely related to ensuring that most cost effective products and contracts are in use.	Increasing inflation on prescribing costs	
2223-2	Health	Head of Health Finance	Health Services	Additional non-recurring vacancy savings to be removed from budget in year as they arise.	Impact of vacancies is mitigated by operational management.	**750**	Non recurring saving, achieved in 21/22, real value of saving reduced by inflation and increased employer NI costs.	Significant reduction in staff turnover and improved recruitment.	
2223-3	Health	Service Manager - MH and Addictions	Mental Health	Review of specific high cost care packages.	Changes to service will impact on a small number of service users who will continue to be supported by the service.	**115**	Prudent estimate made in respect of known likely changes to high cost packages.	Anticipated changes not all deliverable due to individual circumstances	
2223-4	Health	Head of Health Finance	Mental Health	Ensure that funding for pay rate uplifts are passed through to Health Budgets.	None	**50**	Funding for commissioned service pay rates is being made available within the Local Authority settlement. This is expected to cover identified cost pressure.		
2223-5	Health	Depute Chief Officer	Estates	Ensure that all staff are deployed to substantive roles within the HSCP staffing structure.	None	**129**	Requires identification of suitable vacant and funded posts	Inability to identify suitable vacant posts.	
2223-6	Health	Depute Chief Officer	Estates	Energy efficiency.	None	**60**	Anticipated benefit from Estates projects aimed at improving energy efficiency and reducing carbon.	Higher than anticipated energy pricing.	
2223-7	Health	Head of Strategic Planning, Performance & Technology	Strategy, Planning & Performance	Transfer Switchboard Services to Highland Health Board from Glasgow.	None	**54**	Will reduce contract costs with NHS GGC.	Delay to implementation	
2223-8	Health	Head of Adult Services	Hospitals	1% reduction in hospital budgets.	Minor impact on service users.	**540**	Nature of savings to be identified by area managers. These must not duplicate other outstanding savings.	Inflation, demand increase, reduced covid funding for PPE	
2223-9	Health	Head of Adult Services & Head of Primary Care	Primary Care	Reduction in Forensic Service Contract costs.	Minor impact on service users	**20**	Expensive service contracts to be reviewed and alternative delivery models considered.	unable to negotiate reduced cost with existing providers or alternatives.	
2223-10	Social Work	Principal Accountant - Social Work	Social Work Services	Additional non-recurring vacancy savings to be removed from budget in year as they arise.	Impact of vacancies is mitigated by operational management.	**250**	Non recurring saving, value achieved in 21/22, real value of saving reduced by inflation and increased employer costs.	Significant reduction in staff turnover and improved recruitment	
2223-11	Social Work	Service Manager - MH and Addictions	Mental Health	Reduction in value of 3rd Party Contract	none - reduction agreed	**10**	Saving agreed with provider	-	
2223-12	Social Work	Head of Children, Families and Justice	Children's Services	Shift the balance of care across fostering, kinship and out of area residential placements.	Intention is to ensure that all children receive the most appropriate care in their local area.	**100**	Work to focus on out of area placements in particular.	unable to identify suitable local alternatives in the best interests of the children concerned.	
2223-13	Social Work	Head of Children, Families and Justice	Children's Services	Redesign and review of Justice services to become fully funded by specific grant.	none	**60**			
2223-14	Social Work	Head of Children, Families and Justice	Children's Services	Property Cost Reduction - increased home working.	Team no longer using NHS premises rented by service.	**40**		Impact on Estates budget	
2223-15	Social Work	Head of Children, Families and Justice	Children's Services	Printer and Paper cost reduction		**4**			
2223-16	Social Work	Service Manager - LD & PD	LD & PD	Day Services - Internal Staffing	none	**20**	No further staff impact, saving linked to existing restructure now in staff consultation and implementation phase.	Unexpected delay to implementation of restructuring underway	
2223-18	Social Work	Service Manager - LD & PD	LD & PD	Increased utilisation of new hosing capacity for service users.	Maximise independence of service users.	**31**	Individual risk assessments will be in place for each service user	Risk that needs of users may change and higher than anticipated levels of support will be required.	
2223-20	Social Work	Service Manager - LD & PD	LD & PD	Transport costs - Day Services.	Reduce number of vehicles, size of vehicles and encourage independent travel where possible.	**12**			
2223-21	Social Work	Head of Finance & Transformation	Transformation	Hold programme manager post vacant.	Post in budget for 22-23.	**76**		less capacity than intended to progress Transformation	
2223-22	Social Work	Head of Adult Services	Older Adults	Remove current year underspend and anticipated unfunded growth from budget.	Budget adjustment only.	**633**	Aligns budget to current provision costs	Increased demand for residential care	
2223-23	Social Work	Head of Adult Services	Older Adults	Funding to cover care home contract uplift.	Utilise new funding to cover this cost pressure	**193**	Allocate additional funding to cover increasing costs rather than recognise cost pressure		
2223-24	Health	Head of Primary Care	Dental Services	Ensure national funding is fully utilised to cover eligible costs.		**22**			
2223-25	Health	Associate Director of Public Health	Public Health	Reduce specific engagement budget which is now subsumed into mainstream PH activities		**9**			
2223-26	Health	Associate Director of Public Health	Public Health	Review of Living Well grants	Review grants and ensure value for money is being achieved	**18**			
				Total Management / Operational Savings		**3,785**			
Management / Operational Savings Proposals Still to be Finalised									
	Health	Associate Nurse Director	Quality / Governance	Detail to be confirmed		**42**			
	Health	Head of Children, Families and Justice	Children & Families	Plans in development		**200**			
	Health	Head of Adult Services	Hospital & Community Services	Detail to be confirmed		**330**			
	Social Work	Head of Adult Services - MH/LD/PD	MH/LD/PD	Detail to be confirmed		**285**			
				Total Management / Operational Savings to be finalised		**857**			
Policy Saving Proposals									
2223-17	Social Work	Service Manager - LD & PD	LD & PD	Rationalisation of Services - Oban	Reduce the number of individual sleepovers and utilise TEC	**78**	Individual risk assessments to be developed in respect of each individual impacted. Commissioned service provider will be involved in transition.	Anticipated changes not all deliverable due to individual circumstances	
2223-19	Social Work	Service Manager - LD & PD	LD & PD	Care Package Review	Implement reviews of care packages to ensure these are equitable across the area and transition to older adult care packages were appropriate	**80**	Small number of recipients would be expected to transition into residential care. Consultation and engagement with families / guardians will form part of the process.	Individual risk assessments required for each care package change	
				Policy Saving Proposals		**158**			
				Grand Total of Proposed Saving Programme		**4,800**			

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

Integration Joint Board **Agenda Item:**

Date of Meeting: 26 January 2022

Title: 2022/23 Social Work Fees and Charges

Presented by: David Forshaw

The board is asked to:

- Review and endorse the appended 2022/23 Social Work Fees and Charges proposals so that the proposals can be submitted to Argyll and Bute Council for ratification at its 2022/23 budget meeting.

1. EXECUTIVE SUMMARY

1.1 This report provides details of the proposed annual Social Work Fees and Charges uplifts for 2022/23. In accordance with normal practice, a standard uplift percentage of 3% has been applied to all of the department's fees and charges with several exceptions which are explained in the detail of the report.

1.2 Members are reminded that decisions on changes to the partnership's Non-Residential Care Charging Scheme are reserved to Argyll and Bute Council (the Council) and that members of the IJB are asked to review and, if so minded, endorse the proposed changes to the scheme ahead of a formal submission to the Council's 2022/23 budget meeting to seek ratification for their implementation from April 2022.

2. INTRODUCTION

2.1 This report sets out the schedule of proposed fees and charges for Social Work services for the 2022/23 financial year. The detailed list of proposed charges, including the 2021/22 rates for comparison, is attached as appendix 1 to the report.

3. DETAIL

3.1 Appendix 1 to this report provides the list of uprated fees and charges for 2022/23 after the application of a 3% annual inflationary uplift – there may be some minor variations due to rounding in the smaller charges.

3.2 The proposed charges for the following service areas are not calculated by applying a standard 3% uplift:

3.2.1 Local Authority Residential Care Provision (Older People)

Charges for the provision of residential care are based on the budgeted cost of the service for 2022/23 which takes account of a number of inflationary assumptions across the range of costs incurred by the homes as well as the 1.25% increase in Employer's National Insurance Contributions. The overall uplift for 2022/23 is 6%.

The proposed rate will be charged to other health and social care partnerships and local authorities with clients placed in the HSCP's care homes and to local people residing in the homes who own capital and assets exceeding £28,750 (threshold as at 2021/22). There are currently 13 self-funding clients out of 61 residents in the HSCP's care homes as at 15 December 2021, equivalent to 21% of the current residents). The majority of residents, 79% of the current residents, pay substantially less based on their ability to pay as assessed under the National Assistance (Assessment of Resources) Regulations issued by the Scottish Government.

3.2.2 Sleepovers

The sleepover charge is based on a basic pay rate of £10.50 per hour in compliance with the Scottish Government's directive on the minimum pay rate for staff working in adult social care. This represents an increase of 10.5% compared to the 2021/22 basic pay rate of £9.50 (uplifted to £10.02 in December 2021). Additionally, the rate has been adjusted to reflect the 1.25% increase in Employer's National Insurance Contributions from April 2022. The overall increase in the sleepover rate is 13%.

3.2.3 Domestic Home Care, Housing Support and Employment Support Provision

The hourly charges for domestic home care, housing support and employment support are all affected by the same changes to pay rates and Employer's National Insurance Contributions described in 3.2.2 above for sleepovers and have all been uplifted by the same 13%.

3.2.4 Children and Families Local Authority Residential Care Provision

As above at 3.2.1, the proposed charges for Dunclutha, Shellach View and East King Street reflect the budgeted cost for 2022/23 and are affected by the same payroll and inflationary cost pressures explained previously.

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

4. RECOMMENDATION

4.1 It is recommended that the proposed rates increases are endorsed by the IJB and the proposals submitted to the Council for ratification at its

2022/23 budget meeting ahead of implementation of the new rates from April 2022.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

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

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

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

6.2 Staff Governance

Updated fees and charges lists will be provided to staff and built into revised 2022/23 versions of the Social Work service's charge calculation templates once the rates have been ratified by the Council.

6.3 Clinical Governance

Not applicable.

7. EQUALITY AND DIVERSITY IMPLICATIONS

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

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

8.1 Not applicable.

9. RISK ASSESSMENT

9.1 The key risk arising from the above proposal relates to service users who are unable to afford to pay increased charges. To ensure that charges are levied fairly and that service users are not placed into financial hardship, the Council's Non-Residential Care Charging Policy is reviewed annually in line with changes to state benefits rates and other related guidance issued by the Scottish Government and COSLA – no proposals for changes have been issued for 2022/23. In addition, staff are able to signpost service users to local advice services and the Council's Welfare Rights Team to ensure that their benefit entitlements have been maximised and for help and advice with managing their money. Finally, a

waivers and abatement procedure is in place which provides service managers with discretion to adjust charges where necessary.

10. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

10.1 Not applicable.

11. CONCLUSIONS

11.1 This report sets out the proposed annual increases to the Social Work fees and charges rates which reflect the increased cost of delivering social care services in Argyll and Bute. Members are asked to endorse the proposals for submission to the Council for ratification at the Council's 2022/23 budget meeting.

12. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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APPENDIX 1 – 2022/23 SCHEDULE OF PROPOSED FEES AND CHARGES FOR SOCIAL WORK SERVICES

		2021/22				2022/23				Increase		
Description	Other	Net £	VAT Rate	VAT £	Gross £	Net £	VAT Rate	VAT £	Gross £	£	%	Notes/Comments
SOCIAL WORK												
Local Authority Residential Care Provision (Community Care) Weekly Charge		1,422.39	Outwith the Scope	0.00	1,422.39	1,514.67	Outwith the Scope	0.00	1,514.67	92.28	6%	
Non - Residential Services - Lunch Clubs - per meal		4.65	Outwith the Scope	0.00	4.65	4.80	Outwith the Scope	0.00	4.80	0.15	3%	
Non - Residential Services - Telecare - Community Alarms - per week		5.60	Outwith the Scope	0.00	5.60	5.75	Outwith the Scope	0.00	5.75	0.15	3%	
Non - Residential Services - Telecare - Care Assist System - per week		4.75	Outwith the Scope	0.00	4.75	4.90	Outwith the Scope	0.00	4.90	0.15	3%	
Non - Residential Services - Telecare - Mobile Devices and Monitoring - per week		2.65	Outwith the Scope	0.00	2.65	2.75	Outwith the Scope	0.00	2.75	0.10	4%	
Non - Residential Services - Telecare - Canary System - per week		2.10	Outwith the Scope	0.00	2.10	2.15	Outwith the Scope	0.00	2.15	0.05	2%	
Non - Residential Services - Home Help - hourly rate		19.04	Outwith the Scope	0.00	19.04	21.48	Outwith the Scope	0.00	21.48	2.44	13%	Adjusted to reflect the changes in staff pay per the Scottish Government £10.50 per hour minimum pay rate and the 1.25% increase in Employer's National Insurance Contributions from April 2022.
Non - Residential Services - Housing Support - hourly rate		19.04	Outwith the Scope	0.00	19.04	21.48	Outwith the Scope	0.00	21.48	2.44	13%	Adjusted to reflect the changes in staff pay per the Scottish Government £10.50 per hour minimum pay rate and the 1.25% increase in Employer's National Insurance Contributions from April 2022.
Non - Residential Services - Employment Support - hourly rate		19.04	Outwith the Scope	0.00	19.04	21.48	Outwith the Scope	0.00	21.48	2.44	13%	Adjusted to reflect the changes in staff pay per the Scottish Government £10.50 per hour minimum pay rate and the 1.25% increase in Employer's National Insurance Contributions from April 2022.
Non - Residential Services -Sleepover Service - per night		106.20	Outwith the Scope	0.00	106.20	119.88	Outwith the Scope	0.00	119.88	0.00	13%	Adjusted to reflect the changes in staff pay per the Scottish Government £10.50 per hour minimum pay rate and the 1.25% increase in Employer's National Insurance Contributions from April 2022.
Non - Residential Services -Transport - per day		2.94	Outwith the Scope	0.00	2.94	3.02	Outwith the Scope	0.00	3.02	0.08	3%	Adjusted to be divisible by 2 to enable one-way charging
Non - Residential Services -Elderly Day Care - hourly rate		9.36	Outwith the Scope	0.00	9.36	9.64	Outwith the Scope	0.00	9.64	0.28	3%	Adjusted to be divisible by 4 to reflect quarter hour visits
Non - Residential Services -Learning Disability Resource Centre Service - hourly rate		24.72	Outwith the Scope	0.00	24.72	25.48	Outwith the Scope	0.00	25.48	0.76	3%	Adjusted to be divisible by 4 to reflect quarter hour visits
Provision of Occupational Therapy Consultation - Per assessment/consultation		259.45	Outwith the Scope	0.00	259.45	267.23	Outwith the Scope	0.00	267.23	7.78	3%	
Provision of Professional Services - Per Community Care Assessment/ Consultation		650.33	Outwith the Scope	0.00	650.33	669.84	Outwith the Scope	0.00	669.84	19.51	3%	
Provision of Professional Services - Full needs assessment only		493.74	Outwith the Scope	0.00	493.74	508.55	Outwith the Scope	0.00	508.55	14.81	3%	
Provision of Professional Services - Needs Review only		180.57	Outwith the Scope	0.00	180.57	185.99	Outwith the Scope	0.00	185.99	5.42	3%	

		2021/22				2022/23				Increase		
Description	Other	Net £	VAT Rate	VAT £	Gross £	Net £	VAT Rate	VAT £	Gross £	£	%	Notes/Comments
SOCIAL WORK												
Children & Families - Local Authority Residential Care Provision: Dunclutha (weekly charge)		2,185.31	Outwith the Scope	0.00	2,185.31	2,158.13	Outwith the Scope	0.00	2,158.13	-27.18	-1%	Charge levied to other HSCPs/Councils buying places from Argyll and Bute.
Children & Families - Local Authority Residential Care Provision: Shellach View (weekly Charge)		2,080.21	Outwith the Scope	0.00	2,080.21	2,126.74	Outwith the Scope	0.00	2,126.74	46.53	2%	Charge levied to other HSCPs/Councils buying places from Argyll and Bute.
Children & Families - Local Authority Residential Care Provision: Helensburgh (weekly Charge)		2,000.00	Outwith the Scope	0.00	2,000.00	2,083.95	Outwith the Scope	0.00	2,083.95	83.95	4%	Charge levied to other HSCPs/Councils buying places from Argyll and Bute.
Children & Families - Other Charges - Inter Country Adoptions		6,816.87	Outwith the Scope	0.00	6,816.87	7,021.38	Outwith the Scope	0.00	7,021.38	204.51	3%	
Inter-Authority Substitute Family Care Placements: Within Scotland	In line with British Association of Adoption and Fostering (BAAF) recommended figures		Outwith the Scope				*Outwith the Scope*					In line with British Association of Adoption and Fostering (BAAF) recommended figures.
Inter-Authority Substitute Family Care Placements: Elsewhere - 1 child	In line with British Association of Adoption and Fostering (BAAF) recommended figures		Outwith the Scope				*Outwith the Scope*					In line with British Association of Adoption and Fostering (BAAF) recommended figures.
Inter-Authority Substitute Family Care Placements: Elsewhere - 2 children (siblings placed together)	In line with British Association of Adoption and Fostering (BAAF) recommended figures		Outwith the Scope				*Outwith the Scope*					In line with British Association of Adoption and Fostering (BAAF) recommended figures.
Inter-Authority Substitute Family Care Placements: Elsewhere - 3 children (siblings placed together)	In line with British Association of Adoption and Fostering (BAAF) recommended figures		Outwith the Scope				*Outwith the Scope*					In line with British Association of Adoption and Fostering (BAAF) recommended figures.
Hostel Charges - Room hire - children's hearing - half day		23.30	Exempt	0.00	23.30	24.00	Exempt	0.00	24.00	0.70	3%	
Hostel Charges - Room hire - children's hearing - Full day		38.90	Exempt	0.00	38.90	40.05	Exempt	0.00	40.05	1.15	3%	
Hostel Charges - Room hire - half day		38.90	Exempt	0.00	38.90	40.05	Exempt	0.00	40.05	1.15	3%	
Hostel Charges - Room hire - full day		69.95	Exempt	0.00	69.95	72.05	Exempt	0.00	72.05	2.10	3%	
Hostel Charges - Catering: Tea, Coffee and Biscuits		2.83	Standard	0.57	3.40	2.92	Standard	0.58	3.50	0.10	3%	
Hostel Charges - Catering: Soup and Sandwiches		5.54	Standard	1.11	6.65	5.71	Standard	1.14	6.85	0.20	3%	
Hostel Charges - Catering: Lunch (2 course with coffee)		8.46	Standard	1.69	10.15	8.71	Standard	1.74	10.45	0.30	3%	
Hostel Charges - accommodation - Argyll & Bute Council - Bed & Breakfast		32.42	Standard	6.48	38.90	33.38	Standard	6.68	40.05	1.15	3%	
Hostel Charges - accommodation - Argyll & Bute Council - Half Board		45.46	Standard	9.09	54.55	46.83	Standard	9.37	56.20	1.65	3%	
Hostel Charges - accommodation - Other Groups - Bed & Breakfast		32.42	Standard	6.48	38.90	33.38	Standard	6.68	40.05	1.15	3%	
Hostel Charges - accommodation - Other Groups - Half Board		45.46	Standard	9.09	54.55	46.83	Standard	9.37	56.20	1.65	3%	
Hostel Charges - accommodation - Other Groups - Full Board		51.88	Standard	10.38	62.25	53.42	Standard	10.68	64.10	1.85	3%	

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

Integration Joint Board **Agenda item:**

Date of Meeting: 26 January 2022

Title of Report: Strategic Risk Register Review

Presented by: James Gow, Head of Finance and Transformation

The Integration Joint Board is asked to:

- **Note** that management have reviewed the Strategic Risk Register.
- **Consider and approve** the proposed changes to the Strategic Risk Register.
- **Note** that the HSCP is operating on an Emergency Response basis which has an impact on Risk and mitigations throughout the HSCP.
- **Note** that it is intended to arrange a separate development session to facilitate a more detailed review of the Strategic Risk Register and Risk Appetite.

