

NOTICE OF MEETING

A meeting of the **ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB)** will be held **BY MICROSOFT TEAMS** on **WEDNESDAY, 25 JANUARY 2023 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 Integration Joint Board held on 23 November 2022
4. **MINUTES OF COMMITTEES**
 - (a) Clinical and Care Governance Committee held on 26 October 2022 (Pages 11 - 14)
 - (b) Strategic Planning Group held on 8 December 2022 (Pages 15 - 18)
 - (c) Audit and Risk Committee held on 13 December 2022 (Pages 19 - 22)
 - (d) Finance and Policy Committee held on 25 November 2022 (Pages 23 - 26)
5. **CHIEF OFFICER'S REPORT** (Pages 27 - 34)
Report by Chief Officer
6. **FINANCE**
Reports by Head of Finance and Transformation
 - (a) Budget Monitoring - 8 months to 30 November 2023 (Pages 35 - 50)
 - (b) Budget and Medium Term Financial Plan 2023-2026 (Pages 51 - 64)
7. **STRATEGIC RISK REGISTER REVIEW** (Pages 65 - 74)
Report by Head of Finance and Transformation
8. **STAFF GOVERNANCE REPORT FOR FINANCIAL QUARTER 3 (2022/23)**
(Pages 75 - 92)
Report by People Partner
9. **INTEGRATION JOINT BOARD REVISED COMMITTEE TERMS OF REFERENCE**
(Pages 93 - 110)
Report by Business Improvement Manager

10. 2023/24 SOCIAL WORK FEES AND CHARGES (Pages 111 - 116)

Report by Interim Principal Accountant – Social Work

11. DIRECTIONS POLICY (Pages 117 - 132)

Report by Business Improvement Manager

12. DATE OF NEXT MEETING

Wednesday 29 March 2023

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, 23 NOVEMBER 2022**

Present:

Sarah Compton-Bishop, NHS Highland Non-Executive Board Member (Chair)
Councillor Amanda Hampsey, Argyll and Bute Council (Vice Chair)
Councillor Gary Mulvaney, Argyll and Bute Council
Jean Boardman, NHS Highland Non-Executive Board Member
Graham Bell, 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
Kevin Colclough, Head of People Planning, Analytics and Reward, Argyll and Bute HSCP
Geraldine Collier, People Partner, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Linda Currie, Lead AHP, NHS Highland
Fiona Davies, Chief Officer, Argyll and Bute HSCP
David Gibson, Chief Social Worker/Head of Children and Families and Justice, Argyll and Bute HSCP
James Gow, Head of Finance and Transformation, Argyll and Bute HSCP
Rebecca Helliwell, Associate Medical Director, Argyll and Bute HSCP
Elizabeth Higgins, Lead Nurse, NHS Highland
Fiona Hogg, Director of Human Resources and Organisational Development, NHS Highland
Julie Hodges, Independent Sector Representative
Kenny Mathieson, Public Representative
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
Angus MacTaggart, GP Representative, Argyll and Bute HSCP
Alison McGrory, Associate Director of Public Health, Argyll and Bute HSCP
Kevin McIntosh, Staffside Lead, Argyll and Bute HSCP (Council)
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface
Kirstie Reid, Carers Representative, NHS Highland
Elizabeth Rhodick, Public Representative
John Stevens, Carers Representative, NHS Highland
Fiona Thomson, Lead Pharmacist, NHS Highland
Stephen Whiston, Head of Strategic Planning and Performance, HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Kieron Green, Councillor Dougie Philand, Susan Ringwood and Fiona Thomson.

2. DECLARATIONS OF INTEREST

There were none intimated.

3. MINUTES

The Minutes of the meeting of the Argyll and Bute HSCP Integration Joint Board held on 21 September 2022 were approved as a correct record subject to recording that Betty Rhodick, Public Representative was in attendance at this meeting.

4. MINUTES OF COMMITTEES

(a) Clinical and Care Governance Committee held on 26 October 2022

The Minutes of the meeting of the Clinical and Care Governance Committee had not been made available for the meeting.