1. EXECUTIVE SUMMARY

1.1 An important element of the HSCP approach to Risk Management is to regularly review its Strategic Risk Register. This report confirms that this process has been undertaken in November 2021 and recommends some suggested changes to the Risk Register. An earlier version of this report was considered by the Audit and Risk Committee on 10 December.

1.2 Overall there are number of environmental factors which are resulting in relatively high levels of risk and uncertainty at the present time. In particular there is the on-going impact of covid-19, the high levels of pressure currently being faced by the NHS and social care services and in particular the ability to recruit and retain the required staffing resource to deliver services.

1.3 This report provides members of the Integration Joint Board with an opportunity to review the Strategic Risk Register in line with the 6 monthly review timetable. It is intended that a separate development event will be organised to enable members to review the Risk Register in detail.

1.4 It is highlighted that the Health and Social Care Sector was placed on an emergency footing on 10th December 2021. The implications of this are wide ranging and impact throughout the Risk Register for a variety of reasons. These include the direct and indirect implications of Covid-19 along with decisions to stand down or delay services and pieces of work. Some of these decisions are likely to impact on service users while others represent delays or reductions in mitigating actions which contribute to risk management. There are separate governance and decision making arrangements in place in respect of this and these are not repeated in this report. These arrangements have risk

management and the minimisation of harm at their core. The situation is being reviewed on a daily basis by management as part of the response arrangements. Extensive liaison with partners also forms part of the way in which the situation is being managed.

2. INTRODUCTION

2.1 The purpose of this report is to provide members of the IJB with the opportunity to review the Strategic Risk Register and consider suggested changes. The Risk Register is due to be reviewed by the IJB every 6 months. The regular consideration of Risk and how risks are mitigated is an important aspect of management and governance arrangements. It is appreciated that this is in the context of the HSCP being placed on an emergency response footing. The implications of this are not fully understood at present and it is likely that there will be an impact upon risk management in the coming months. There are separate governance and decision making processes in place in respect of the risk management and the wider implications of this.

3. DETAIL OF REPORT

3.1 The Risk Register is an important tool for identifying risks and assessing their perceived likelihood and impact. It is important that the Risk Register is viewed as a dynamic document and is reviewed and updated regularly. The Risk Register is also considered along with the Risk Appetite and is scheduled to be reviewed by the IJB twice per year.

3.2 It is recognised that the Audit & Risk Committee have a key responsibility in reviewing the Strategic Risk Register regularly. The current version is attached as appendix 1. The Strategic Risk Register describes 20 strategic risks faced by the HSCP. It also includes three additional risks for consideration in respect of Statutory and Mandatory Training for staff, the Vaccination Programme and our ability to respond appropriately to the Climate Change decarbonisation targets.

3.3 On the assumption that the additional risks are included in the Strategic Risk Register, the following table summarises the current position:

Residual Risks		Very High	High	Medium	Total
May 2021		2	9	9	20
December 2021		4	13	6	23

3.4 In respect of those risks that are rated as 'Very High':

Covid-19

The HSCP has been placed on an emergency response footing. Governance and decision making arrangements in respect of this are in place. Based on current modelling it is assumed that this will have an impact for at least 3 months. It is anticipated that some services and pieces of work will be stood down during this period, the impact will be minimised and risk is a fundamental part of the decision making process.

Sustainability of Commissioned Service Providers (SSR07)

This risk remains very high as a number of our service providers continue to struggle to recruit staff and deliver the services they are being commissioned to deliver. We continue to engage closely with our service providers and ensure that they are in receipt of the financial support available from Government through covid-19 funding.

Workforce Recruitment and Retention (SSR10)

This risk is perceived to have increased further since the last review in May 2021. The HSCP is experiencing increasing difficulty in recruiting staff to a wide variety of roles. Whilst additional funding is welcomed it brings with it an expectation that the HSCP will employ significantly more frontline staff, this is anticipated to be difficult. Management of absence and wellbeing agenda are ways in which this can be mitigated along with on-going recruitment advertising. This is also now considered to be both a local and a national issue in respect of the labour market. The Risk Register outlines current actions to mitigate this risk.

Communication and Engagement with Communities (SSR11)

This risk is also considered to remain very high. Recent issues in respect of the administration of the vaccination programme are contributing to this overall rating.

3.4 Trend arrows have been added to the residual risk scoring to indicate the management perception in respect of the rating of the risks on the register, these do not necessarily mean the risk rating has changed. There are a few risks where there is a perceived increase in the associated risk and other wider developments of relevance:

Safety of Services – this risk is perceived to have increased from Medium to High, this is linked to the risks described above in respect of commissioned service providers and the challenge in recruiting and retaining staff through the Health and Social Care System. It also reflects the current situation in respect of the Emergency Footing status.

Waiting Times – this risk is also perceived to be increasing (from medium to high) as a consequence of the on-going pressure being faced within the NHS more widely, particularly as a large proportion of our NHS patients require treatment out of area. There is also an increase in un-met need for care at home and other support services.

Infrastructure and Assets – This risk is perceived to be increasing as current proposed investment levels continue to be insufficient to reverse the decline in the condition and suitability of some properties being operated by the HSCP.

Financial Risk - In respect of financial risk it is the case that the sector expects to be in receipt of additional funding, this along with a positive external audit report and progress with budgetary control are resulting in an improved, although challenging financial outlook. In particular, on-going relatively high inflation is an increasing concern which is already feeding though into supplies and services contract prices and may fuel further inflationary pressure on pay. The long term position relating to public finance more widely, remains a

concern, the publication of the Spending Review in December will provide improved context.

3.5 In terms of the wider environment, the government have increased the threat level associated with terrorism from substantial to severe following the recent incident in Liverpool. The threat of terrorism is not specifically included in the HSCP strategic Risk Register as the likelihood of an attack which would result in serious disruption to services is not considered to be significant enough to warrant inclusion. There is however a recorded risk in respect of Business Continuity which would incorporate the impact of such an event.

3.6 The proposed structural change for the Health and Social Care sector also presents a risk. It is suggested that detailed consideration of the implications of this risk and potential mitigations are considered when further information is published by the Government, once they have fully considered the responses to their consultation.

3.7 The revised Risk Register has been considered by the Management Team to ensure it captures a fair summary of perceived risks throughout the HSCP. It is also highlighted that risk management within the HSCP relies heavily upon processes and procedures within the partner organisations, particularly in respect of cyber security, data protection and financial processes and systems. It is recognised that further work is required to ensure that the Strategic Risk Register is integrated effectively with service owned risk registers.

4. RELEVANT DATA AND INDICATORS

4.1 The identification and rating of risk is based on internal and external data and indicators as well as a wider environmental scan.

5 CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 Robust risk management is an important aspect of the overall strategic management of the HSCP.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – None

6.2 Staff Governance – None

6.3 Clinical Governance – None

7. EQUALITY & DIVERSITY IMPLICATIONS

7.1 None arising directly from the contents of this report.

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

8.1 None.

9. RISK ASSESSMENT

9.1 This report provides a detailed review of the perceived strategic risks facing the HSCP.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

10.1 None arising directly from this report.

11. CONCLUSIONS

11.1 Overall the risk environment facing the HSCP is perceived to be increasing as we move towards the winter period. Difficulties in recruiting staff to a number of roles and the on-going pressure within the NHS in total are contributing to this perception of increasing risk. Most significant is the move to an emergency response footing in response to Omicron, this is expected to have increasing implications in the coming months for all aspects of the HSCP activities and governance and management.

12. DIRECTIONS

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

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APPENDICES:

Appendix 1: Strategic Risk Register

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ARGYLL & BUTE INTEGRATED JOINT BOARD STRATEGIC RISK REGISTER UPDATED DECEMBER 2021

			Gross Risk				Residual Risk				
Risk Ref and xRef to Strategic Objectives	**Description Of Risk**	**Consequence**	**Likelihood**	**Impact**	**Risk Rating /Score**	**Mitigations/ Control Measures 2021/22**	**Likelihood**	**Impact**	**Risk Rating /Score**	**Proposed New Control Measures**	**Risk Owner(s)**
SSR01 links to B,E,F,J	**Financial Sustainability** - risk of financial failure arising from costs and demand for services outstripping the available budget. This could be as a result of unbudgeted demand, cost pressures, failure to deliver savings targets or as a result of the level of delegated resource to the IJB from partners not being sufficient to deliver on strategic objectives.	Inability to deliver on the Strategic Plan, reduction in performance, progress not being made in respect of national priorities and targets, reputational damage to the IJB and partner bodies and the requirement to implement service changes or reductions that are not line with the strategic objectives. Possibility of intervention in management of HSCP.	4- Likely	5 - Extreme	VERY HIGH 20	oThe Integration Scheme outlines the consequences of overspend - partners required to supplement resources o Financial information reported to Finance & Policy Cttee and IJB for current year and the budget outlook for future 3 years. o Additional allocation of in-year resource o Review of funding allocations and settlements from government and partners and engagement with sector networks o Finance & Policy Committee which meets regularly and scrutinises financial performance, risk management, savings programme and financial planning o Increased focus and resource on delivery of the Savings Plan, project management approach to monitor and record progress oDevelopment of financial governance, integrated financial reporting, financial risk register, operational and strategic reporting along with careful modelling of cost pressures. oIndependent external audit of accounting and financial planning and reporting process of partners and HSCP oEngagement with budget holders, SIO's and finance teams to ensure accurate financial forecasting is in place. oAdditional repayment of debt to council at end of 2020/21 to reduce future liabilities	3- possible	5- Extreme	HIGH 15	o allocations of additional funding for winter pressures in 2021/22 o review of current savings programme o engagement in NCS consultation and modelling of potential implications	Chief Financial Officer ↓
SSR02 links to A,B,C,D,E,F, G,H,I,J,K	**Delivery of Strategic Objectives** - Lack of resources to deliver transformational change could lead to a failure to deliver on strategic outcomes and priorities in the Strategic Plan and the targets and expectations from the Scottish Government. The pace of change to re-design services might not keep up with the demographic pressures of an ageing population and the progress with the shift from institutional and acute care will impact on resources available for re-designed services.	Inability to engage with the workforce and communities on the need for change could lead to reputational damage and the increased fragility of health and social care services and poorer health outcomes for local people.	4- Likely	4- Major	HIGH 16	oLocality Planning Groups with agreed terms of reference and engagement strategy guidelines oDelivery of the annual Savings Plan with EQIAs produced to highlight impacts where appropriate oMedium term budget planning integrated with strategy development oPerformance reporting to the IJB, including progress against Health and Wellbeing indicators and MSG targets with actioned performance management oCommunications and engagement strategy oPublished Annual Performance Report oMonitoring through Service Transformation Board and Finance & Policy Cttee with clearly articulated links to Strategic Planning Group oImproved governance for IJB and committees oSMT reporting structure and links with partner organisations, including Chief Officer representation on partner senior management teams oEngagement with staff representatives oClearly articulated impact on Quality and Performance in all service redesign plans	3 - Possible	4 - Major	HIGH 12	o Roll out of new Integrated Performance & Reporting Regime in 2021/22 o Re-build Locality Planning Groups (to commence Q4 2021/22) o Implementation of new technology	Chief Officer ↔
SSR03 Links to B,E,G,H,I	**Demographic Changes** - failure to implement strategies and actions to address future demographic challenges of declining population, reduced working age population and an increase in the proportion of older people. Failure to accurately forecast the impact on services including shifting the balance of care and implementing new models of care. The population decline will reduce resources available in future.	This could lead to service failure to meet needs of service users and deliver against the Strategic Plan objectives.	4- Likely	4 - Major	HIGH 16	oStrategic Plan and role of Strategic Planning Group oIncorporation of demographic forecasts into Strategic Planning and Locality Planning oLocality Planning Groups to inform service re-designs in each locality in line with needs of the population o Strategic Workforce Planning Group established Jan 21 to share data and good practice and develop 3 year workforce plans oDemand pressures for services incorporated into budget process oNational awareness of demographic changes been driver for change in the way services are delivered oOngoing engagement with Community Planning Partners and joint planning	3 - Possible	4- Major	HIGH 12	oBuild on capacity for self-management and prevention work oPlanning for future workforce demographic changes in Workforce Plan oUpdated Adult Health Strategic Needs Assessment being completed which will feed into new 3 year Strategic Plan from April 2022 oReview of Transformation and change programme	Head of Strategic Planning & Performance ↔
SSR04 links to J	**Governance and Leadership** - IJB arrangements are not conducive to effective working and lead to poor decision making and lack of strategic direction.	Reputational damage, lack of confidence in the IJB and inability to deliver on strategic objectives in a consistent manner.	3 - Possible	4 - Major	HIGH 12	oArrangements for appropriate representation on the IJB. oProgramme of development sessions for IJB members. oIntegration Scheme recently reviewed signed off March 2021, Strategic Plan, Standing Orders and Code of Conduct in place. oCommittee structure below IJB, including Audit & Risk Committee, Clinical and Care Governance Committee, Strategic Planning Group, and Finance & Policy Committee. oInternal Audit review of governance arrangements in June 2020 and all recommendations implemented. oExternal Audit role oRegular engagement with Standards Officer	3 - Possible	3 - Moderate	MEDIUM 9	o Development of Code of Corporate Governance to achieve an holistic approach to the overall Governance of the IJB and regular review of performance o implementation of governance improvement actions and audit recommendations o Progress with appointing to leadership positions	Chief Officer ↓

SSR05 links to G,H	**Partnership Working** - inadequate partnership arrangements with all partners including the Council and Health Board and commissioned service providers including NHS GG&C for acute services, the third sector and other commissioned providers. This would be as a result of lack of clarity around roles and responsibilities and the ability of the IJB to articulate commissioning intentions for all services and manage these appropriately.	This may lead to duplication of effort, poor relationships and the inability to effectively negotiate the IJB's position. The partnership may be viewed as failing or not achieving objectives, leading to reputational damage and loss of confidence in IJB and all partners. It could also result in a reductions or loss of services to the community and failure to exploit opportunities for joint working, innovation and efficiencies.	4 -Likely	4 - Major	HIGH 16	oIntegration Scheme recently reviewed outlining roles and responsibilities signed off March 2021 oIndependent scrutiny arrangements in place and work of internal audit, including assurance mapping. oRepresentation on IJB from both partner bodies. o Tri-partite Joint Leadership meetings oClear channels of communication and information sharing protocols in place oChief Officer member of both Council and Health Board Senior Management Teams and has overall strategic and operational responsibility for service delivery oDirections are issued to partners in line with strategic direction and operational delivery of services. oStrategic Planning work with Commissioned Service providers to be clear around the IJB requirements and commissioning intentions oThird Sector representation on the IJB oRegular meetings with key partners including NHS GG&C and Scottish Ambulance Service	3 - Possible	3 - Moderate	MEDIUM 9	oOngoing work required with NHS GG&C to agree financial impact of IJB commissioning intentions oAlignment of roles and responsibilities through the code of corporate governance and induction training for new members of the IJB oDevelopment of Commissioning Strategy oShift from annual grant funding to longer term contracts to facilitate longer term security / planning	Chief Officer ↔
SSR06 links to E,J	**Infrastructure and Assets** - assets remain under the ownership of the Council and Health Board, there is a risk that these do not meet the current and future requirements due to underinvestment in property maintenance and are not being used or managed efficiently and effectively. The IJB does not have full control/flexibility over the assets it uses to deliver services.	May result in assets not being maintained or being otherwise appropriate to support the IJB's strategic outcomes and do not enable efficient, safe and effective service delivery. Accommodation provided for residential and short episodes of care result in poorer outcomes. Properties will fair to meet standards required by regulators and fail to deliver on carbon reduction commitments.	4 - Likely	4 - Major	HIGH 16	o Progressing co-location options with Argyll & Bute Council o Represented on Council and NHS Highland Asset Management Boards o Partnership working to reflect joint planning approach with membership of both partner asset groups o Regular joint infrastructure meetings to support digital service delivery	4 - Likely	4 - Major	HIGH 16	oHSCP Digital / IT strategy to be developed by 2022 to help enable rationalisation through increase in home working o Development of a strategic approach to the combined HSCP estate and the identification of priorities for investment and replacement of infrastructure assets.	Chief Officer, Head of Strategic Planning and Performance ↑
SSR07 links to B,D,E,H	**Sustainability of commissioned service providers** - financial and operational sustainability of care at home and care home commissioned service providers deteriorates as a result of financial and workforce pressures.	Market failure would lead to disruption of service, the implementation of contingency plans, increased costs and an adverse impact on individuals and their families. Would also impact on the ability of the IJB to deliver on the planned shift in the balance of care.	5 - Almost Certain	5 -Extreme	VERY HIGH 25	oCommissioning team supplier relationship and market management, including contract management and review processes and solvency checks as part of contract management oAdditional funding for providers to facilitate the implementation of wage increases and Fair Work Practices oEngagement with national work supporting the National Care Home Contract oContingency planning in localities for care at home during the pandemic. Care Home and Care at Home Assurance Group for Argyll and Bute (recently amended to encompass care at home) which looks at identifying and managing daily risks. oStrategically the Care Home Programme Board will assist planning ahead with forecasting demand. oThere is a Care Home Task Force communicating with Independent Providers. oEngagement with national workforce planning and local training providers around promotion of the caring profession	5 - Almost Certain	4- Major	VERY HIGH 20	o Continuing work with providers to implement new patching model which works better for them and us o ongoing engagement nationally with financial sustainability plans from end of June 2021 to March 2022 and delivery of these, and consideration of need for further local support o Delivery of a Strategic Commissioning Plan based on Joint Strategic Needs Assessment o development of winter plan o regular management escalation where issues arise o effective use of additional winter planning funding	Heads of Adult Care, Head of Strategic Planning and Performance ↔
SSR08 links to A	**Equalities** - service are not delivered in a way that addresses inequalities.	Service users are put at unnecessary risk of harm and people with poorer life chances may have their health and wellbeing impacted. Groups with protected characteristics may be perceived to be impacted unfairly.	4 - Likely	3-Moderate	HIGH 12	oEqualities Outcomes Framework in place oEqualities impact considered as part of IJB decision making and service change. oCommunication with service users as part of implementation of service change using engagement and communication strategies. oAdjustments to implementation plans are actioned where appropriate to mitigate any potential negative impact. oService changes not implemented where this would constitute unlawful discrimination.	3 -Possible	3 - Moderate	MEDIUM 9	o Need to further develop EQIA process	Chief Officer ↔
SSR09 links to B,C,D,E,F,I,J	**Scottish Government Policies** - risk of further legislative, policy developments or change which impacts on the IJBs ability to deliver on the Strategic Plan, examples include Independent Review of Adult Social Care, Continuing Care, the Living Wage, the Carers Act, and other future policy developments.	Inability to deliver SG policies alongside the Strategic Plan and IJB's agreed objectives and the impact of additional unfunded cost pressures .	5 - Almost Certain	4 - Major	VERY HIGH 20	oHorizon scanning for policy developments through partners and SMT network groups oRegular liaison with senior officers in the Scottish Government and through Cosla Groups oRespond to Scottish Government information requests on impact of future policies oEarly impact assessment locally for national policies, including any impact in budget outlook oImplement and adopt innovative ways of implementing policies oRole of Elected Members and IJB members to influence Scottish Government decision making through political routes	4- Likely	3 - Moderate	HIGH 12	o Carers Act officer in post and working on plans to implement the objectives of the Carers Act o engagement continuing through professional networks to respond to IRASC o strengthen relationships with Cosla through using our Board representatives	Chief Officer ↔