The Chair of the Committee, Sarah Compton Bishop, gave a brief verbal update advising that the meeting had mainly focused on the Clinical and Care Governance Framework and Performance Reporting and how that would be reported to the Committee. She advised that the Minute would be available for the next meeting of the Integration Joint Board.

(b) Finance and Policy Committee held on 28 October 2022

The Minutes of the meeting of the Finance and Policy Committee held on 28 October 2022 were noted.

(c) Audit and Risk Committee held on 9 November 2022

The Minutes of the meeting of the Audit and Risk Committee held on 9 November 2022 were noted.

5. CHIEF OFFICER'S REPORT

The Board gave consideration to a report from the Chief Officer that included information on the autumn/winter vaccination programme, a short summary from the National Care Service Forum held on 3 October 2022; information on pressures that care at home services were under; information on the Winter Plan; and information on the Scottish Health Awards.

Decision

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

(Reference: Report by Chief Officer dated 21 September 2022, submitted)

6. STRATEGIC WORKFORCE PLAN 2022 - 2025

The Scottish Government commissioned all NHS Boards and Health and Social Care Partnerships to develop and publish a three year Strategic Workforce Plan. The Board gave consideration to a report attaching the Argyll and Bute HSCP Strategic Workforce Plan for formal approval by the Board.

Decision

The Integration Joint Board –

1. formally approved the 3 year Workforce Plan for the Argyll & Bute HSCP and;
2. noted and approved the governance and reporting arrangements in relation to oversight of the actions contained within the Plan.

(Reference: Report by Head of People Planning, Analytics and Reward dated 23 November 2022, submitted)

7. STAFF GOVERNANCE REPORT FOR FINANCIAL QUARTER 2 (2022/23)

The Board gave consideration to a report on staff governance that covered financial quarter 2 (July to September 2022) and the activities of the Human Resources and Organisational Development Teams.

Decision

The Integration Joint Board –

1. noted the content of the quarterly report on the staff governance performance in the HSCP;
2. took the opportunity to ask any questions on people issues that were of interest or concern; and
3. endorsed the overall direction of travel, including future topics that they would like further information on.

(Reference: Report by People Partner dated 23 November 2022, submitted)

8. WHISTLEBLOWING STANDARDS REPORT

The Board gave consideration to a report attaching the Whistleblowing Standards quarter one report (April – June 2022) and quarter two (July – September 2022) as well as the final version of the annual report covering the period 1 April 2021 to 31 March 2022, which was the first year of the standards.

Decision

The Integration Joint Board noted the content of the report.

(Reference: Report by People Partner dated 23 November 2022, submitted)

The Integration Joint Board adjourned between 2.35pm and 2.45pm for a comfort break. Betty Rhodick left the meeting for a short period at this point.

9. ARGYLL AND BUTE HSCP PERFORMANCE REPORT - NOVEMBER 2022

The Board gave consideration to a report detailing performance against six new targets set for reducing long waiting times across both inpatient and outpatient specialities for 2022, 2023 and 2024. The report detailed current performance against the new targets building on previous remobilisation performance.

Decision

The Integration Joint Board –

1. acknowledged performance against target with regards to the Outpatient & Inpatient Long Waiting Times for November and previous month;
2. noted the performance with regards to the Treatment Time Guarantee (TTG) - Inpatient/Day Case Waiting List;
3. noted the update with regards to progress with the development of the Integrated Performance Management Framework (IPMF);
4. acknowledged Delayed Discharge performance and forecasting; and
5. acknowledged progress against CAMHS & Psychological Therapies 18 week LDP standard.

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 23 November 2022, submitted)

10. ARGYLL AND BUTE HSCP ANNUAL PERFORMANCE REPORT 2020/21

The Board gave consideration to a report presenting the Argyll and Bute HSCP Annual Performance Report 2020/21. The report took account of the significant impact the Covid 19 Pandemic had had on services and the changes to the delivery of Health and Social Care Services.

Decision

The Integration Joint Board approved the Annual Performance Report for the Health and Social Care Partnership for the year 2021.

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 23 November 2022, submitted)

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

11. CHIEF SOCIAL WORK OFFICER REPORT 2021/2022

The Chief Social Work Officer is required to submit an annual report to the Scottish Government in the autumn. The Board gave consideration to a report presenting the Chief Social Work Officer Report for the financial year 2021/22.

Decision

The Integration Joint Board noted the content of the Chief Social Work Officer Report 2021/22.

(Reference: Report by Chief Social Work Officer dated 23 November 2022, submitted)

12. CLIMATE CHANGE REPORTING 2021/22

All public bodies in Scotland are legally required to submit and publish a Public Bodies Climate Change Report. The Board gave consideration to a report providing the proposed submission for the Integration Joint Board with a brief overview of how the Health and Social Care Partnership was responding to the Climate Change and Sustainability agenda in partnership with Argyll and Bute Council and NHS Highland.

Decision

The Integration Joint Board –

1. noted the requirement to submit a Climate Change Duties Report by 30 November;
2. approved the proposed submission attached as Appendix 1 to the submitted report; and
3. endorsed the partnership approach taken by the HSCP in respect of its Climate Change Duties.

(Reference: Report by Head of Finance and Transformation dated 23 November 2022, submitted)

13. FINANCE

(a) Budget Monitoring - 6 Months to 30 September 2022

The Board gave consideration to a report providing a summary of the financial position of the Health and Social Care Partnership as at 30 September 2022 and a forecast for the year. The report also provided an update on the delivery of the savings programme and utilisation of reserves.

Decision

The Integration Joint Board –

1. noted that there was a relatively small forecast revenue overspend of £737k as at 30 September 2022 and that it was anticipated that the HSCP would be able to operate within available resources in the current year;
2. noted progress with the savings programme and confirmation of £3.3m in savings delivered, 55% of target;
3. noted that earmarked reserves of £4.7m had been committed;
4. noted that the net cost of the revised local authority pay offer was not confirmed but would add a further cost pressure to Social Work Budgets; and
5. noted that the Scottish Government were in the process of clawing back Covid Reserves (circa £2.5m) and had reduced the Primary Care Improvement allocations by £2.8m as a consequence of reserves held.

(Reference: Report by Head of Finance and Transformation dated 23 November

2022, submitted)

(b) **Medium Term Financial Plan 2023-2026**

The Board gave consideration to a report providing a medium term financial plan for 2023/24 to 2025/26. The report was the basis for detailed financial planning and would be used to inform the savings target for 2023/24. It was intended that the budget gap would be addressed through the development of a value for money strategy and savings plan. The financial plan would continue to evolve as funding and cost pressures were confirmed. The UK Budget was expected in November with a draft Scottish Budget in mid-December 2022.

Decision

The Integration Joint Board –

1. noted the draft Financial Plan and budget outlook for 2023-24 to 2025-26;
2. noted the high level of risk and uncertainty;
3. noted the forecast budget gap; and
4. noted that work was underway to develop value for money and savings plans to address the budget gap.

(Reference: Report by Head of Finance and Transformation dated 23 November 2022, submitted)

(c) **Audited Annual Accounts 2021/22**

The Integration Joint Board is required to produce a set of audited annual accounts for 2021/22. The accounts were produced within a revised extended timescale and had been subject to independent audit by the external auditors, Audit Scotland. The audit process had been completed and Audit Scotland had issued an unqualified report. The Accounts, Audit Report and Letter of Representation were considered by the Audit and Risk Committee at its meeting on 9 November 2022.

Decision

The Integration Joint Board –

1. noted that Audit Scotland had completed their audit of the annual accounts for 2021-22 and had issued an unqualified Independent Auditor's Report;
2. noted the 2021/22 Annual Audit Report prepared by Audit Scotland and management responses to the recommendations;
3. approved the draft letter of Management Representation to Audit Scotland; and
4. approved the Audited Accounts for signature and publication.

(Reference: Report by Head of Finance and Transformation dated 23 November 2022, submitted)

14. DATES FOR THE FORTHCOMING YEAR

The Board gave consideration to a proposed programme of meeting dates for the Integration Joint Board and its Committees for the forthcoming year.

Decision

The Integration Joint Board agreed the proposed meeting dates for the Integration Joint Board and its Committees for the forthcoming year.