SSR10 links to B,C,E,H,I,J	**Workforce Recruitment and Retention** - inability to recruit and retain the required workforce because of national workforce challenges and local challenges particularly in remote and rural areas and for clinical specialties. This leads to increased costs from reliance on medical locums and agency staff, not only for the IJB but also for commissioned service providers.	Service users needs for particular disciplines or in particular areas may not be met if workforce is not in place.	5 - Almost Certain	5 - Extreme	VERY HIGH 25	oJoint and integrated Workforce Plan led by NHS Highland oStrategic Workforce Planning Group to ensure overall visibility of recruitment, retention and development challenges across HSCP o#abplace2b campaign framework for attracting people into area. abplace2b.com provides information and current vacancies and signposting to housing and business. oContingency plans for clinical posts to reduce reliance on locums oMedical Workforce Productivity work stream led by NHSH assisting with hard to fill vacancies and recruitment oService re-designs to plan for changes to services in line with workforce capacity oTargets for new Modern Apprentices to reduce average age of workforce oSupport commissioned service providers with recruitment and retention, for example supporting implementation of Living Wage and pay rate increases. o Links with Open University assisting recruitment of students for social work and nursing o Programme for delivering SVQs for social care o Development and roll out of community team standards o Detailed data on workforce available to managers	5 - Almost Certain	4 - Major	VERY HIGH 20	oDevelopment of detailed Workforce Plan to support strategic plan oHeads of Service and Managers actively engage in workforce planning oExplore further opportunities for Growing our Own including MAs in NHS oPromote ABC and NHSH as employers of choice and ensure all vacancies promoted using abplace2b.com. oContinue to reduce reliance on locum and agency staff through scrutiny oEnsure on-going support for CPD oUtilisation of new funding to increase staffing Identify options within current estate in HSCP to address housing shortages and raise issue of key worker housing oRoll out of iHub work in Oban to other localities	Head of Customer Support Services ↑
SSR11 links to B,E,F,J,K	**Communications and Engagement with Communities** - risk of inadequate arrangements in place to communicate with wider communities and partners as a result of gaps between the IJB requirements and strategic direction and the expectation of service need from communities.	Could result in failure to gain community support for service changes and ineffective partnership working with communities. Reputational damage from failure to adequately consult and engage. Could result in failure to deliver planned change and transformation projects.	5 - Almost Certain	4- Major	VERY HIGH 20	oCommunication and Engagement Strategies delivered but require to monitor practice through assurance frameworks. oOpenness and transparency of publicly available information Communications events and information widely available to engage stakeholders in conversations about service changes and the need for change. oEngagement with politicians to ensure the Argyll and Bute position is shared and understood. oLocality Planning Groups and other forums are used to communicate with communities and explore new ways of getting the IJB message across (including MH advocacy groups, carers centres etc). oCommunication plans developed as part of implementation of service changes	5 - Almost Certain	4- Major	VERY HIGH 20	oSupport local ownership of communications and engagement oContinue roll out of social media use at a local level oOngoing review of Communications and Engagement Strategy. o deliver communication and engagement plans within guidelines. Ensure conforms to SG guidance "Planning with People" and standards for community engagement.	Associate Director Public Health, Communications team ↔
SSR12 links to B,E,F,J,K	**Workforce Shift** - risk that there is not appropriate engagement with staff groups, particularly over the need for service changes and the requirement to work in a different way. There may be professional concerns about inter-disciplinary working and cultural barriers will prevent effective integration.	This would result in poor morale and the failure to gain staff support for the workforce shift and culture change required. Resistance from the staff group would in turn limit the flexibility required to deploy the workforce in line with changed models of care, full integration will not be achieved and teams will be disjointed. Ultimately impacting on the service provided to communities.	4 - Likely	4 - Major	HIGH 16	oJoint Partnership Forum and Staff side Liaison facilitate communications and information flow between management to staff side and Trade Unions oCommunications plan for each service change project, including staff as stakeholders oSupport from staff side partnership to support staff with new ways of working with an integrated partnership approach. oCompliance with terms and conditions of employment for both staff groups oIndividual staff development plans and training programmes oWorkforce Planning oStaff surveys used to inform targeted improvement work with individual teams o Action plan in response to Sturrock and 6 local culture workstreams set up and progressing oStrengthened communication and cascade of information from Chief Officer	4- Likely	4- Major	HIGH 16	oClarity over role and function of teams working in our communities.OD support will be offered to Area Managers to support teams. o ongoing work of the 6 culture workstreams o production of annual and 3 year workforce plans to be completed o increased focus required on progressing with redeployments of staff who are supernumerary	Chief Officer ↔
SSR13 links to B,C,D,E,J	**Service Delivery** - ineffective leadership and management of services and resources	Patients and service users receive poor service. Fail to meet agreed performance levels.	4-Likely	4 - Major	HIGH 16	o Clinical and Care Governance Framework and Committee in place to hold to account the quality of existing services o Professional representation at SMT and the IJB o Role of Chief Social Work Officer o Performance management framework and service delivery plans ensure a focus on performance and achievement of strategic objectives with regular reporting to IJB.	3 - Possible	3 - Moderate	MEDIUM 9	o New integrated Performance Management regime in process of delivery	Chief Officer ↔
SSR14 links to A,B,H,J	**Safety of Services** - inability to maintain the safety of services due to demographic changes, increasing need and complexity and the ability to recruit staff, both for direct employment and for delivery partners	This may result in harm to service users or patients, the failure to provide appropriate care and reputational damage to the IJB and partners.	4-Likely	5 - Extreme	VERY HIGH 20	oClinical and Care Governance Committee and professional leadership oRisk Management Strategy recently updated and operational risk management arrangements oOn-going recruitment, retention and training of staff oTriggers for service re-designs including ensuring clinical safety is not compromised oPrioritisation of need frameworks in place to determine need for access to services oDevelop and implement contingency arrangements for localities and services	4-Likely	4- Major	HIGH 16	o Implementation of pay increase o Increased focus on training and development of staff and improved flexibility o Increased engagement with commissioned service providers	Lead Nurse/Chief Social Worker ↑
SSR15 links to A,B,H,I	**Waiting Times** -failure to meet waiting times targets and treatment times guarantees for treatment in specialities in NHS GG&C and outreach clinics in Argyll and Bute. Waiting times have already increased due to Covid-19 pandemic and disruption and pressures within the Health system continue.	This would result in a poor level of service for patients, the potential to have to travel further for appointments, and is not in line with the anticipatory and preventative approach to care.	4-Likely	4 - Major	HIGH 16	o Continued engagement with NHS GG&C to agree a strategic jointly planned approach to outreach services o Monitoring and reporting of waiting times o Development of new delivery models such as specialist nurses, tele-consultation and direct or follow up referral to primary care or AHP professionals o Offer alternative services to patients o Plans for use of Waiting List and winter planning funding	4- Likely	4- Major	HIGH 16	oInclusion in NHS Highland Remobilisation plan to request additional funding to redesign services and address backlog. Initiatives include increasing virtual clinics/services, digital and appointment modernisation, enhanced role of AHPs and waiting times initiatives additional clinics. Cover mental health, CAMHS, Acute and AHPs oThe development of Near Me and Outreach Clinics needs further scoped across all sites/clinics following the pandemic.	Heads of Service ↑

SSR16 links to A,B,C,D,E,F, G,H,I,J,K	**Support Services** - risk that support services do not adequately support integrated front line service delivery. Inability to integrate support services which are not fully delegated to the IJB, including IT, HR, Finance, Governance, Communications, Improvement & Performance, Procurement and Commissioning, Legal Services etc. Continued reliance on two systems, processes and approaches may lead to confusion and ongoing inefficiency. Risk that partners will not support changes to current arrangements.	Could adversely affect services experienced by patients and service users if support services cannot fully support front line services. Wasteful duplication and inefficient use of resource.	4-Likely	4- Major	HIGH 16	oRange of system workarounds in place to ensure business as usual oCo-location of staff oSome IT systems integrated and further plans to review this and to facilitate access to joint systems oRollout of MS Teams - IT services and remote working are much improved as a result o Committee support arrangements in place o Continuous improvement in support service provision	4- Likely	3 - Moderate	HIGH 12	oReplacement programmes for new systems Social work, Hospital Telecoms, and portal (link systems) funded and in place. oOffice 365 implementation oDevelopment of corporate services agreement with partners o Need to improve HR support for recruitment processes where lengthy delays are being experienced	Heads of Service ↑
SSR17 links to A,B,C,D,E,F, G,H,I,J,K	**New General Medical Services Contract** - risk that the HSCP are not in a position to appropriately support the implementation of the new GP contract as a result of the availability of funding and capacity for the HSCP to deliver services transferred from GPs. Higher risk of implementation specifically across remote and rural areas.	Could adversely affect services experienced by patients as gaps in service may arise. Potential for negative impact on relationships with Primary Care - who are key to delivery of services within our local hospitals	4-Likely	4 - Major	HIGH 16	oOngoing collaboration between the HSCP and Primary Care to support practices oNationally agreed extension of 1 year for delivery oPrimary Care Modernisation Board with priorities established and Programme Manager in place until Autumn 2021 oRegular updates on progress to Transformation Board and the IJB, constructive progress being made pharmacotherapy, physiotherapy and mental health workstreams	3-Possible	3 - Moderate	MEDIUM 9	oNew Head of Primary Care in place to add management capacity. oEngagement with Scottish Government in respect of funding to enable permanent workforce structures to be developed and implemented.	Associate Medical Director ↔
SSR18 links to A,B,C,D,E,F, G,H,I,J,K	**Business Continuity** risks including responding to Emergencies, Impact from EU Exit	Adversely affecting service delivery and waiting times performance, and ability to deliver planned transformation	4 - Likely	5 - Extreme	VERY HIGH 20	oRegular testing of emergency scenarios oRecent outage of SWAN network affecting IT systems for large part of area oResponse to Covid-19 pandemic	4-Likely	4- Major	HIGH 16	Digital / IT & Telecoms infrastructure enhanced 2021/22 - Additional SWAN network and replacement hospital telephone system by June 2021	Associate Director of Public Health; Head of Strategic Planning & Performance ↑
SSR19 links to A,B,C,D,E,F, G,H,I,J,K	**Covid-19** - risks of further waves of infection with more people becoming ill and requiring health care	Adversely affecting service delivery and waiting times performance, and ability to deliver planned transformation. Risk would result on further pressure on available workforce.	5 - Almost Certain	5 - Extreme	VERY HIGH 25	o there is an effective vaccination programme in place and we follow public health guidance and evidence that. o experience and project planning of previous mobilisation from first and second waves	5 - Almost Certain	4-Major	VERY HIGH 20		All SLT ↑
SSR20 links to A,B,C,D,E,F, G,H,I,J,K	**Culture** - risks from impact of negative reports around organisational culture following Sturrock report	Adverse impact on reputation and ability to recruit. Also impacts on service delivery if teams are unhappy or short staffed as a consequence	4-Likely	5 - Extreme	VERY HIGH 20	o Culture Oversight Board and local A&B Culture Group in place with 6 workstreams o Whistleblowing process in operation o Guardian Service in operation - independent and confidential o extensive roll out of courageous conversations training	3 - Possible	3 - Moderate	MEDIUM 9	o continued work of A&B Culture Group and 6 associated workstreams o need to ensure that it covers whole of HSCP including social care	Chief Officer ↓

Additional Risk proposed for addition to Strategic Risk Register:

SSR21	**Statutory/Mandatory Training** - risk that patient / service user harm could result directly from, or be attributed to, a failure to comply with statutory and mandatory training requirements. This could result in harm to an individual or group of service users, members of staff and could result in financial claims and reputational damage.	Adverse effect on quality and safety of care and service delivery. -Potential to result in Adverse Events with harm to service users and staff which could result in civil claims being made with a risk of high financial cost. -Potential for enforcement action being taken against the HSCP by the HSE with severe financial and reputational consequence	5-Almost certain	5- Extreme	VERY HIGH 25	- Stat/Man training policy in place. -Training programmes in place via on-line training and face to face -Induction programme	3-Possible	5- Extreme	HIGH 15	•Head of Service/senior managers to compile service improvement plans with local delivery based on individual service position. Specific plans put in place for online training and for face to face training. •Heads of Service to ensure there is a regular forum for reviewing the plan, ensuring implementation and escalating barriers. •All staff to receive a communication from the Chief Officer on responsibilities for undertaking mandatory training. •Managers to ensure that they are up to date with their own training. •Managers to monitor compliance, support staff to access computers and have time to bring their mandatory training up to date. •Managers to support staff who are falling behind with their compliance with mandatory training and follow up until the training has been completed. •The actions outlined above will be progressed and there will be an Argyll and Bute HSCP-wide review to examine the position. An action plan will then be drawn up to support employees to complete. •The Strategic Leadership Team will review compliance performance monthly.	Chief Officer ↑
SSR22	**Vaccine Delivery -** Whilst responsibility for the delivery of the vaccination programme sits with NHS Highland, there is a risk that locally the vaccine programme may not be delivered as quickly as communities and government wish,	-Reputational damage may arise as a resu of the local managementof the vaccination programme -communities may not benefit from the impact of the vaccination programme to the maximum possible extent	4-Likely	4 - Major	HIGH 16	-Engagement with Highland Health Board to ensure that the vaccination is programme is delivered as quickly and efficiently as possible -Recruitment of vaccination staff on a permanent basis -Effective communication with local communities	3-Possible	4 - Major	HIGH 12	-Permanent recruitment of vaccination staff	Chief Officer ↑
SSR 23	**Climate Change** - risk that the HSCP will not achieve the climate change decarbonisation and emissions targets set for it. This is likely to result in reputational damage at both a community and political level as well as a financial cost.	-Perception that the HSCP is not fully committed to delivering on the Scottish Government Climate Change targets as a result of lack of capital and revenue funding or management capacity to prioritise this work.	4-Likely	3-Moderate	HIGH 12	On-going engagement and participation with A&B council, NHS Highland and Scottish Government partners in respect of all health and care areas producing CO2 emissions including procurement decisions, estate, travel and transport. Services provided by the HSCP. - Access to funding revenue and capital to undertake CO2 reduction projects e.g. zero emission NHS fleet by 2025	4-Likely	3-Moderate	HIGH 12	-Participation and inclusion in NHS and Council project to address climate crisis. Identification of capital and revenue investment plans in HSCP, Argyll and Bute Council and NHS Highland .	Head of Strategy, Planning, Performance and Technology ↑

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

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

Integration Joint Board

Date of Meeting: 26 January 2022

Title of Report: Updated Model Code of Conduct and Argyll & Bute IJB Standing Orders

Presented by: Charlotte Craig

The Integration Joint Board is asked to:

- Review the changes to the Standing Orders
- Approve the changes to the Standing Orders

1. EXECUTIVE SUMMARY

1.1 This report contains an updated version of the Integration Joint Board Standing Orders which reflect the updated Model Code of Conduct for Members of Devolved Public Bodies.

1.2 The Model Code of Conduct was last reviewed in 2014 and Scottish Government acknowledged that society has seen a variety of developments since then. A consultation was undertaken in October 2020 through to February 2021 to contribute to a revised Model Code.

1.3 Key areas highlighted were the role of social media, the importance of respectful behaviour and the zero tolerance approach to bullying and harassment. The Model Code has also been reviewed to ensure that it is easier to understand and for board members to take personal ownership for their behaviour.

1.4 The Standing Orders have been updated replacing the previous Model Code of Conduct with the new Model Code pending a fuller regular review of the Standing Orders.

2. INTRODUCTION

2.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000 requires Scottish Ministers to issue a Code of Conduct for Councillors (Councillors Code) and a Model Code of Conduct for members of devolved public bodies (Members' Code) as listed in Schedule 3 of the Act, as amended.

2.3 The Scottish Government prepared a consultation paper with proposed amendments seeking to reflect the perceived required changes. This can be found at this link:

https://www.gov.scot/publications/consultation-paper-ethical-standards-public-life-proposals-amendments-made-model-code-conduct-members-devolved-public-bodies

2.4 The updated Model Code was scrutinised by the Scottish Parliament and approved in October 2021.

3. DETAIL OF REPORT

3.1 The Model Code of Conduct has been reviewed with the aim of being more reflective of developments in society, to make the document more accessible for board members reinforcing their own personal responsibility and reinforcing an explicit zero tolerance approach to bullying and harassment.

The Argyll & Bute Integration Joint Board Standing Orders are scheduled for a full review and this update is an interim update (v3.1 to v3.2) as this Code supersedes the previous code.

There is a further change to section 2.2 also indicates two unpaid carer representatives updated from one.

The updated Model Code takes into account the use of social media and greater awareness and rights of identified communities.

It further provides supporting guidance on completing the annual Register of Interests and on declaring interests to ensure transparency.

Integration Joint Board members are invited to review and approve the updated Standing Orders indicating their agreement with the update in writing to the Business Improvement Manager who will collate and submit to the Standards Officer as a matter of record.

4. RELEVANT DATA AND INDICATORS

Scottish Government Consultation and Analysis.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The Model Code supports

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

None directly from this paper

6.2 Staff Governance

None directly from this paper

6.3 Clinical Governance

None directly from this paper

7. PROFESSIONAL ADVISORY

The IJB Standards Officer has communicated the Model Code of conduct to members of the Argyll & Bute Integration Joint Board and the Standing Orders have been updated to reflect this.

8. EQUALITY & DIVERSITY IMPLICATIONS

The Model Code of Conduct seek to reflect developments in society to ensure that the Board is fully aware of developing legislation that supports and equal and diverse society in Argyll & Bute.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Relevant documentation is stored in compliance with GDPR.

10. RISK ASSESSMENT

The Model Code informs the conduct of the Board with the 'Key Principles' guiding the decision making of the Board. This should impact on considerations when assessing risk to the Argyll & Bute Integration Board Area.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Scottish Government undertook a public consultation resulting in the final Model Code.

12. CONCLUSIONS

Integration Joint Board Members are invited to approve the updated Standing Orders and where not bound by the code as part of another role they are invited to provide their agreement in writing that they are happy to agree to the Model Code.

13. DIRECTIONS

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

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1 Appendix

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STANDING ORDERS

ARGYLL AND BUTE INTEGRATION JOINT BOARD

January 2022

1. General

These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. These Standing Orders shall, as far as applicable be the rules and regulations for the proceedings of Committees and working groups and therefore reference to the term 'Board' in the said Standing Orders should be interpreted accordingly. The term 'Chairperson' shall also be deemed to include the Chairperson of any Committee or working groups but only in relation to such Committees or working groups.

1.2 In these Standing Orders "the Integration Joint Board" shall mean Argyll and Bute Integration Joint Board established in terms of the (SSI 2015/88) Order 2015. ''The Council'' means Argyll & Bute Council and ''The Health Board'' means NHS Highland Health Board.

1.3 Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with the Standing Orders.

2. Membership

2.1 Voting membership of the Integration Board shall comprise four NHS Highland Board members, nominated by the NHS Board, and four Elected Members of Argyll & Bute Council, (hereinafter referred to as the Council) nominated by the Council.

2.2 Non-voting membership of the Integration Board shall comprise:
a. the Chief Social Work Officer of the Council;
b. the Chief Officer of the Integration Joint Board;
c. the proper officer of the Integration Joint Board appointed under section 95 of the Local Government (Scotland) Act 1973;
d. a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
e. a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract;
f. a registered medical practitioner employed by the Health Board and not providing primary medical services.
g. one member staff from the Health Board and one member of staff from the Council engaged in the provision of services provided under integration functions;
h. one member in respect of third sector bodies carrying out activities related to health or social care in the area of the local authority;
i. two members in respect of service users residing in the Council area Council;
j. two members in respect of persons providing unpaid care in the Council area of ; and
k. such additional members as the Integration Joint Board sees fit to appoint with the proviso that a member appointed under this paragraph may not be a councillor or a member of the Health Board.
The members appointed under paragraphs (d) to (f) must be determined by the Health Board.

2.3 A member of the Integration Joint Board in terms of 2.2 (a) to (c) will remain a member for as long as they hold the office in respect of which they are appointed. Otherwise, the term of office of Members of the Integration Joint Board shall be for a period of up to 3 years.

2.4 Where a member resigns or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Member they replace.

2.5 On expiry of a member's term of appointment the member shall be eligible for re-appointment provided that he/she remains eligible and is not otherwise disqualified from appointment.

2.6 A voting member appointed under paragraph 2.1 ceases to be a member of the Integration Joint Board if they cease to be either a Councillor or a member of the NHS Board or an Appropriate Person in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 from the date they cease to be a councillor or member of NHS Board or appropriate person.

2.7 A member of the Integration Joint Board, other than those members referred to in paragraph 2.2(a) to (g, may resign his/her membership at any time during their term of office by giving notice to the Integration Joint Board in writing. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified. If this is a voting member the Integration Joint Board must inform the constituent authority that made the nomination.

2.8 If a member has not attended three consecutive meetings of the Integration Joint Board, and their absence was not due to illness or some other reasonable cause as determined by the Integration Joint Board, the Integration Joint Board may, by giving one month's notice in writing to that member, remove that person from office.

2.9 If a member acts in a way which brings the Integration Joint Board into disrepute or in a way which is inconsistent with the proper performance of the functions of the Integration Joint Board, the Integration Joint Board may remove the member from office with effect from such date as the Integration Joint Board may specify in writing.

2.10 If a member is disqualified under article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 during a term of office they are to be removed from office immediately.

2.11 A constituent authority may remove a member which it nominated by providing one month's notice in writing to the member and the Integration Joint Board. (Article 14.1)

2.12 If a member is unable to attend a meeting, a suitably experienced proxy may be appointed by the constituent authority which nominated the member. The appointment of such proxy members will be subject to the same rules and procedures for members. Proxy members shall receive papers for meetings of the Integration Joint Board and shall be entitled to attend or vote at a meeting, only in the absence of the principal member they represent. If the Chairperson or Vice Chairperson is unable to attend a meeting of the Integration Joint Board, any depute member attending the meeting may not preside over that meeting.

2.13 The acts, meetings or proceedings of the Integration Joint Board shall not be invalidated by any defect in the appointment of any member.

2.14 Where there is a temporary vacancy in the voting membership of the Integration Joint Board, the vote which would have been exercisable by a member appointed to that vacancy may be exercised jointly by the other members nominated by the relevant constituent authority. Where two or more temporary vacancies occur, or a temporary vacancy remains unfilled for longer than 6 months Article 13 of the Order shall be applied. Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014

3. Chairperson and Vice Chairperson

3.1 The Chairperson and Vice Chairperson will be drawn from the NHS Board and the Council voting members of the Integration Joint Board. If a Council member is to serve as Chairperson then the Vice Chairperson will be a member nominated by the NHS Board and vice versa. The first Chairperson of the Integration Joint Board will be appointed on the nomination of the Council.

3.2 The appointment to Chairperson and Vice Chairperson is time limited to a period not exceeding two years and carried out on a rotational basis between Council and NHS Board appointed Chairperson, as agreed in the Integration Scheme. The Council or NHS Board may change their appointee as Chairperson or Vice Chairperson during an appointing period.

3.3 The Vice-Chairperson may act in all respects as the Chairperson of the Integration Joint Board if the Chairperson is absent or otherwise unable to perform his/her duties.

3.4 At every meeting of the Integration Joint Board or committee of the Integration Joint Board the Chairperson, if present, shall preside. If the Chairperson is absent from any meeting the Vice-Chairperson, if present, shall preside. If both the Chairperson and the Vice-Chairperson are absent, a Chairperson shall be appointed from the voting members by the voting members present for that meeting. Any proxy member attending the meeting may not preside over that meeting.

3.5 Powers, authority and duties of Chairperson and Vice-Chairperson.
The Chairperson shall amongst other things:-

(a) Preserve order and ensure that every member has a fair hearing;
(b) Decide on matters of relevancy, competency and order, and whether to have a recess during the meeting, having taken into account any advice offered by the Chief Officer or other relevant officer in attendance at the meeting;
(c) Determine the order in which speakers can be heard;
(d) Ensure that due and sufficient opportunity is given to members who wish to speak to express their views on any subject under discussion;
(e) If requested by any member, ask the mover of a motion, or an amendment, to state its terms;
(f) Maintain order and at his/her discretion, order the exclusion of any member of the public who is deemed to have caused disorder or misbehaved;
(g) The decision of the Chairperson on all matters within his/her jurisdiction shall be final;
(h) Deference shall at all times be paid to the authority of the Chairperson. When he/she rises to speak, the Chairperson shall be heard without interruption; and
(i) Members shall address the Chairperson while speaking;

4. Meetings

4.1 The first meeting of the Integration Joint Board will be convened at a time and place to be determined by the Chairperson. Thereafter Integration Joint Board shall meet at such place and such frequency as may be agreed by the Integration Joint Board.

4.2 The Chairperson may convene special meetings if it appears to him/her that there are items of urgent business to be considered. Such meetings will be held at a time, date and venue as determined by the Chairperson. If the Office of Chairperson is vacant, or if the Chairperson is unable to act for any reason the Vice-Chairperson may at any time call such a meeting.

4.3 If the Chairperson refuses to call a meeting of the Integration Joint Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least two thirds of the voting members, has been presented to the Chairperson or if, without so refusing,

the Chairperson does not call a meeting within seven days after such requisition has been presented, those members who presented the requisition may forthwith call a meeting provided no business shall be transacted at the meeting other than specified in the requisition.

4.4 Adequate provision will be made to allow for members to attend a meeting of the Integration Joint Board or a committee of the Integration Joint Board either by being present together with other members in a specified place, or in any other way which enables members to participate despite not being present with other members in a specified place.

5. Notice of Meeting

5.1 Before each meeting of the Integration Joint Board, or a committee of the Integration Joint Board, a notice of the meeting, specifying the time, place and business to be transacted at it and agreed by the Chairperson, or by a member authorised by the Chairperson to agree on his/her behalf, shall be delivered to every member by electronic means so as to be available to them at least five full working days before the meeting. Failure of service of the notice on any member shall not affect the validity of anything done at a meeting.

5.2 In the case of a meeting of the Integration Joint Board called by members in default of the Chairperson, the notice is to be signed by those members who requisitioned the meeting.

5.3 At all ordinary or special meetings of the Integration Joint Board, no business other than that on the agenda shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the minutes, the Chairperson is of the opinion that the item should be considered at the meeting as a matter of urgency.

6. Quorum

6.1 No business shall be transacted at a meeting of the Integration Joint Board unless there are present, and entitled to vote both Council and NHS Board members and at least one half of the voting members of the Integration Joint Board are present.

6.2 If within ten minutes after the time appointed for the commencement of a meeting of the Integration Joint Board, a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed and the minute of the meeting will disclose the fact.

7. Codes of Conduct and Conflicts of Interest

7.1 Members of the Integration Joint Board shall subscribe to and comply with both the Standards in Public Life - Code of Conduct for Members of Devolved Public Bodies and Councillors Code of Conduct and Guidance made in respect thereto which are deemed to be incorporated into these Standing Orders. All members who are not already bound by the terms of either Code shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Code of Conduct for Members of Devolved Public Bodies.

7.2 If any member has a financial or non-financial interest as defined in the Councillors' Code of Conduct or the Code of Conduct of Members of Devolved Public Bodies and is present at any meeting at which the matter is to be considered, he/she must as soon as practical, after the meeting starts, disclose that he/she has an interest and the nature of that interest and if he/she is precluded from taking part in consideration of that matter.

7.3 If a member or any associate of theirs has any pecuniary or any other interest direct or indirect, in any contract or proposed contract or other matter and that member is present at a meeting of the Integration Joint Board, that member shall disclose the fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it. A member shall not be treated as having any interest in any contract or matter if it cannot

reasonably be regarded as likely to significantly affect or influence the voting by that member on any question with respect to that contract or matter.

7.4 Where an interest is disclosed, the other members present at the meeting in question must decide whether the member declaring the interest is to be prohibited from taking part in discussion of or voting on the item of business.

8. Adjournment of Meetings

8.1 A meeting of the Integration Joint Board may be adjourned to another date, time or place by a motion, which shall be moved and seconded and put to the meeting without discussion. If such a motion is carried by a simple majority of those present and entitled to vote, the meeting shall be adjourned to the day, time and place specified in the motion. In addition the Chairperson may adjourn the meeting at their sole discretion.

9. Disclosure of Information

9.1 No member or officer shall disclose to any person any information which falls into the following categories:-

- Confidential information within the meaning of Section 50(a) (2) of the Local Government (Scotland) Act 1973.
- The full document, or any part of any document marked "not for publication by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973, unless and until the document has been made available to the public or press under section 50B of the said 1973 Act.
- Any information regarding proceedings of the Integration Joint Board from which the public have been excluded unless or until disclosure has been authorised by the Integration Joint Board or the information has been made available to the press or to the public under the terms of the relevant legislation.

9.2 Without prejudice to the foregoing no member shall use or disclose to any person any confidential and/or exempt information coming to his/her knowledge by virtue of his/her office as a member where such disclosure would be to the advantage of the member or of anyone known to him/her or which would be to the disadvantage of the Integration Joint Board.

10. Recording of Proceedings

No sound, film, video tape, digital or photographic recording of the proceedings of any meeting shall be made without prior written approval of the Integration Joint Board.

11. Admission of Press and Public

11.1 Subject to the extent of the accommodation available and except in relation to items certified as exempt, meetings of the Integration Joint Board shall be open to the public. The Chief Officer shall be responsible for giving public notice of the time and place of each meeting of the Integration Joint Board by posting within the main offices of the Integration Joint Board not less than five days before the date of each meeting.

11.2 The Integration Joint Board may by resolution at any meeting exclude the press and public during consideration of any item of business where it is likely, in view of the nature of the business to be transacted or of the nature of the proceedings, that if members of the press and public were present there would be a disclosure to them of exempt information as defined in Schedule 7(A) of the Local Government (Scotland) Act 1973 Act or it is likely that confidential information would be disclosed in breach of an obligation of confidence.

11.3 Every meeting of the Integration Joint Board shall be open to the public but these provisions shall be without prejudice to the Integration Joint Board's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a meeting. The Integration Joint Board may exclude or eject from a meeting a member or members of the press and public whose presence or conduct is impeding the work or proceedings of the Integration Joint Board.

12. Alteration, Deletion and Rescission of Decisions of the Integration Joint Board

Except insofar as required by reason of illegality, no motion to alter, delete or rescind a decision of the Integration Joint Board will be competent within six months from the decision, unless a decision is made prior to consideration of the matter to suspend this Standing Order in terms of Standing Order 13.

13. Suspension, Deletion or Amendment of Standing Orders

Any one or more of the Standing Orders in the case of emergency as determined by the Chairperson upon motion may be suspended, amended or deleted at any meeting so far as regards any business at such meeting provided that two thirds of the members of the Integration Joint Board present and voting shall so decide. Any motion to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended.

14. Motions, Amendment and Debate

14.1 It will be competent for any Member of the Integration Joint Board at a meeting of the Integration Joint Board to move a motion directly arising out of the business before the meeting.

14.2 No member, with the exception of the mover of the motion or amendment, will speak supporting the motion or amendment until the same will have been seconded.

14.3 Subject to the right of the mover of a motion, and the mover of an amendment, to reply, no member will speak more than once on the same question at any meeting of the Integration Joint Board except:-

- On a question of Order
- With the permission of the Chairperson
- In explanation or to clear up a misunderstanding in some material part of his/her speech.

In all of the above cases no new matter will be introduced.

14.4 The mover of an amendment and thereafter the mover of the original motion will have the right of reply for a period of not more than 5 minutes. He/she will introduce no new matter and once a reply in commenced, no other member will speak on the subject of debate. Once these movers have replied, the discussion will be held closed and the Chairperson will call for the vote to be taken.

14.5 Amendments must be relevant to the motions to which they relate and no member will be at liberty to move or second more than one amendment to any motion, unless the mover of an amendment has failed to have it seconded.

14.6 It will be competent for any member who has not already spoken in a debate to move the closure of such debate. On such motion being seconded, the vote will be taken, and if a majority of the members present vote for the motion, the debate will be closed. However, closure is subject to the right of the mover of the motion and of the amendment(s) to reply. Thereafter, a vote will be taken immediately on the subject of the debate.

14.7 Any member may indicate his/her desire to ask a question or offer information immediately after a speech by another member and it will be the option of the member to whom the question would be directed or information offered to decline or accept the question or offer of information.

14.8 When a motion is under debate, no other motion or amendment will be moved except in the following circumstances:

- to adjourn the debate; or
- to close the debate.

14.9 A motion or amendment once moved and seconded cannot be altered or withdrawn unless with the consent of the majority of those present.

14.10 Any member who wishes to propose a motion for consideration by the Integration Joint Board shall give written notice of that motion to the Chairperson, at least 10 full working days prior to the meeting.

15. Voting

15.1 The IJB operating principle is partnership, cooperation and collaboration and members' task will be to ensure that the IJB operates by consensus in its decision making where possible.

15.2 Only the four members nominated by the NHS Board, and the four members appointed by the Council shall be entitled to vote. Voting shall be by show of hands unless the meeting is virtual and the member requires to indicate their vote.

15.3 In the case of an equality of votes the Chairperson shall not have a second or casting vote. Where there is more than one amendment then the voting will proceed until one proposition has obtained an overall majority of the members taking part in the vote. In such a circumstance the proposition with the fewest votes will drop out and a further vote or votes will be taken on those that remain until the overall majority is achieved or there is only a motion and amendment before the meeting in which case the proposition with the most votes will prevail. If the voting members do not agree at the time on a proposed means of resolving a dispute at a meeting of the Integration Joint Board the matter will be continued to the next meeting of the Integration Joint Board and if there is no resolution at that further meeting then the matter shall be dealt with in terms of the formal dispute resolution mechanism specified in the Integration Scheme. Standing Order 12 shall not preclude reconsideration of any such item within the 6 month period following the meeting which failed to reach a decision.

16. Minutes

16.1 The names of the members and others attending a meeting of the Integration Joint Board shall be recorded in the minutes of the meeting.

16.2 The minutes of the proceedings of each meeting of the Integration Joint Board or a committee, including any decision or resolution made by that meeting, shall be drawn up and submitted to the next ensuing meeting of the Integration Joint Board or the committee after which they must be signed by the person presiding at that meeting. A minute purporting to be so signed shall be received in evidence without further proof.

17. Committees and Working Groups

17.1 The Integration Joint Board may establish any committee or working group as may be required from time to time but each working group shall have a defined time span as may be determined by the Integration Joint Board.

17.2 The membership, Chairperson, remit, powers and quorum of any committee or working groups will be determined by the Integration Joint Board. Any committee established must include voting members, and must include an equal number of the voting members appointed by the Health Board on the one hand and the Council on the other hand. Any decision relating to the carrying out of functions under the Act or to integration functions taken by a committee established under 17.1 must be agreed by a majority of the votes of the voting members who are members of the committee

17.3 Agendas for consideration at a committee or working group will be issued by electronic means to all members no later than five days (not including Saturday and Sunday) prior to the start of the meeting.

Model Code of Conduct for Members of Devolved Public Bodies

December 2021

Scottish Government
Riaghaltas na h-Alba
gov.scot

CONTENTS

Section 1: Introduction to The Model Code of Conduct

1.1 This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the Ethical Standards in Public Life etc. (Scotland) Act 2000 (the " Act") .

1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.

1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in Section 2 and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.

1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of my public body, have referred to myself as a board member or could objectively be considered to be acting as a board member.

1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.

1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and my public body's rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland ("Standards Commission") and my public body, and endeavour to take part in any training offered on the Code.

1.8 I will not, at any time, advocate or encourage any action contrary to this Code.

1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of my public body, failing whom the Chair or Chief Executive of my public body. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

1.10 Part 2 of the Act sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at Annex A.

Section 2: Key Principles Of The Model Code Of Conduct

2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.

2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

Duty

I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the public body of which I am a member and in accordance with the core functions and duties of that body.

Selflessness

I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity

I must make decisions solely on merit and in a way that is consistent with the functions of my public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that my public body uses its resources prudently and in accordance with the law.

Openness

I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty

I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of my public body and its members in conducting public business.

Respect

I must respect all other board members and all employees of my public body and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

Section 3: General Conduct

Respect and Courtesy

3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.

3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.

3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.

3.4 I accept that disrespect, bullying and harassment can be:

a) a one-off incident,
b) part of a cumulative course of conduct; or c) a pattern of behaviour.

3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and

harassment can be physical, verbal and non-verbal conduct.

3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, my public body's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

3.7 Except where it is written into my role as Board member, and / or at the invitation of the Chief Executive, I will not become involved in operational management of my public body. I acknowledge and understand that operational management is the responsibility of the Chief Executive and Executive Team.

3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.

3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of my public body or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

3.10 I will respect and comply with rulings from the Chair during meetings of:

a) my public body, its committees; and

b) any outside organisations that I have been appointed or nominated to by my public body or on which I represent my public body.

3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

Remuneration, Allowances and Expenses

3.12 I will comply with the rules, and the policies of my public body, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services ("gift or hospitality") that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.

3.14 I will never ask for or seek any gift or hospitality.

3.15 I will refuse any gift or hospitality, unless it is:

a) a minor item or token of modest intrinsic value offered on an infrequent basis;

b) a gift being offered to my public body;

c) hospitality which would reasonably be associated with my duties as a board member; or

d) hospitality which has been approved in advance by my public body.

3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, my public body.

3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to my public body at the earliest possible opportunity and ask for it to be registered.

3.20 I will promptly advise my public body's Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that my public body can monitor this.

3.21 I will familiarise myself with the terms of the Bribery Act 2010, which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I

should assume it is not given.

3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.

3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit my public body (even if my personal view is that the information should be publicly available).

3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

Use of Public Body Resources

3.26 I will only use my public body's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the public body, in accordance with its relevant policies.