(Reference: Proposed meeting dates prepared by Business Improvement Manager dated 23 November 2022, submitted)

15. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 25 January 2023 at 1.00pm.

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**Argyll and Bute HSCP
 Clinical and Care Governance Committee**

**26th October 2022 – 2pm
 Via TEAMS**

Minute

This meeting was preceded by a Clinical and Governance Development session for IJB members

	Item	Action
1.0	<p>WELCOME AND APOLOGIES</p> <p>PRESENT</p> <p>Sarah Compton Bishop (SCB) – IJB Chair (Chair) Betty Rhodick (BR) – Carer’s Rep IJB Caroline Cherry (CC) - Head of Adult Services Charlotte Craig (CC)- Business Improvement Manager Douglas Philand (DP) – Elected Member Dr Rebecca Helliwell (RH) - Deputy Medical Director Elizabeth Higgins (EM) – Associate Nurse Director Evan Beswick(EB) - Head of Primary Care Fiona Broderick (FB) – Staff Side Fiona Davies (FD) - Chief Officer Fiona Thomson (FT) – Associate Director of Pharmacy Jean Boardman (JB) - Non-Executive Director, NHS Highland Jillian Torrens (JT) - Head of Adult Care - Mental Health, Learning Disabilities & Lifelong Conditions Kieron Green ((KG)– Elected Member & IJB Vice Chair Linda Currie (LC) – Associate AHP Director Margo Howatson (MH) – Clinical Governance Manager Shona Williams (SW)</p> <p>APOLOGIES</p> <p>David Gibson (DG) - Head of Children & Families and Justice/CSWO Alison McGrory (AMcG) – Interim Associate Director of Public Health Claire Higgins (CH) - PA to Associate Nurse Director & Deputy Medical Director (note taker)</p>	

2.0	<p>PREVIOUS MINUTES</p> <p>The Minute of the meeting held on 28th April 2022, was approved as a correct record.</p>	
3.0	<p>ACTION LOG</p> <p>Action 2 – paper to come back in Feb 23 in a format RH feels will be helpful and informative.</p> <p>Action 3 – paper to come to Feb '23 committee.</p>	
4.0	<p>MATTERS ARISING</p> <p>A CAMHS paper to be submitted to future committee which includes the data on longest wait time, impact of increase of referrals on workload and any relevant updates. - <i>to be added to action log.</i></p>	CH
5.0	<p>CLINICAL AND CARE GOVERNANCE FRAMEWORK</p> <p>This committee was preceded by a Clinical and Care Governance Development session for IJB members.</p> <p>The revised Clinical and Care Governance Framework was presented. The aim of the framework was to restate the clear lines of transparency, accountability and assurance with the HSCP. The new framework aligns to the Head of Service structure; this enables all parts of our business to be visible and accountable. Professional Leadership representation and involvement is expected at every tier of the framework and at both strategic and operational levels.</p> <p>A number of new meetings will be established to ensure scrutiny and assurance at every level. This should result in more informative and appropriate reporting at this committee.</p> <p>The Committee:</p> <ol style="list-style-type: none"> 1) Considered the proposed framework and approved for use in A&B HSCP 2) Considered the terms of reference, with the performance element added, for framework groups to be taken to the groups for approval on implementation of the framework 3) Considered the proposal for Acute Governance in this context <p><i>Add to action log - what does the committee agenda look like in future?</i></p>	
5.0	<p>A&B HSCP EXCEPTION REPORT SUBMITTED TO NHSH CLINICAL AND CARE GOVERNANCE</p> <p>Tabled for information and noting.</p>	