3.27 I will not use, or in any way enable others to use, my public body's resources:

a) imprudently (without thinking about the implications or consequences);
b) unlawfully;
c) for any political activities or matters relating to these; or d) improperly.

Dealing with my Public Body and Preferential Treatment

3.28 I will not use, or attempt to use, my position or influence as a board member to:

a) improperly confer on or secure for myself, or others, an advantage;
b) avoid a disadvantage for myself, or create a disadvantage for others or c) improperly seek preferential treatment or access for myself or others.

3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30 I will advise employees of any connection, as defined at Section 5, I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31 If I am appointed, or nominated by my public body, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and my public body.

Section 4: Registration Of Interests

4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

a) employed;
b) self-employed;
c) the holder of an office;
d) a director of an undertaking;
e) a partner in a firm;
f) appointed or nominated by my public body to another body; or
g) engaged in a trade, profession or vocation or any other work.

4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.

4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".

4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.

4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of my public body in terms of paragraph 6.7 of this Code.

4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as

described in paragraph 4.19 below) have made a contract with my public body:

a) under which goods or services are to be provided, or works are to be executed; and

b) which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17 If I have been elected to my public body, then I will register a description of, and statement of, any assistance towards election expenses relating to election to my public body.

Category Five: Houses, Land and Buildings

4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of my public body.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision-making.

Category Six: Interest in Shares and Securities

4.20 I have a registerable interest where:

a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or

b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21 I understand the requirements of paragraphs 3.13 to 3.21 regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited

circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non–Financial Interests

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in my public body (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by my public body).

Category Nine: Close Family Members

4.23 I will register the interests of any close family member who has transactions with my public body or is likely to have transactions or do business with it.

Section 5: Declaration of Interests

Stage 1: Connection

5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.

5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.

5.3 A connection includes anything that I have registered as an interest.

5.4 A connection does not include being a member of a body to which I have been appointed or nominated by my public body as a representative of my public body, unless:

a) The matter being considered by my public body is quasi-judicial or regulatory; or

b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as

being so significant that it would be considered as being likely to influence the discussion
or decision-making.

Stage 3: Participation

5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.

5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision- making on the matter in question unless, and until, the application is granted.

5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

Section 6: Lobbying and Access

6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:

a) any role I have in dealing with enquiries from the public;

b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;

c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or
advantage, particularly those who are seeking to do business with my public body (for example contracts/procurement).

6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with

knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or my public body's, decision-making role.

6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of my public body or any statutory provision.

6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon my public body.

6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Executive or Standards Officer of my public body.

6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the Lobbying (Scotland) Act 2016.

6.8 I will not accept any paid work:

a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.

b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence my public body and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of my public body, such as journalism or broadcasting, or involvement in representative or

presentational work, such as participation in delegations, conferences or other events.

Annex A: Breaches of the Code

Introduction

1. The Ethical Standards in Public Life etc. (Scotland) Act 2000 ("the Act") provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.

2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.

3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the Standards Commission for Scotland ("Standards Commission") and the post of Commissioner for Ethical Standards in Public Life in Scotland ("ESC").

4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body's Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.

5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.

7. On conclusion of the investigation, the ESC will send a report to the Standards
Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:

- Do nothing;

- Direct the ESC to carry out further investigations; or
- Hold a Hearing.

9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body's Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:

- Censure: A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
- Suspension: This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
- Disqualification: Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or

not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:

• That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or

• That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found here.

12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

Annex B: Definitions

"Bullying" is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

"Chair" includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

"Code" is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

"Cohabitee" includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

"Confidential Information" includes:

• any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;

• information of which the law prohibits disclosure (under statute or by the order of a Court);

• any legal advice provided to the public body; or

• any other information which would reasonably be considered a breach of confidence should it be made public.

"Election expenses" means expenses incurred, whether before, during or after the

election, on account of, or in respect of, the conduct or management of the election.

"Employee" includes individuals employed:

- directly by the public body;
- as contractors by the public body, or
- by a contractor to work on the public body's premises.

"Gifts" a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

"Harassment" is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

"Hospitality" includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

"Relevant Date" Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

"Public body" means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

"Remuneration" includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

"Securities" a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

"Undertaking" means:

a) a body corporate or partnership; or

b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

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

Integration Joint Board

Date of Meeting: 26 January 2022

Title of Report: IJB and Committee Dates 2022-23

Presented by: Charlotte Craig

The Integration Joint Board is asked to:

- Approve the dates for the forthcoming year

1. EXECUTIVE SUMMARY

This report proposes dates for approval for the IJB governance meetings for the forthcoming financial year. The IJB and committees provide a structure to undertake the business of the IJB and direction of the Health and Social Care Partnership ensuring a record of decisions and due consideration of those decisions are made. It also ensures a forum for planning and ensuring transparency and best practice in the involvement of communities in the development of their public services in remote and island communities.

2. INTRODUCTION

Appendix 1 provides the proposed dates for the forthcoming year of IJB business.

3. DETAIL OF REPORT

The Integration Joint Board is presented with a calendar of dates supporting the delivery of the governance meetings of the IJB. The bi-monthly meeting of the board provides a publicly observable forum for discussion and decision making at a strategic level.

The following committees support the oversight of the delivery of the strategic plan and operations of the Health and Social Care Partnership but are not decision making:

- Strategic Planning Group
- Finance and Policy Committee
- Audit and Risk Committee
- Clinical and Care Governance Committee

4. RELEVANT DATA AND INDICATORS

Dates are arranged as far as possible to accommodate and coordinate the business of all partners in a timely manner.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The IJB is required to ensure meetings are undertaken to ensure the delivery of the Strategic Plan and as such encompasses all priorities.

6. GOVERNANCE IMPLICATIONS

The IJB and Committees represent the senior tier of governance. The IJB is held publicly and the point of Strategic Decision making supported by the committee structure.

6.1 Financial Impact

Provides the opportunity for effective financial scrutiny on service planning, transformation and spend ensuring effective budget management and forward planning.

6.2 Staff Governance

Staff are the primary resource of the HSCP with numerous professions delivering care. The governance structure offers an opportunity to monitor support for staff, attendance, culture and forward planning to support the long term deliver of professional and support service in an remote and island community.

6.3 Clinical and Care Governance

Clinical and Care governance is monitored through a specific committee which reports to the IJB and has frameworks addressing specific aspects of clinical and care delivery. Safe and a high quality of care delivery is the focus of the IJB/HSCP and staff and as such the appropriate scrutiny is in place according to national standards.

7. PROFESSIONAL ADVISORY

Professional leadership support the business of the IJB. Attendance at Argyll & Bute IJB and Committees is good and there is no requirement to address this with the value and openness of discussion rated as good on self-assessment.

8. EQUALITY & DIVERSITY IMPLICATIONS

The IJB is bound by the model Code of Conduct in accordance with Standing Orders and supports equality of opportunity from a diverse population in Argyll & Bute.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

The IJB and Committees are supported by Argyll & Bute Council Committee Service which has supported effective compliance.

10. RISK ASSESSMENT

Risk to the delivery of the Strategic Plan and effective and recorded response where required for health and social care if meetings are not undertaken, recorded and shared with the public.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The governance maintains transparency in operations and support public engagement in service planning.

12. CONCLUSIONS

The IJB is asked to approve the dates which are in line with the governance requirement and terms of reference.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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Appendix 1

	2022												2023			
Committee	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April
IJB Full Day	Wed 26		Wed 30		Wed 25			Wed 24	Wed 21		Wed 23		Wed 25		Wed 29	
IJB Training & Development 10-12.30pm		Wed 23		Wed 27		Wed 15				Wed 26		Wed 14		Wed 22		Wed 26
IJB Pre-Agenda 2pm	Wed 12		Wed 16		Wed 11			Wed 10	Wed 7		Wed 9		Wed 11		Wed 15	
Finance & Policy (1.30pm – 3.30pm)	Fri 21	Fri 25	Fri 18	Fri 29	Fri 27	Fri 24		Fri 4	Fri 30	Fri 28	Fri 25		Fri 27	Fri 24	Fri 24	Fri 28
Audit & Risk (10.30am – 12.30pm)		Tues 15		Tues 12		Tues 28			Tues 13			Tues 13		Tues 14		Tues 11
SLT Business (10am – 12pm) + (1pm – 3pm)	Wed 12 + 19	Wed 2 + 16	Wed 2 + 16	Wed 6 + 20	Wed 4 + 18	Wed 1 + 15	Wed 6 + 20	Wed 3 + 17	Wed 7 + 21	Wed 5 + 19	Nov 2 + 16	Dec 7 + 21	Wed 11 + 25	Wed 1 + 15	Wed 1 + 15	Wed 5 + 19
SLT IJB Report Review			Wed 2		Wed 4			Wed 3	Wed 7		Wed 2		Wed 11		Wed 1	
Clinical Care & Governance 2pm –		Thurs 10		Thurs 28			Thurs 28			Thurs 27				Thurs 02		
Strategic Planning Group (2pm – 4pm)			Thurs 3			Thurs 9			Thurs 8			Thurs 8			Thurs 9	
Service Transformation Board (1pm-3pm)			Tues 8		Tues 10		Tues 12		Tues 13		Tues 8		Tues 10		Tues 14	

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

Integration Joint Board

Date of Meeting: 26 January 2022

Title of Report: Committee Membership

Presented by: Charlotte Craig, Business Improvement Manager

The Integration Joint Board is asked to:

- Note updated committee membership due to personnel changes
- Appoint to committee vacancies

1. EXECUTIVE SUMMARY

Argyll & Bute Integration Joint Board is supported by three committees and the Strategic Planning Group. As per the terms of reference these committees require both membership from IJB members, partners and professional advisory. Vacancies are available at present and the IJB is asked to appoint new members to them.

2. INTRODUCTION

The Committees and Strategic Planning Group of the IJB support the work of the IJB ensuring that members have the opportunity to support the delivery of the Strategic Plan offering their expertise and guidance and offering scrutiny and the opportunity to consider items on behalf of the IJB in more detail.

The Committees and Group are not decision making but have the capacity to recommend a decision to the IJB after considering an item in detail.

3. DETAIL OF REPORT

This report provides an updated committee membership in appendix 1 which highlights the current vacancies available to members. The IJB is asked to appoint to these vacancies to ensure that continued effectiveness of the supporting governance structure of the public meeting of the IJB.

4. RELEVANT DATA AND INDICATORS

Membership of the Integration Joint Board, Standing Orders and the Scheme of Integration.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The Strategic Planning Group has a specific role in delivering and monitoring the Strategic Plan and Committees support the ongoing delivery of the work of the Strategic Plan.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Finance and Policy Committee supports the ongoing monitoring of the financial position of the IJB budget, planning and transformation work.

6.2 Staff Governance

Staff Governance is considered directly at the IJB.

6.3 Clinical and Care Governance

Support by the Clinical and Care Governance Committee and the framework supporting this committee which meets statutory requirements.

7. PROFESSIONAL ADVISORY

Strategic Planning Group, Clinical and Care Governance and Audit are essential functions of the IJB within the Scheme of Integration. Finance and Policy further supports the ongoing sustainability and financial position of the IJB offering a formal reporting forum.

8. EQUALITY & DIVERSITY IMPLICATIONS

Transformation programmes and planning work require to ensure that the IJB consider the range of duties it adheres to as a public body to ensure that service delivery pays due regard to ensuring that all communities in Argyll & Bute can access services and a proportional response is considered.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Committee and IJB papers are stored on the mod.gov system and compliant with records management and GDPR compliance.

10. RISK ASSESSMENT

In 2021 committees undertook a self-assessment to review their own performance and effectiveness in supporting the IJB. They identified performance and areas for improvement where required and the opportunities for developing and reporting on a workplan to ensure they are effective.

Attendance is also key. At present the IJB committees and group benefit from excellent attendance.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Strategic Planning Group has a direct relationship with Locality Planning Groups in two way communication with the IJB. Committees also advise on public consultations.

12. CONCLUSIONS

The IJB is asked to appoint members as required to ensure the continued effectiveness and representation of the supporting governance.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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Appendix 1

Updated Committee Membership

Audit & Risk Committee		
Role	**Current**	**Membership**
Chair IJB Member	Cllr Sandy Taylor	Member
Vice Chair IJB Member	Susan Ringwood	Member
IJB Member	Cllr Kieron Green	Member
IJB Member	Sarah Compton Bishop	Member
IJB Member	Vacant	Member
IJB Member	Vacant	Member
Chief Officer	Fiona Davies	Attendee (required)
Chief Finance Officer	James Gow	Attendee (required)
External Auditor	Audit Scotland	Attendee (required)
Internal Auditor	Argyll & Bute Council	Attendee (required)
Officers attend as required		Attendee

Clinical & Care Governance Committee		
Role	**Current**	**Membership**
Chair IJB Member (Council or NHS)	Sarah Compton-Bishop	Member
Vice Chair IJB Member (Council or NHS)	Kieron Green	Member
IJB Member	Jean Boardman	Member
IJB Member	Cllr Sandy Taylor	Member
Chief Officer	Fiona Davies	Member
Deputy Medical Director	Dr Rebecca Helliwell	Member
Associate Director Public Health	Dr Nicola Schinaia	Member
Head of Primary Care	Evan Beswick	Attendee (required)
Associate Director of Nursing	Elizabeth Higgins	Member
Head of Children & Families and Justice/CSWO	David Gibson	Attendee (required)
Lead AHP	Linda Currie	Attendee (required)
Lead Pharmacist	Fiona Thomson	Attendee (required)
Head(s) of Adult Services	Caroline Cherry	Attendee (required)
Head(s) of Adult Services		Member
Clinical Governance Manager	Fiona Campbell	Attendee (required)
Staffside Representative	Fiona Broderick/Kevin McIntosh	Member
Staff attend as required		Attendee

Finance & Policy Committee		
Role	**Current**	**Membership**
Chair	Cllr Kieron Green	Member
Vice Chair	Sarah Compton-Bishop	Member
IJB Member	Cllr Sandy Taylor	Member
IJB Member	Cllr Gary Mulvaney	Member
IJB Member	Graham Bell	Member
IJB Member	Vacant	Member
Professional Advisory Group Representative	Elizabeth Higgins	Member
Chief Officer	Fiona Davies	Attendee (required)
Chief Finance Officer	James Gow	Attendee (required)
Staffside	Fiona Broderick/Kevin McIntosh	Attendee (required)
Officers attend as directed		Attendee

SPG Role	Current Member	Role
Co chair	Stephen Whiston	Head of Strategic Planning and Performance
Co chair (IJB member)	Jean Boardman	Non Executive Director NHS Highland
Chief Officer	Fiona Davies	Chief Officer Health and Social Care
IJB Member NHS	Sarah Compton-Bishop	Vice - Chair, Integrated Joint Board
IJB Member Council	Cllr. Kieron Green	Vice - Chair, Integrated Joint Board
Health & Social Care Member	Dr Rebecca Helliwell	Deputy Medical Director
Health & Social Care Member	David Gibson	Head of Service, Children & Families and Justice/CSWO
Health & Social Care Member	Caroline Cherry	Head of Adult Services
Health & Social Care Member	Pending appointment	Head of Adult Services
Health & Social Care Member	Elizabeth Higgins	Associate Director of Nursing/Professional Lead Rep
Public Health	Alison McGrory	Public Health Principal
Housing	Alastair MacGregor	Director, ACHA
Housing	Allan Murphy	Director, Dunbritton Housing
Housing(LA)	Douglas Whyte	Strategic Housing Manager A&B Council
Third Sector	Takki Sulaiman	CEO, Argyll TSI
Third Sector	Niall Kieron	Divisional General Manager, Marie Curie, Scotland
Independent sector	Margaret McGowan/TBC	Independent Sector Representatives, Scottish Care
Service User	Duncan Martin	
Service User	Michael Roberts	
Carers	David Halliday	Carers' Act Implementation Officer

Carers Representatives (x2)	Vacant	Carers Representatives
Representative of the Carers Centres Chairs		
Finance	James Gow	Head of Finance and Transformation
Planning	Kristin Gillies	Senior Service Planning Manager HSCP
Planning	Vacant	Service Planning Manager HSCP

Argyll & Bute Child Protection Committee

argyll & bute child protection committee

Strategic Plan 2021/23

The Child Protection Committee Strategic Plan 2021/23

The core business functions of a Child Protection Committee, as set out in the *National Guidance for Child Protection in Scotland* 2014, as applied to local needs and practice, provide a working framework for the CPC Improvement Plan:

Continuous Improvement

- Policies, procedures and protocols
- Self-evaluation, performance management and quality assurance
- Promoting good practice
- Training and staff development

Strategic Planning

- Communication, collaboration and co-operation
- Making and maintaining links with other planning fora

Public Information and Communication

- Raising public awareness
- Involving children and young people and their families

Leadership & Governance

The national Child Protection Improvement Programme emphasises leadership and governance as a key function of the CPC.

The improvement process described in the Plan takes direction from the Care Inspectorate's 2012 quality framework *How well are we improving the lives of children and young people.* The Improvement Plan sits within the wider context of integrated children's services planning and *Getting it right for every child*, promoting the ethos that "child protection is everyone's job", in line with the GIRFEC approach.

The actions detailed in this Plan which relate to the above strategic priorities will be monitored through a traffic light system as set out below.

Key items we want to deliver over the period 2021- 2023 are as follows:

- Provide clear and visible leadership of multi-agency work to identify and protect our most vulnerable children and young people.
- Continue to focus on self-evaluation and continuous improvement
- Continue to embed practice toolkits in daily practice and develop the quality of child protection plans.
- Build our joint approaches to protect and support children affected by Domestic Abuse, Parental Mental Health and Addictions.
- Improve communication and engagement with our communities.

This strategic plan is linked to the Children and Young Person's Service Plan 20-23 and the key priorities we want to deliver are:

Priority 1

GIRFEC Leadership and Communication- CPC plan is linked to our Outcome 1- CPC provides effective leadership and direction in CP and is accountable for its actions

Priority 2

Early Help and Support- Linked to our outcome4- we effectively identify children at risk and share info timeously and act together to protect them from harm

Priority 3

Mental Health and Wellbeing- linked to our High Risk Work plan

Priority 4

Children and Young People voices- link to Outcome 7 – engagement with children families and communities.

Strategic Plan Key

Green- work has commenced is going well and is progressing as planned and according to timescales. Anticipate all milestones will be met and outcomes will be delivered on time brief description in key at start of plan– on track.

Amber- work has still to start on this action or indications that there may exist potential issues in delivering key outcomes or mee ting milestones. Remedial Action is currently being undertaken but responsible person/CPC should be attentive. , brief- monitoring required.

Red- indications that there are problems are arising that need to be resolved in order to deliver key outcomes and/ or with in tim escale. Significant delays in starting or progressing work, key milestones or targets missed. CPC to review outcomes or timeline and additional supports / resources may be required to deliver outcomes brief- out with deadline revision required.