6.0	<p>OBAN DEANERY SUMMARY REPORT</p> <p>Following several concerns raised to NES, the quality department interviewed a number of our junior doctors past and present. They reported some concerns which resulted in an action plan being made in order to improve the standards of training and environment for the junior doctors within Lorn and the Islands Hospital.</p> <p>The action plan is updated on a regular basis and the senior team are working very closely with the team in Oban who are involved with junior doctors and the junior doctors themselves.</p> <p>Some simple and straightforward changes were identified and they were quite easy to instigate. However there have been some other more challenging ones and work is ongoing to address. The lack of continuity of senior medical staffing as been very challenging to ensure that the correct level of supervision is provided to our juniors doctors.</p> <p>RH advised the committee that she was pleased to report that she had received some very good feedback from the current group of junior doctors. RH also advised that the group had been visited by the Deanery and they were provided with objective feedback from them. The feedback showed that they are attending much more teaching, are receiving better supervision and that their overall experience has been a great deal better.</p> <p>RH acknowledged that there was still work to do but was very pleased to highlight the positive outcomes already being noticed.</p>	
7.0	<p>HEALTH & SOCIAL CARE PARTNERSHIP - DRAFT PERFORMANCE REPORT (NOV 2022)</p> <p>SW presented the draft performance report to the committee.</p> <p>The report detailed that new key performance indicators (KPI's) which have been established in relation to long waiting times across both inpatient and outpatient specialties for 2022, 2023 & 2024. The report also detailed the current performance against the new targets building on previous remobilisation performance. In addition the report also focused on performance with regards to Treatment Time Guarantee (TTG), Delayed Discharge and CAMHS/Psychological Therapies 18 Week Local Delivery Plan (LDP) Standards with an update on the Integrated Performance Management Framework (IPMF).</p> <p>There was discussion regarding the forecast increase on delayed discharges. CC advised that this is linked to issues with recruitment, retention of carers and the stability of home care.</p> <p>DP asked for clarification around the term 'over 36 weeks' in relation to Psychological Therapies as this could be a huge range and gives no indication of the longest wait. JT advised that data is available and can be present in actual number of weeks. JT also advised that a Psychological Therapies Steering Group is</p>	

	<p>being established and will look at this information in detail.</p> <p>DP highlighted the increase in CAMHS referrals and expressed concern regarding the workload for the clinicians. JT informed the committee that two new consultants have been appointed to the CAMHS service and this should have a positive effect on the waiting list.</p> <p>Data requested by DP should come back to a future committee.</p> <p>Duncan Clark – Clinical Director for CAMHS to be invited to future committee to discuss current initiatives</p> <p>Clinical & Care Governance Committee;</p> <ol style="list-style-type: none"> 1) Acknowledged performance against target with regards to the Outpatient & Inpatient Long Waiting Times for November and previous month. 2) Noted the performance with regards to the Treatment Time Guarantee (TTG) - Inpatient/Day Case Waiting List 3) Noted the update with regards to progress with the development of the Integrated Performance Management Framework(IPMF) 4) Acknowledged Delayed Discharge performance and forecasting 5) Acknowledged progress against CAMHS & Psychological Therapies 18 week LDP standard 	<p>JT</p> <p>CH</p>
<p>8.0</p>	<p>AOCB</p>	

**MINUTES of MEETING of ARGYLL AND BUTE HSCP STRATEGIC PLANNING GROUP held
BY MICROSOFT TEAMS
on THURSDAY, 8 DECEMBER 2022**

Present: Stephen Whiston, Head of Strategic Planning, Performance and Technology & Co-Chair
 Alison McGrory, Interim Associate Director of Public Health
 Alison Ryan, Service Planning Manager
 James Brooks, Performance and Information Team Manager
 Charlotte Craig, Business improvement Manager
 Duncan Martin, Public Representative
 Fiona Broderick, Staffside Lead for Health
 James Gow, Chief Finance Officer
 Amanda Hampsey, Vice Chair, JB
 Julie Hodges, Scottish Care inspectorate
 Kristen Gillies, Senior Service Planning Manager
 Michelle Mundie, CE ACHA
 Rebecca Helliwell, Associate Medical Director
 Stephen Marrow, Depute Head of eHealth
 Takki Suliaman, Chief Executive TSI
 Douglas Whyte, Team Leader, Development and economic Growth
 Margaret Jacobsen, Chair, Dochas Centre

1. WELCOME, INTRODUCTIONS AND APOLOGIES

The Chair welcomed everyone to the meeting and general introductions were made.