KEY	WORK HAS COMMENCED	WORK HAS STILL TO START ON THIS ACTION	PROBLEMS ARE ARISING THAT NEED TO BE RESOLVED IN ORDER TO DELIVER KEY OUTCOMES
	(Green)	(Amber)	(Red)

STRATEGIC PRIORITY LEADERSHIP & GOVERNANCE					
OUTCOME 1 ***The Child Protection Committee provides effective leadership and direction in child protection and is accountable for its actions***					
OBJECTIVES What we want to achieve	**ACTIONs What we are going to do**	**LEAD & Key People involved**	**TIMESCALE When we will do this**	**EVIDENCE or OUTCOME MEASUREs How we will know we are achieving outcomes**	**PROGRESS REPORT CPC Review**
1.1 Committee members understand their role and responsibilities and are supported to exercise these effectively	All new CPC members will receive a CPC induction pack and will meet with Lead Officer to discuss the role of the CP and expectations of CPC members All CPC members will attend CPC development sessions to contribute to the role and function of the CPC CPC members will be required to demonstrate through the delivery of the CPC improvement plan that information is being disseminated within their organisation and that actions attributed to their organisation are progressed and reported to CPC	S Cairns CPC Members CPC Members	March 2021 – March 2023	Members report confidence in their role through a survey in March 2022 CPC members positively evaluate development session CPC members will be asked annually to set out their agency CP priorities which will inform the CPC improvement plan	
1.2 The committee demonstrates its strategic direction and activity through delivery of appropriate business plans	Produce and implement a biennial strategic improvement plan which will be monitored by the PQA using a RAG system. Red actions will be reviewed by PQA and reported to CPC	M McKinnon & S Cairns	April 2021	Improvement plan implemented CPC will use the RAG system to identify where actions are not being progressed in order that corrective action can be taken	
	Produce and implement an annual report	M McKinnon & S Cairns	April 2021 & April 2022	The annual report is presented to key strategic groups and	

				councillors to ensure robust scrutiny of CPC activity	
	An annual development day is held for committee and sub group members	Moira McKinnon	April 2022	CPC members will be asked to evaluate the day. Learning will be shared and will inform future work of the CPC	
1.3 The committee undertakes ICR'S & SCR'S as appropriate, and reports and acts on findings	ICR'S & SCR'S are conducted according to national guidance	M McKinnon & S Cairns	April 2021-April 2023	The CPC will have a robust strategy for reviewing learning arising from ICR/SCR's and will ensure learning is disseminated and acted upon .	
	Local ICR/SCR guidance will be updated to reflect changes in national practice and to provide practitioners with clear learning pathways (this work will be undertaken with APC colleagues)	S Cairns & J Hempleman	November 2021	The CPC will develop learning pathways and practitioners will be supported to reflect on practice and share learning with colleagues. Learning will be evidenced through programme evaluation and focus group activity	

STRATEGIC PRIORITY CONTINUOUS IMPROVEMENT					
OUTCOME 2 ***A learning culture to support continuous improvement is embedded in the CPC and promoted across partner agencies***					
OBJECTIVEs	**ACTIONs**	**LEAD & Key People involved**	**TIMESCALE**	**EVIDENCE or OUTCOME MEASUREs**	**PROGRESS REPORT CPC Review**
2.1 CPC has robust systems to monitor, measure and to report improvement	Receive, evaluate and act on performance and QA reports	CPC & PQ&A	Quarterly	CPC will have a framework to implement good practice and develop QI approaches to improvement based on existing good practice	
	Multi agency dataset developed based on national minimum dataset and used by CPC to analyse data. Use improvement methodology and test of change to dig deeper into the data(see appendix A)	CPC & PQA	Quarterly		
2.2 We review /evaluate child protection service delivery	Self-evaluation will be embedded in Practice and will be reviewed using a range of methodologies - Practitioner focus groups - Survey Monkey with Practitioners - Case file audit - Parent/Child views - Child's Journey	PQA	April 2021 to April 2023	Analysis of results will identify an improvement action plan based on the needs of the staff	

2.3 Work with colleagues from APC to identify interface issues that can be jointly addressed	Joint development sessions to take place between CPC and APC Multi-agency shared learning opportunities/shadowing e.g. adult MH worker shadows HV or education guidance teacher	CPC and APC Chairs, M McKinnon and Alex Davidson	Meetings Bi-annual	CPC and APC members gain a shared understanding of roles and responsibilities in protecting children and vulnerable adults. There will be clear evidence of joint working practices which improve outcomes for children and families. Joint training and practice initiatives will be evaluated and this information will inform future joint work	

2.4 The CPC will ensure that there is a comprehensive multi agency child protection training programme in place that is revised on an annual basis to reflect practice priorities	The L&D sub-group will develop and regularly review the range of training programmes delivered Multi agency training will be delivered using a tiered approach to learning which will include • General contact workforce • Specific contact workforce • Specialist contact workforce Training will reinforce shared understanding and working knowledge of the tasks, processes, roles and responsibilities and local arrangements for protecting children The L&D group will consider a range of learning approaches such as e-learning to address current restrictions as a consequence of COVID-19	L&D Group Chairperson	Bi-Annual reporting Annual training calendar Report to CPC August CPC	Evidence through staff feedback and case file audit will identify staff and volunteers are confident and competent to carry out their child protection roles and responsibilities Staff will required to reflect on learning and evaluate training attended. The L&D will produce a options paper for the CPC to consider training methods to respond to current social distancing restrictions	
2.5 The CPC will progress key priorities identified through the practitioner self-evaluation activity and CPC development sessions	**Child Sexual Abuse** - Through locality events understand practitioner needs in relation to identifying and working with victims of sexual abuse Develop and implement training framework which supports practitioner knowledge and confidence in working with CSA which includes CSE and child trafficking	L&D/M McKinnon L&D	Locality workshops to be held between Jan-March 2022	CPC will be provided with written evaluation of learning workshops Training will be presented to CPC and agreement as to how programme will be rolled out Training programme will be delivered and CPC will be provided with evidence of practitioner evaluation	

				Through audit and practitioner workshop CPC will see evidence of increased awareness & identification of CSA & CSE	
	Assessment Tools - Continued implementation of assessment tools to support practitioners assessment of need and risk • National risk framework • Assessment and Care (Neglect)	Brian Reid, Patricia Renfrew / GIRFEC QI Group	April 2021 to April 2023	Through audit child's plans will be reviewed and evaluated using CI criteria to evidence • Use of the tools • Quality of assessment • How the use of the tool has impacted on outcomes for children and their families	
	Child's Plans - the CPC will raise awareness of the guidance for writing child's plans for children on the CP register	Brian Reid, Patricia Renfrew, GIRFEC QI Group	April 2021 to April 2023	Through audit and QA by the CARO's the quality of child's plans will be monitored and evaluated and feedback provided to the worker to enhance practitioner knowledge and skills Common vision of what "good" quality indicator looks like for CP assessments and plans will be established	

	Multi agency manager development sessions - Managers from partner agencies will come together to share practice, explore respective roles and responsibilities and to review current practice	S Cairns/M McKinnon/ L&D	Annually date to be arranged	Managers will • understand respective roles • agree how agencies can work better together to improve outcomes for children • agree practice priorities for 2021/22 Sessions will be evaluated and information gathered will inform future development sessions	

OUTCOME 3 ***We help our children and young people to keep themselves safe***					
OBJECTIVEs	**ACTIONs**	**LEAD & Key People involved**	**TIMESCALE**	**EVIDENCE or OUTCOME MEASUREs**	**PROGRESS REPORT CPC Review**

3.1 Child protection in education	To be clear on the types of support that will be provided to children and families through schools and partners while awaiting a response from CAHMS on referrals	Link person to CPC - Louise Lawson-Education Manager for Inclusion and Equality.	Aug 2021	Comparison of Feedback from education staff on confidence levels prior to and after training.	
	To provide evaluation and feedback to CPC on the Counselling in Schools Service. To provide evaluation and feedback on the LBTQ+ Network in Hermitage Academy to CPC.	Health/Education Steering Group	June 2022	Reports presented to CPC by Education representative	
	To continue to deliver safety messages via the Communications Sub-Group, particularly around online safety information for children, parents and carers	Louise Lawson	April 2022	Reports form Communications Sub-Group Chairperson	
3.2 Scottish Fire & Rescue Service community engagement and keeping children safe	To provide mentoring opportunities with individual children around role models and fire service values	Albert Bruce	April 2022	Annual report on the numbers and impact of the mentoring opportunity for the YP(s) involved	

	Fire stations to continue to be designated as a safe zone where children in trouble can come and speak to someone	Albert Bruce	April 2022	Our Policies and procedures reflect the service priority for children's safety. Staff are aware that any child needing assistance can access fire stations and youth engagement confirms this as part of service values	
	SFRS will visit all children on the CP Register / vulnerable families to undertake fire safety checks and provide advice and practical assistance to ensure homes are safe spaces for children	Albert Bruce	April 2022	Annual report to be brought to CPC by SFFS providing numbers of families visited and the range of remedial activity undertaken to ensure homes are safe spaces for children	

OUTCOME 4 *We effectively identify children at risk share information timeously and act together to protect them from harm*					
OBJECTIVEs	**ACTIONs**	**LEAD & Key People involved**	**TIMESCALE**	**EVIDENCE or OUTCOME MEASUREs**	**PROGRESS REPORT CPC Review**
4.1 The CPC is alert to the potential that agencies may see an increase in domestic abuse referrals due to COVID-19. All staff across agencies require to have a greater awareness of DA and be confident with appreciative enquiry	DA Guidance and Flowchart implementation to be evaluated and regular audits of referrals to be carried out	LO CPC	April 2022	Consultation of staff and audit results will reflect consistent use of pathway and all referrals managed appropriately	
	Police Scotland will ensure there is an increased awareness of DA and to make referrals as appropriate within the organisation	Police Scotland/ Grant MacLeod	April 2022	Increase in referrals from Police Scotland and improved feedback from agencies such as Women's Aid and ASSIST	
	As part of the implementation of the DA pathway all practitioners will be trained in the use of the DASH assessment tool	MARAC Coordinator	April 2022	Training will be delivered to practitioners across A&B and evaluated Through focus groups and audit activity staff have increased confidence in working with victims of DA and processes are embedded in practice	
	CPC will be regularly updated on the work of MARAC and have oversight of emerging themes/issues that may require to be prioritised and progressed by the CPC	MARAC Coordinator	November and May	MARAC report will be presented to CPC highlighting the need for specific CPC activity / actions	

4.2 The quality of our child protection investigations and risk management continues to improve	IRD multi agency audit of initial responses to be undertaken using an agreed audit tool on a regular basis and findings to be presented to CPC	Sandra Getting's	Biennial Report May/Nov Following each audit cycle	A report will be presented to CPC on the quality of IRD's undertaken and will highlight areas of learning and how this has been addressed Workers involved in the IRD will be given feedback from members of the IRD group and will focus on quality and areas for improvement	
	A similar process will be applied to the quality of Joint Investigative Interviews (JII's) to ensure that the interviews are being conducted as per agreed JII national guidance and that interviews are child centred The CPC, is not one of the pilot sites for the new JII training programme, the learning from the pilot sites will be reviewed by the CPC and applied to practice	Sandra Getting's	Biennial Report May/Nov	A report will be presented to CPC on the quality of IRD's undertaken and will highlight areas of learning and how this has been addressed Workers involved in the IRD will be given feedback from members of the IRD group and will focus on quality and areas for improvement	

4.3 We effectively asses and plan for children at risk	All children on the CPR have an up to date chronology and considered by each CPC conference Encourage all staff to use the risk assessment framework to evidence level of risk All children on the CPR have a child's plan with robust SMART outcomes	Brian Reid, Patricia Renfrew, GIRFEC QI Group	Regularity of audit activity to be agreed and complete by April 2022 August 2022	Through case file auditing the CPC would seek assurances that - • chronologies are of a consistently good standard and are being used to inform assessment • risk tools are being regularly used as part of the assessment of need and risk • children on the CPR have SMART child's plans that are updated and inform CP Review Conferences	
	Child's Journey - Continue tracking of small group of children and their journey through the child protection system from referral to destination (due to current situation this may have to partially be retrospective)	M McKinnon/S Cairns	April 2022	The child's progress will be monitored quarterly using an agreed information template and each child's journey will be recorded and outcomes identified	
4.4 We develop our approaches to the child protection case conference model and ensure children's rights are upheld and respected	Case conferences & YPSP meetings are strength based and child and family focused and are informed by the child's plan, chronologies and current risk assessment	Mark Lines	File Audit- November 2021	A sample audit of casework will be undertaken to identify how well children and families are engaged in the process	

			Observations to be completed by April 2022	The CPC lead officer will observe a sample of case conferences and prepare a report for the CPC identifying strengths of existing approaches and recommendations for further practice development	
4.5 We work together to improve the outcomes for children at risk **Connects to 2.1**	Improved interface between children & adult services particularly where parental mental health substance misuse and domestic abuse are present	C&F & Adult Care Head of service	April 2022	Adult service workers have greater understanding of role within child protection work and contribute to assessments and attend meetings when required. Likewise for C&F staff.	
	Review the current YPSP and sexually harmful behaviour with a view to updating to reflect practice changes and research	High risk working group	Sept 2021	Report to CPC by group setting out changes and how document will be updated	
	Re-write document and implement across agencies/services Evaluate the impact of the YPSP and sexually harmful behaviours protocol on practice and outcomes for children / Y P	High risk working group	Oct 2021 to April 2022	Audit a sample of YP with SHB's and the impact of the protocol on assessment and risk management. Report to be brought to CPC with findings and recommendations for future development	

STRATEGIC PRIORITY STRATEGIC PLANNING					
OUTCOME 5 ***Collaboration across Public Protection raises awareness of cross-cutting challenges and opportunities for shared solutions in child protection***					
OBJECTIVEs	**ACTIONs**	**LEAD & Key People involved**	**TIMESCALE**	**EVIDENCE or OUTCOME MEASUREs**	**PROGRESS REPORT CPC Review**
5.1 Protection of children is a key aim across public protection planning and delivery particularly in relation to children affected by adult mental health, domestic violence, substance misuse and criminal behaviour	CPC develops stronger links and influence through information sharing, joint training and membership of other partnerships such as APC, MAPPA, MARAC, VAW and ADP, All our Children (AOC Third sector collab)	S Cairns/M McKinnon/CPC partners	April 2021-23	Child protection interface with public protection reflected in CPC and partnership reporting to COG Evidence through minutes of meetings, training events, joint sessions etc	

STRATEGIC PRIORITY PUBLIC INFORMATION and COMMUNICATION					
OUTCOME 6 ***Children, their carers and their families are supported to be fully involved in child protection decision making processes***					
OBJECTIVEs	**ACTIONs**	**LEAD & Key People involved**	**TIMESCALE**	**EVIDENCE or OUTCOME MEASUREs**	**PROGRESS REPORT CPC Review**
6.1 The views and experiences of children and their families are systematically recorded and reported to CPC	Advocacy services will engage with children on the CP register to understand their experience and to provide the CPC with recommendations as to how things can be improved	Susan Cairns Jill Gawish	Bi-annually	Report by Advocacy services reflects the views and thoughts of children and their families which inform future CPC priorities and activity	
	Evidence of child and parent's views are recorded in child's plans using their own words	A&B Strategic/ Girfec Imp Groups/ CARO's	Biennial	Use of Child' plan audit tool as part of wider review of quality of child's plans CARO's will review child's plans using the agreed tool to gather reflect how well children's views are being reflected in child's plans Minutes of CPCC's and reviews will provide evidence of children's views being sought and actioned	
	Third Sector will continue to offer support to Children and their families to engage	Sharon Erskine	Bi - Annually	All our Children rep will report figures collated from third sector agencies on	

	with plans and to engage in a meeting setting. Third Sector All Our Children (AOC) will continue to support third sector agencies to access training on contributing effectively to a Child Plan. Third sector AOC will support agency understanding of the DA Pathway and Parental Mental Health protocol. CPC will be regularly updated on the work of AOC and have oversight of emerging themes/issues for Third Sector Partners		Bi - Annually	how many children they are supporting with their child plan All our Children rep will actively encourage agencies to expand their knowledge, understanding and skill set by accessing training opportunities and will feedback to CPC on uptake.	

OUTCOME 7 *Engagement with children, families and communities and raising public awareness* *There is evidence of greater public awareness of child protection*					
OBJECTIVEs	**ACTIONs**	**LEAD & Key People involved**	**TIMESCALE**	**EVIDENCE or OUTCOME MEASUREs**	**PROGRESS REPORT CPC Review**
7.1 Raising public awareness of child protection need to be a priority of the CPC to ensure that communities are equipped with information that allows them to take action if they are concerned about the safety and wellbeing of a child	On line safety messages to be produced regularly and CSE to be targeted. Safety messages to be sent via Schools	Police Scotland/ Communications Sub-Group	Quarterly	Police and Education members report an increase in confidence and a reduction in online offence reporting	
	Produce up to date leaflets	L&D Sub group	Dec 2020	Leaflets printed and circulated across all partner agencies	
	Improve CPC website for public access	Comm Engag Working Group	By April 2021	Number of hits to the website	
7.2: **Engage with young people to ascertain their views on CP processes and safety in the community- Link to HRWG plan and YP Advisory Group.**	Public protection e-learning module for professionals to be reviewed - Link to HRWG plan and YP Advisory Group. Young people to be involved in setting priorities for plan 2023-2025	L& D Working Group Communication Sub Group	October 2021 October 2021 2023	Regular reporting to CPC on numbers, staff groups using it, evaluations etc Contact established with the YP advisory group. YP views will be recorded on CPC minutes and reflected in the strategic plan.	

Argyll & Bute Child Protection Committee

Working Together to Achieve the Best for Children Young People and Families

Annual Report 2020/21

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Key Contacts

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Forward By the Chief Officers Group Public Protection

The Chief Officers of the public sector organisations in Argyll and Bute and the Health and Social Care Partnership are pleased to present the Argyll and Bute Child Protection Committee (CPC) Annual Report for 2020-2021 and Business Plan 2021/23.

Our individual and collective commitment to the protection of children and young people in Argyll and Bute remains paramount. It is our belief that safeguarding, supporting and promoting the wellbeing of all children and young people and protecting them from harm and abuse is a key priority.

We take this responsibility very seriously and we are committed to improving outcomes, tackling inequalities and minimising the impact of child poverty.

Getting it right for every child remains a key approach in Argyll and Bute to achieving our vision of working together to achieve the best for children young people and families.

The Chief Officers Group Public Protection continues to provide robust leadership; direction; governance; scrutiny; challenge and support to the CPC. Over the last year, we have scrutinised the work of the CPC regularly and our strengthened partnership working is improving outcomes for Argyll and Bute's children.

As a partnership we are committed to continuous improvement through self-evaluation. We remain vigilant and are pleased that this annual report shows our children's services continue to improve outcomes for children. Together with the CPC, we strive to realise fully our capacity for continuous improvement and achieve our collective vision.

We acknowledge the efforts of the CPC, members of the CPC Sub Groups, the wider child protection community and all staff across the public, private, third and independent sectors, whose commitment, dedication and hard work is achieving better outcomes for vulnerable children and young people at risk of harm and abuse in Argyll and Bute.

Pippa Milne
Chief Executive
Argyll and Bute Council

John Paterson
Chief Superintendent
Police Scotland

Pamela Dudek
Chief Executive
NHS Highland

Introduction by the Chair of Argyll and Bute Child Protection Committee

I am pleased to present the Argyll and Bute Annual Report summarising our multi-agency activity for the past year. This report presents the findings from a range of single and joint self-evaluation activities which are focussed on prevention; early intervention; keeping our most vulnerable children and young people safe and taking action to protect children and young people from harm, abuse and exploitation. It sets out our key achievements, strengths and areas for further improvement.

The past year has been dominated by Covid 19 which has impacted us all both personally and professionally. The CPC saw first-hand the demands placed on children's services to adapt, almost overnight, to a set of circumstances that were unprecedented, rapidly changing and causing fear and distress, not only to children and families known to services, but for those front line workers who continued to provide support to our most vulnerable children and families.

The CPC met more frequently to ensure oversight of our collective response to the pandemic. I have been greatly impressed by the work of all CPC partners who have worked tirelessly to ensure that vulnerable children and their families received the support and assistance they required through some very challenging times.

While the past year brought many challenges, it has also highlighted a strong ethos of partnership working within Argyll & Bute, which has been evident throughout ensuring service responses have been co-ordinated and directed to those in greatest need.

It has not been possible to achieve all that we set out to do, however, significant progress has been made, even during these challenging times. We know ourselves and have a good understanding of "how good we are now" and "how good we can be" going forward... As a result, this report concludes that our capacity for continued improvement remains strong.

Once again 2020/21 has been a very demanding and challenging period for the CPC. Our work has continued against an ever-changing legislative, policy and practice landscape, a health and social care integration agenda and both organisational and transformational change.

This report shows we have continued to deliver our services to protect children and young people effectively and efficiently. We have enhanced partnership working and strengthened our joint approach to quality assurance and self-evaluation.

The Child Protection Committee has identified its improvement priorities for the year ahead in our business improvement plan attached as an appendix to the report.

The hard work, commitment and dedication of all our staff is our key strength and they are making a positive difference to improving the lived experiences of all children, young people and families living in Argyll and Bute.

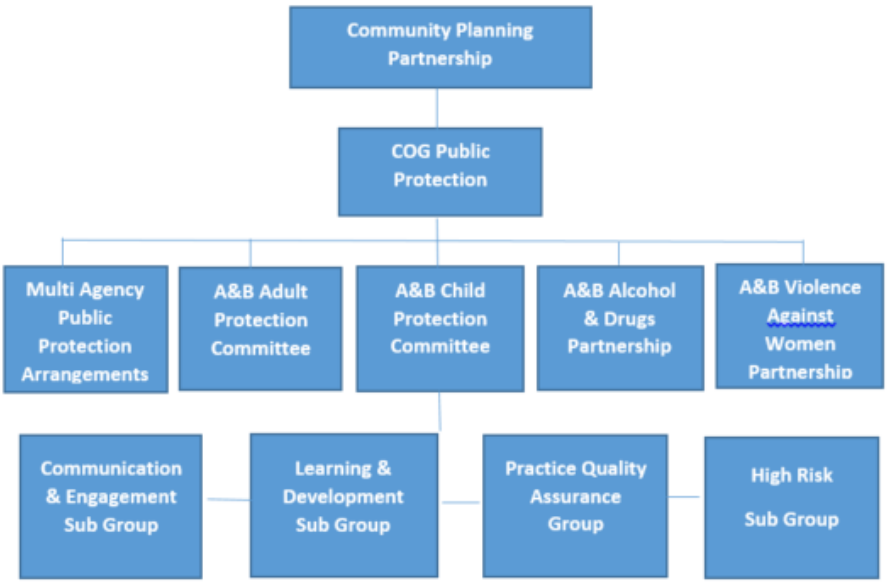
Moira McKinnon
Independent Chair of the Child Protection Committee

1. The Governance Structure of Argyll & Bute Child Protection Committee

1.1 Child Protection Governance

Argyll and Bute Child Protection Committee is responsible for ensuring that children are kept safe and protected from harm and abuse reporting to Chief Officers Group Public Protection.

The Argyll and Bute Community Planning Partnership provides overall leadership to ensure the connectivity between different strategic groups and provides governance to ensure that the Chief Officers and the strategic groups. Partners are focused on the delivery of the Community Planning Partnership priority outcomes and ensures the committees have both the leadership and resources to fulfil their key functions.



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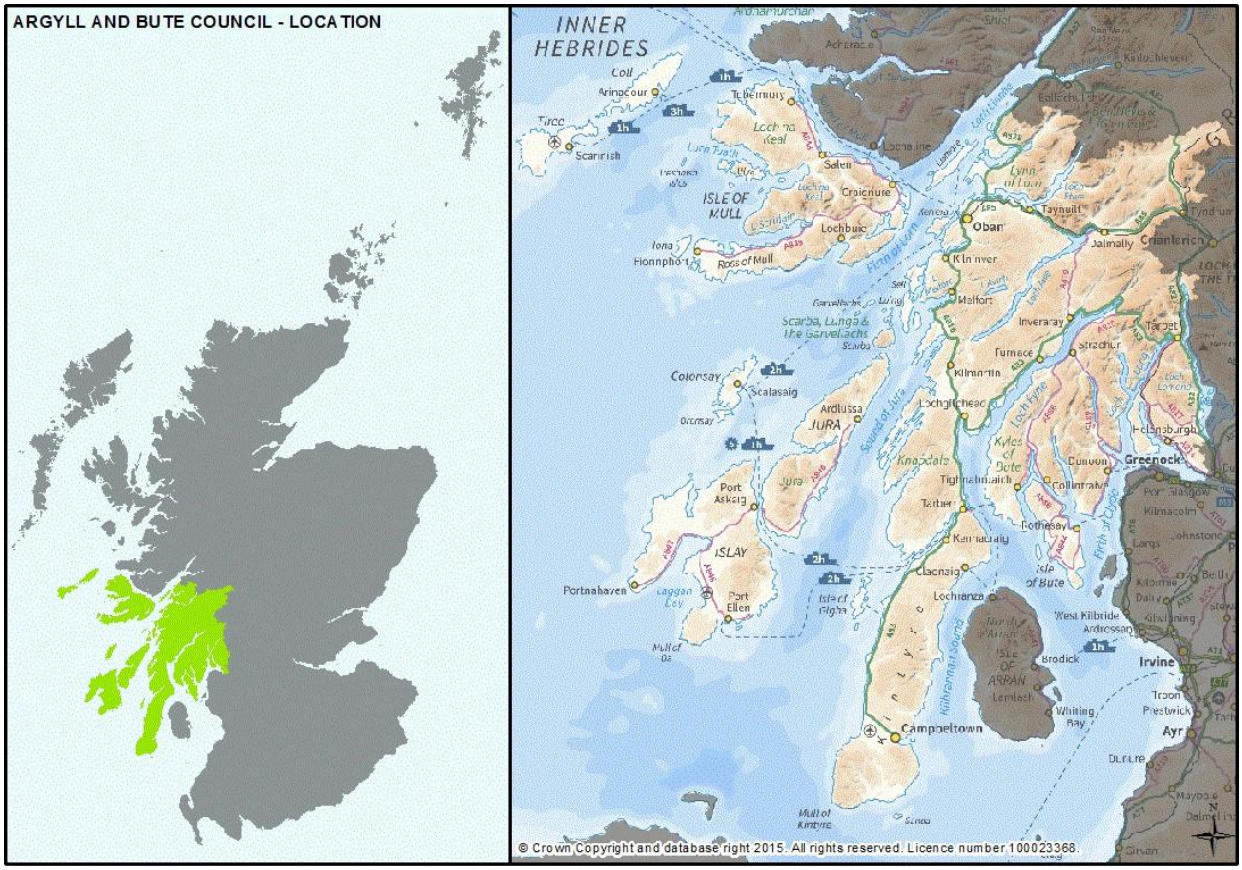
1.2 Demographics

Argyll and Bute is the second largest local authority by area in Scotland, after Highland. The authority covers a land area of 690,947 hectares, Argyll and Bute has the third sparsest population (averaging just 13 persons per square kilometre) of Scotland's 32 local authorities (Census 2011).



The landscape is characterised by long sea and freshwater lochs, peninsulas and islands. The physical geography of the area adds considerably to the journey times between settlements and communities. The road network makes the area vulnerable to disruption, and diversions can be long. Island communities are vulnerable to ferry disruptions, particularly in the winter months.

Argyll & Bute has 23 inhabited islands, more than any other Scottish local authority. These are -

Bute, Coll, Colonsay, Danna, Easdale, Eilean da Mheinn, Erraid, Gigha, Gometra, Inchtavannach, Innischonan, Iona, Islay, Jura, Kerrera, Lismore, Luing, Mull, Oronsay, Seil, Shuna (Luing), Tiree, Ulva (Census 2011).

- Helensburgh and Lomond
- Mid Argyll, Kintyre and Islay
- Oban, Lorn and the Isles
- Cowal and Bute

Argyll and Bute has a total population of 86,890 .The population profile for Helensburgh and Lomond is younger than for the other three Administrative Areas. Nonetheless, the population of Helensburgh and Lomond, in common with the populations across the rest of Argyll and Bute, is ageing.

The population projections for Argyll and Bute indicate a gradual and sustained reduction in the number of children and young people aged 0-16 and an increasing population of older people.

Age Cohort	Base Year 2012	MYE 2015	2015	2020	2030	2037	% change within cohort
0-15	14,069	13,292	13,259	12,806	12,173	11,488	-18%

The National Records of Scotland (NRS) 2012 base population highlights the demographic challenge facing Argyll and Bute. If current trends continue, numbers and proportions of older people will increase as numbers and proportions of people in younger cohorts will fall.

1.3 Deprivation

The Scottish Government index of multiple deprivation identifies small-area concentrations of multiple deprivation across Scotland, 10 data zones within Argyll and Bute were in the 15% most overall deprived data zones in Scotland.

These ten data zones are located in Argyll and Bute's main towns –

- Two each in Helensburgh, Rothesay and Campbeltown
- Three in Dunoon
- One in Oban
- Two in Lochgilphead

As the SIMD identifies concentrations of deprivation, smaller pockets and instances of individual deprivation are not picked up by the index. Deprivation can, and does, occur outside of the most deprived data zones.

Patterns of deprivation vary by deprivation domain. A particular contrast can be seen between levels of access deprivation, which affects most of rural Argyll and Bute and levels of deprivation across other SIMD domains, which show higher levels of deprivation in the towns.

1.4 Child Protection Services in Argyll & Bute

Child protection is delivered through seven area teams working in partnership with Police Scotland, Education, Health, 3rd sector and communities.

Social Work Children services in Argyll & Bute sit within the Health & Social Care

Partnership and work is underway to integrate and align services for children and their families and is overseen by the Joint Integration Board.

The Child Protection Committee has representation on Argyll & Bute's Children and contributes to children service planning around issues of safety and well-being.

The Child Protection Committee (CPC) provides robust multi-agency leadership, direction, governance, scrutiny, challenge and support to all services.

During 2020/21 the focus has been to continue the improvement journey prioritising early identification and improving the quality of assessment and child's plans to ensure the needs of vulnerable children, young people and their families are met timeously.

The CPC delivers leadership through the Child Protection Business Improvement Plan, a multi- agency plan mapping the CPC priorities for all agencies in delivering child protection in Argyll and Bute.

The success of the plan is measured through performance scorecards developed on the Council's pyramid management information system.

1.5 Getting it Right for Every Child (GIRFEC)

Throughout 2020 Argyll and Bute GIRFEC strategic group has continued to provide direction and support to ensure GIRFEC is embedded across all services.

Argyll and Bute became involved on the national GIRFEC leadership programme led by Scottish Government, however was affected by the pandemic and only recently the Scottish Government team has reconvened following a period of re- deployment to address issue related to the pandemic.

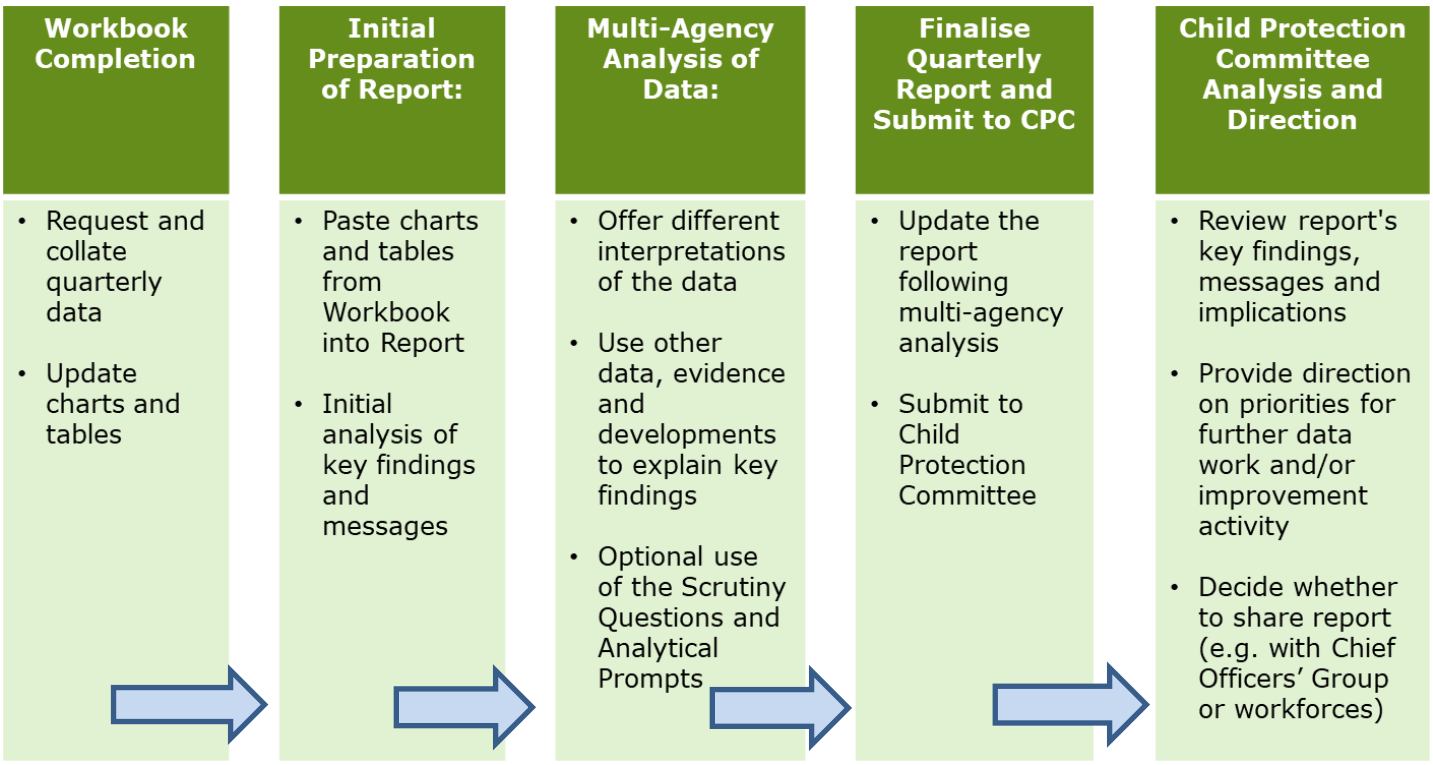
CPC Lead Officer has now joined the GIRFEC Quality Improvement and training sub group in order to better align and ensure Child Protection remains firmly within the GIRFEC continuum.

1.6 Number of Children Subject to Child Protection Processes in Argyll and Bute

The number of child protection investigations has decreased slightly in 2020 to 157 from 161 for 2019. 89 of these progressed to Child Protection Case Conference and 68 to a Child's Plan meeting. The highest area of concern was Domestic Abuse, followed by Poor Parenting and mental health issues and substance misuse.

1.7 Child Protection Minimum Data Set

Within Scotland work is ongoing to develop a minimum data set for all CPC's. Argyll and Bute has been supported by CELCIS to progress the development of a local 'workbook'. At the February CPC meeting Alex McTier form the CELCIS Protecting Children Team delivered a presentation summarising the data set and how the information can be used to scrutinise trends, patterns and inform practice.



The above diagram demonstrates the process of collecting and reporting data to the Child Protection Committee.

The Performance, Quality Assurance sub group plays a central role in scrutinising the data and providing the CPC with an analysis highlighting key trends/areas of interest. The work book contains the minimum data set and it is proposed that additional indicators will be added i.e., 'number of times the social worker has changed' as this give a picture of longevity of a social worker being responsible for a child/children which in turn suggests stability and opportunity to build a strong and meaningful working relationship.

The converse is lack of stability, which would need to be addressed locally.

2. What Have We Been Doing Over the Last Year?

2.1 Self Evaluation

Argyll and Bute CPC is committed to the continuous improvement of our interagency child

protection arrangements which are underpinned and informed by a robust cycle of self-evaluation activity.

As a result of Covid-19 at the beginning of 2020 we were unable to hold an event where front line staff and managers form all agencies could attend and participate in workshop based discussions. Instead, we held 2 virtual events using the Microsoft team's platform. A multi-agency event was held on 26/10/20 and a social work event on 10/12/20. Topics covered were -

- Domestic Abuse and the impact on the child
- Sexual Abuse
- Learning through practice during Covid-19
- How the CPC can communicate better with staff

These were well attended given the pressures on staff working through a pandemic and the subsequent capacity issues. Appendix 1 provides a more detailed report.

2.2 Continuous Improvement through Multi Agency Practice Audit

Two practice audits were undertaken and the findings are briefly discussed below -

IRD

An Inter-agency Referral Discussion (IRD) audit group has been in place for over 2 years and samples IRD discussion records every 8 weeks. The group has met consistently despite the pandemic and of the records audited 100% achieved the grade of Good and above.

This group has also functioned as a development group in order to address issues as they arise, for example thresholds, analysis of risk and a review of the current local guidance.

There have been two development sessions in July and October 2020 resulting in changes to the IRD form and a training programme for Health and Education staff will be rolled out before a 'test of change' is implemented in one locality.

The current IRD protocol continues to be reviewed, however this has now been put on hold in light of the new National Child Protection Guidance due for implementation this year.

YPSP

The West of Scotland Child Protection Procedures and Argyll and Bute CPC protocols and procedures cover most situations where a child or young person still at school may be at future risk of significant harm, these remain our go to procedures for responding to children and young people at risk.

For young people over 16 years who have left school and are not receiving support as a care leaver the relevant adult procedure should be followed.

There are a small number of young people who are still at school or who are care leavers, Where there are very real concerns about their safety and well-being and require additional supports.

The Young Person Support and Protection (YPSP) protocol has been developed to ensure a robust and consistent interagency response to helping protect young people who are at risk of significant harm or of causing significant harm to themselves and others

The High Risk sub group of the Child Protection Committee agreed that an audit of young people should be undertaken to establish how well it has been used and if outcomes for this vulnerable group had improved as a result.

Phased approach to audit

The review will be conducted in two phases with phase 1 gathering quantitative data and phase 2 will involve speaking to young people and professionals to gain insight into the process and effectiveness of the protocol in securing better outcomes of those young people involved in the process.

Phase 1 was completed in February 2020 and the Care Inspectorate audit tool for children and young people in need of protection was adapted for use between the period 2019-2021. A total of 5 young people aged between 18 -20 were subject to YPSP were reviewed.

The ages of the young people involved ranged from 18 to 20 years , and related to three females and two males. It is of note that the average length of time for young people were involved with the YPSP was 15 months. This is not surprising due to the complexity of the needs of this group of young people.

Of the 5 young people reviewed ALL had a substantial care history and all young people were living in children's houses. Concerns included addiction issues, CSE, self-harm, suicidal ideation and sexually harmful behaviour. Two of the 5 YP had physical and developmental disabilities.

2.3 We Effectively Identify Children at Risk and Act Together Timeously to Protect Them From Harm

Early identification and response through the application of GIRFEC continues to be a strength with confident Named Persons, routine use of child's plan meetings and well understood processes and systems to help ensure children receive timely support.

The multi-agency IRD audit group which meets every 8 weeks has used the Care Inspectorate audit tool as a means of auditing practice and identifying and progressing issues as they are identified.

The IRD process is well understood and comprises of the relevant agencies including Named Person. The record of discussion has now been added to Care first and since this implementation there has been significant improvement in the quality of completed IRD's.

Feedback is now given to all participants of the IRD in writing and by phone if appropriate, this is to encourage the multi-agency learning reinforcing that all participants are accountable for the quality of discussion and decision making.

It is very encouraging that 100% of records audited over the last year scored Good or above.

It is to be commended that staff have continued to strive and achieve high standards in these difficult times when front line staff and managers in all agencies delivering child protection services have had to respond to a myriad of pressures.

The audit group has also acted as a development group and has held two multi-agency focus groups, which have been referred to previously.

In addition, the Independent Chairperson and the Lead Officer led a management session on 24/2/21 with Social Work managers looking at the IRD process and exploring some of the challenges for social work as a key partner in the process.

It is planned that the issues raised will be taken back in to the multi-agency audit group for further discussion and recommendations will be presented to CPC in May 2021.

2.4 We Work Together to Improve the Outcomes for Children at Risk

For children at risk in Argyll and Bute the issues of concern continue to be parental substance misuse, which includes both the use of drugs and alcohol, domestic abuse and parental mental health.

Research identifies non engagement as a consistent feature in a number of significant case reviews involving child deaths. Training in working with resistant families was carried out over the past 2 years and evaluated well with evidence of the assessment tool in case files. All core groups are chaired by the social work practice lead and it was an issue identified in the 2018 self -evaluation that more support was required in this area.

New guidance on how to chair a core group was written and support provided to this group. Observations of core groups over the past year has demonstrated a change in how the core group is managed based on a strengths based approach, e.g. family are engaged at the start of the meeting ascertaining what has gone well and referring and amending the multi-agency chronology and plan as appropriate.

Recent feedback from staff and parents is that this approach is working well and, in particular, there is evidence that tools are being used to help families understand what workers are worried about. The use of the resilience matrix supported one family to understand more clearly professional concerns, identify family strengths and how these could be built upon to help the parents to keep their child safe and well.

Assessments where social work are the lead professional, includes routine consideration of the need for home fire safety checks. All Health Visitors consider fire home safety checks as part of the health visiting pathway. Social work and the CAROS routinely consider a referral to SFRS as part of any assessment for children involved in child protection processes. Midwives assess the need for referral within the service's wellbeing tools and promote parents taking up fire home safety visits.

As part of the Public Protection Strategy the Lead officer for CPC attends both the Alcohol

and Drugs Partnership meeting and the Adult Support and Protection Committee. Likewise the lead officers for those committees attend the CPC. This has contributed to better partnership working and knowledge of each committee's functions and responsibilities.

More importantly it has assisted in a shared understanding of all partner's duty of care, including adult services, with regard to child protection.

The protocol for working with children who are impacted by parental mental health was launched in 2017, however a basic scoping exercise of how this has been implemented showed a low usage of this protocol.

During 2019/20 a training pack was developed and delivered on the Impact of Parental Mental Health protocol when workers were given the opportunity to explore how the protocol can be used to support the assessment of need and risk.

Training was delivered in 3 localities during 2020 and another session is planned for April 2021.

2.4 Our Policies, Procedures and Protocols Support Staff to Keep Children Safe

The CPC has developed a wide range of policies, procedures and protocols which are available on the CPC and GIRFEC webpages. Feedback form staff requested that the webpage be reorganised with clear indication of the subject and which client group the policies referred to.

This has been completed and feedback has been positive. The CPC took a decision not to produce any new protocols, but workers should be assisted to make sure they are familiar with existing protocols and tools and the priority for next year will be to embed these in practice.

A link to all documents has been placed on the SharePoint system in February 2021 for easier access and for staff whose organisation cannot access the Google search engine, which is required for the CPC website.

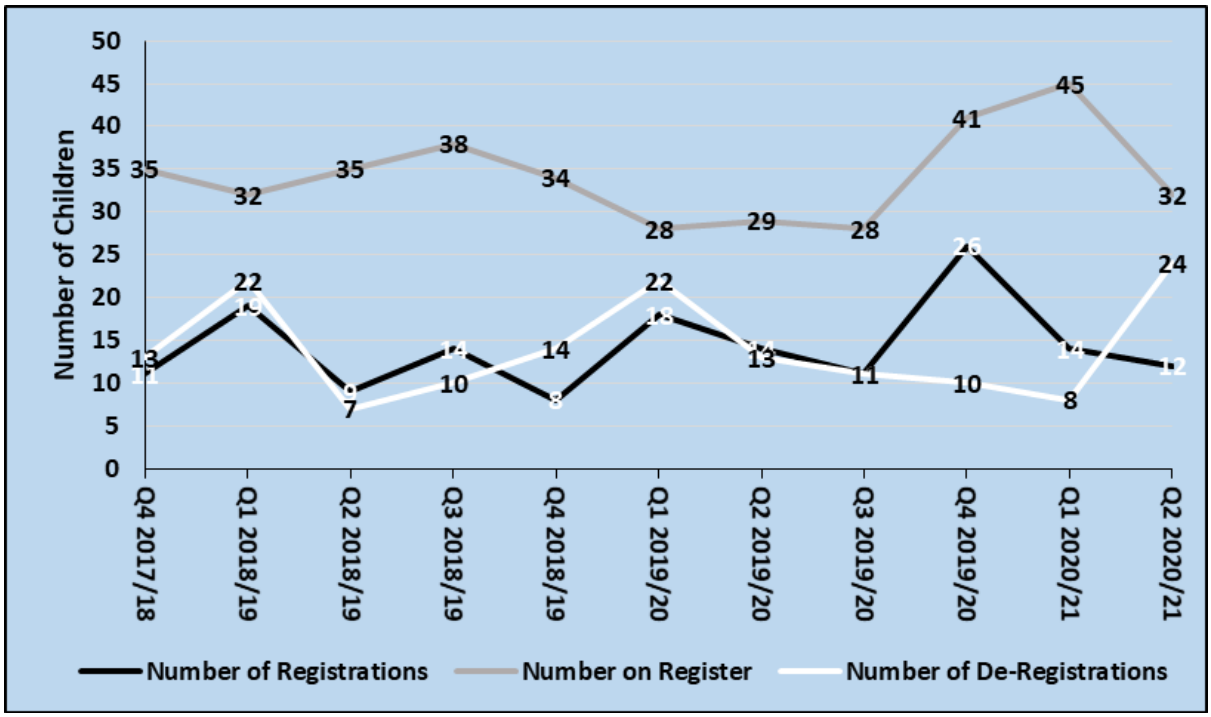
2.6 The CPC Uses Robust Data to Monitor Quality, Performance and Identify Patterns and Trends to Support Continuous Improvement

As previously mentioned as part of the Scottish Government's Child Protection Improvement Programme a minimum dataset has been developed which will support and inform national and local planning and service developments.

There are currently 3 pilot areas, of which Argyll and Bute CPC is not a part of, however members have taken part in workshops facilitated by CELCIS in order to progress the dataset and we now have a workbook in place.

The data that the CPC collected already matched the minimum dataset as set out by CELCIS and partners and the CPC will continue to add to the data set.

Below is an illustration of CP registrations, de-registrations and total number of children on the Child Protection Register between the end of 2018 and January 2021 for all localities in Argyll and Bute.



Registrations peaked in quarter 1 202/21 at 45 and steadily decreased to 28 in quarter 3 20/21. During this period the country experienced significant restrictions and lock down due to the pandemic, and these figures potentially reflect the challenges faced by services in engaging with families.

The following graph highlights the areas of concern at registration.

	Apr-Jun Q1 2019/20	Jul-Sept Q2 2019/20	Oct-Dec Q3 2019/20	Jan-Mar Q4 2019/20	Apr-Jun Q1 2020/21	Jul-Sept Q2 2020/21	Oct-Dec Q3 2020/21	Jan-Mar Q4 2020/21	Apr-Jun Q1 2021/22
Child Placing Themselves at Risk	2	0	0	0	0	0	0		
Child Sexual Exploitation	0	0	0	0	0	0	0		
Domestic Abuse	5	2	6	12	7	9	7		
Emotional Abuse	5	2	2	8	3	0	1		
Neglect	5	3	0	8	4	1	4		
Non-Engaging Family	6	3	3	0	0	2	0		
Parental Alcohol Misuse	3	1	1	6	8	8	5		
Parental Drug Misuse	2	7	2	8	11	4	5		
Parental Mental Health Problems	9	6	2	8	10	6	5		
Physical Abuse	0	2	3	7	0	2	4		
Sexual Abuse	2	0	0	0	0	1	4		
Trafficking	0	0	0	0	0	0	0		
Other Concern	10	4	1	4	3	6	0		
Total Number of Registrations	**18**	**14**	**11**	**26**	**14**	**12**	**10**		
	49	30	20	61	46	39	35	0	0

Domestic abuse

Domestic Abuse continues to be an area of concern and we have seen a rise in referrals to statutory services, however, the figures are lower than had first been expected, especially when listening to third sector partners delivering front line services for victims of domestic

abuse who highlight a significant rise in referrals and support to victims. The current social restrictions on movement in communities across Scotland create new risks to those suffering or recovering from domestic abuse and other forms of VAWG.

Some of the concerns about the low referral rate to statutory services may relate to perceptions that statutory services, such as police and homelessness services are not operating; the lack of physical access to normal social networks such as friends and extended family; reduced reach of interventions such as specialist VAWG and universal support services; sickness of frontline specialist service providers; barriers caused through increased use of digital or telephone enabled services; financial dependencies and increased access by perpetrators to women, children and young people because of social distancing and lockdown measures.

In recognition of this, the CPC implemented a Domestic Abuse Pathway for named persons (Appendix 2). The Pathway was launched in January 2021and was supported by Health and Education managers providing single agency training to support the implementation. Domestic abuse is key priority Strategic Plan for 2021-2023.

The pathway removes the requirement for Domestic Abuse referrals to be screened via the early effective Intervention group. As an additional measure, to monitor this new process, the Lead Officer will carry out 8 weekly audits form cases provided by the Police Concern Hub Inspector.

An audit was carried out in February 2021 and all cases had been responded to by Social Work and named person with robust joint working and an agreed plan on how to support the child and family member who were victims of the Domestic Abuse.

Parental Substance Misuse

A joint session of the Child & Adult Protection Committees and the Alcohol & Drugs Partnership took place on 15/2/21. This was an initial meeting to explore how we progress joint working to achieve a more holistic, family based interventions that are aligned and integrated to provide support to both parents and children.

Ensuring individuals have access to the right interventions at the right time, enabling them to move through treatment into sustained recovery, will require a seamless interface between local services.

As a high proportion of the children on the child protection register have a parent with addiction and mental health issues this approach would be optimal in addressing and reducing the risks for children by providing the right support to the parent to support them to care for their children.

Parental mental health

Parental mental health continues to feature as an area of concern for children on the Child Protection Register and warrants a similar approach to that of addiction issues.

2.7 Views and Feedback from Children, Young People and their Families are Systematically

Gathered and Effectively Used to Inform Improvement Actions

Children 1st no longer provide the advocacy service for children and young people whose names are on Argyll and Bute's Child Protection Register. There is now 1 full time advocacy worker who provides this service to children over the age of 5 years.

Evaluation of this service indicates that engagement and involvement of children is of a high quality and children understand why agencies are concerned and their views are clearly and explicitly considered.

Feedback on the advocacy service is sought primarily from the children and young people who have used the service. They have an opportunity to comment on the service throughout their sessions and are asked to complete an evaluation form on their whole experience during their ending session.

If appropriate, they are also asked to provide feedback on their experience of the child protection process. CAROs and Social workers are also asked to complete an evaluation form to report on the impact of advocacy on their decision making.

Child/Young person feedback on advocacy service –

- *We now get on ok with social work and understand they think they are just trying to help.*
- *I had fun playing games. You are good at listening and then getting what I want to say over at meetings even though it was always the same thing I said.*
- *My favourite thing about seeing Jill was playing Uno and making up games to play over the video calls. That was really funny.*
- *I liked that you didn't force me to see you all the time but still took my views to the meetings so that I didn't have to go to them. I didn't always get everything I asked for but that was ok I suppose because you gave me a reason.*
- *I'm glad you let me text you. I wouldn't have spoken to anyone any other way.*
- *It was good because things I said appeared in the social work plan thing and people helped them to happen. That made me feel really special.*

Child/Young person feedback on child protection process What worked well?

- *I liked playing games and drawing pictures. I was worried about (sister) but I feel better talking about it and (social worker) is helping us. I feel much safer now. Things got better because (social worker) helped (sister) move out.*
- *Mum and Dad stopped arguing.*
- *Being able to tell how I felt and getting help from social work. Mum has been better since she knows how I feel.*

What bits were not so good?

- *I still worry she (sister) might come back.*
- *Having social work in all the time.*
- *Falling out with Dad. Arguing with Mum.*

What changes did you notice in your family?

- *Mummy and I are much happier.*
- *Less shouting.*
- *We are back together again and things are good. Mum doesn't drink as much anymore and if she does it doesn't affect me anymore. We are able to talk about stuff better now.*

2.8 Leadership

With the unexpected arrival of Covid-19, the Child Protection Committee had to respond to a rapidly changing working and living environment for staff, children and families living and working in Argyll and Bute.

In response to Covid-19, the committee met on a 6 weekly basis to provide a platform for agency leaders to meet and discuss service responses, the impact on staff and practice, and prioritisation of the strategic plan.

From March 2020 a weekly sub group met to discuss in more detail the impact of Covid-19 on service delivery. The existing Performance, Quality Assurance (PQA) group assumed this role as all agencies were represented including, Health, Social Work , Education, Police, Third Sector and Lead Officer CPC.

This evolved into a close monitoring of Vulnerable Person Data reports form the Police Concern Hub as an additional layer of scrutiny that child at risk were being swiftly recognised and supports put in place.

The independent chairs and lead officers for ADP, CPC and APC met regularly throughout 2020 to ensure robust communication and provide an opportunity to address any cross committee/service issues.

A specific development session for CPC members has not been achieved in 2020, however one is planned for May 2021.

2.9 Learning & Development Sub Committee/ Communications

By promoting good practice throughout the delivery of our learning and development strategy, the CPC supports the multi-agency workforce to effectively protect children across Argyll and Bute.

We now have a Communications sub group incorporated into our learning and development group and have updated our strategy and welcomed new members. We have continued to

participate in the 'eyes and ears open 'campaign which we have delivered twice in 2020.

As a result of Lockdown and Covid-19 related restrictions, we were aware form Police colleagues that there had been a significant increase in young people being targeted and groomed online. In response to these concerns, we sent messages via Education links on two occasions to children, young people and parents/carers, warning of the dangers and how to keep safe online.

We asked staff how the CPC could communicate better and responded to their comments creating a staff message board located on our website where current information and new developments are posted.

In addition, the Lead Officer hosts a CPC chat session on a monthly basis and 2 have been held so far, with very god attendance and feedback. This is designed to be informal where staff can attend as they choose when and how long for. This is in its infancy, but it is hopes that it will continue to be of value.

It was acknowledged that our posters and leaflets required a refresh, therefore we ran a competition in schools and had 10 winners! This was very successful, and each winner received a prize.

The posters will be seen Argyll and Bute wide once it is possible to have them placed in schools and public places.

On 3 March 2021, Scottish Government launched a 3 week awareness raising campaign to draw attention to Child Sexual Exploitation, to improve public understanding and empower those with concerns to act on them. The Lead Officer, with assistance from Education and the Council Communications team, circulated this message in the form of 2 posters with a clear message that Child Sexual Exploitation is happening across Scotland and can happen online or offline and to boys and to girls. All children, no matter what their circumstances are could potentially become a victim of abuse and exploitation.

Delivery of core programme

In response to the impact of Covid-19 and subsequent restrictions, face to face training has been suspended since March 2020. In order to continue delivering our programme training has been redesigned to be delivered online. Throughout 2020, 3 level 1 courses on Introduction to Child Protection, 1 Identifying Child Protection Concerns and 2 Assessing Parental Mental Health, Substance Misuse and Domestic abuse were delivered. In early 2021, 1 level 1 course on Introduction to Child Protection was delivered.

Supporting multi-agency working

Training continues to be developed and delivered in partnership with colleagues from across children and adult services albeit virtually using Microsoft teams. This brought subject knowledge and expertise and gave a core message to participants that partnership working is at the heart of child protection in Argyll and Bute.

Supporting improvements in risk assessment

Training which supports improvements in risk assessments remained a training priority in 2020/21 and an online module on Risk assessment was developed.

Assessing parental mental health, substance misuse and domestic abuse training was piloted in 2019 and rolled out in 2020 to reflect the high prevalence of these issues in child protection investigations and registrations.

This training is delivered with a half day recall to give participants time to reflect the formulation of their risk assessments and plans.

Participants reported at first stage evaluation, the training had given them increased knowledge of these subject area and better understanding of risks.

A full review of this training is scheduled for April 2021, the review the impact of Covid-19 on delivery of the programme.

2.10 National Developments

During 2020 our child protection committee members contributed to 3 national consultations:

- Learning Review Guidance
- Care Inspectorate survey of SCR/ICR
- Draft National Child Protection Guidance

The Lead Officer and Learning and Development Coordinator are members of the national Guidance implementation group and work is underway to agree how the Guidance will implemented and what delivery methods of training would be preferred.

Proposals form this group are currently being collated by CELCIS and a meeting of all CPC Scotland members is scheduled for March 2021. Lead Officer continues to contribute to the West of Scotland Lead Officers and Chairs meeting and the National Lead Officer meeting.

Both the chairperson and Lead Officer are members of Child Protection Committees Scotland. More recently the Lead Officer has joined to Social Work Scotland Child Protection sub-group.

The Children (Equal Protection From Assault (Scotland) Act 2019 was implemented in November 2020 and the CPC played a pivotal role in terms of circulating guidance and forming a small steering group which meets fortnightly to review all EP incidents as recorded by Police Scotland.

The purpose is to learn from discussion and develop more local guidance for staff once there is a multi-agency understanding of how this new legislation translates into practice and the impact on children and families.

3. Our Programme of Work for 2021/22

Appendix 3 details the CPC's work plan for 2021/2023, however there are some key self-evaluation and reporting processes.

3.1 Core Self-Evaluation Activities

The CPC will undertake a systematic programme of self-evaluation and audit activity which will include -

- **Taking a closer look**- consultation with parents and carers who tell us of their experience of services and interventions to improve their and their children's lives.
- **Advocacy reports**
- **Audit and Review**- inter-agency file auditing.
- **Thematic review** - Child Journey Audit which is planned to continue into 2021.
- **Case reviews** – including where required initial or significant case reviews, child protection de-brief and single agency reviews.
- **Learning and development**- where we review the impact of training.
- **Performance review**- where we examine what statistical and other data tells us about our services

4. Conclusion

Argyll and Bute Child Protection Committee continues to pursue its functions as outlined in the Scottish Government Guidance to Child Protection Committees, to provide strategic leadership and to develop practice to ensure high standards are maintained in the face of increasingly challenging economic and social circumstances.

This work has continued in the face of a national pandemic which has affected us all both personally and professionally.

The Chid Protection Committee would like to express gratitude to all our Police, Social Work, Health, SFRS, SCRA, Legal, Education and Third Sector colleagues who have continued to deliver robust services in such challenging times.

The progress outlined in this report and our plan for 2021/23 demonstrates our continuing commitment to this.