Apologies for absence were intimated on behalf of:-

Jean Boardman Non-Executive Director and Joint Chair SPG
 Caroline Cherry, Head of Adult Services
 Jillian Torren Head of Service specialist services
 David Gibson, Chief Social Worker/Head of Children, Families and Justice
 Jennifer Dryden, Health Improvement Lead
 Margaret McGowan,
 Fiona Davies, Chief Officer
 Douglas Hunter, Senior Manager Performance and Improvement
 Nicola Gillespie, Service Manager, Mental Health and Addictions

It was noted the meeting was not quorate however it was agreed to go ahead and any decisions made would be ratified at the next meeting.

2. MINUTES AND MATTERS ARISING

The Minute of the meeting of the Strategic Planning Group, held on 8 September 2022 was approved as a correct record.

Matters Arising

It was agreed there was no matters arising.

3. INTEGRATED PERFORMANCE MANAGEMENT FRAMEWORK (IPMF)

Consideration was given to a report present by Jim Brooks which provided an update on progress to date in developing the framework and planned delivery points for phases 1, 2 and 3 through to final completion of the Integrated Performance Management Framework (IPMF) and its commencement on the 1st April 2023.

Members asked a number of questions on the development of performance measures noting and supporting the bottom up approach, their alignment with the HSCP Strategic Plan objectives as well as inclusion of national targets and measures.

The SPG also noted governance of the reporting of the IPMF would sit with the Clinical and Care Governance Committee of the HSCP.

Decision

The Strategic Planning Group noted the progress of the Integrated Performance Management Framework (IPMF) development.

(Reference: Report by Performance and Information Team Manager, dated 8 December 2022, submitted)

4. ENGAGEMENT FRAMEWORK REFRESH

Alison McGrory presented to members this report, pointing out that the IJB approved the Engagement Framework in Spring 2019 and that this was now due for a refresh. She outlined the process being followed to undertake this refresh the aim to complete by March 2023 to enable it to be presented to the IJB on 29 March 2023 for ratification.

Decision

The Strategic Planning Group –

1. Noted the process to update the HSCP's Engagement Framework.
2. Agreed the timeline to present the refreshed strategy to the IJB in March 2023.

(Reference: Report by Interim Associate Director of Public Health, dated 8 December 2022, submitted)

5. TRANSFORMATION UPDATE

James Gow presented the transformation update report to members providing them with information and progress on the HSCP 10 work programmes.

Members were also asked to note 2 strategic business case projects which the HSCP was planning to progress over the next period of time:

- Provision of health and care services on Bute, looking at a new capital building development;
- Provision of care for the elderly services replacing elderly care homes

Finally, members noted the Transformation Board, now meets every two months.

Decision

The Strategic Planning Group –

1. Received the report and noted progress with the Transformation Programme and provided scrutiny in connection with progress and direction of the programme and its priorities.
2. Endorsed the proposal to take forward the development of two strategic business cases.

(Reference: Report by Head of Finance and Transformation, dated 8 December 2022, submitted)

6. COMMITTEE REVIEW

The Business Improvement Manager provided a short verbal update on the progress of the Committee Review.

Decision

The Strategic Planning Group agreed to note the information provided.

(Reference: Verbal Update by Business Improvement Manager)

7. LOCALITY PLANNING GROUP UPDATE

Having noted that the four Locality Planning Groups have now met on three separate occasions, the Group gave consideration to a report which provided an update on the naturally arising areas of interest for each of the groups and highlighted that moving to an action plan should support some key action and begin the process of planning.

Discussion also took place regarding the Locality Planning Groups involvement in HSCP budget consultation process. Members reflected that this was not appropriate for the role of the LPGs. However, it was important that LPGs were aware of the budget challenges and planning processes

Decision

The Strategic Planning Group –

1. Agreed the Locality Planning Groups should continue to discuss and agree their priorities for their communities.

2. Considered the content of regular communication to the Locality Planning Groups.
3. Agreed Locality Planning Groups should have sight of the proposed budgets however not be part of the consultation for this.

(Reference: Report by Business Improvement Manager, dated 8 December 2022, submitted)

8. WORKPLAN

Consideration was given to a report which outlined the work plan of the Group.

Decision

The Strategic Planning Group agreed the work plan as appropriate but can be developed as items arise.

(Reference: Report by Business Improvement Manager, dated 8 December 2022, submitted)

9. ANY OTHER COMPETENT BUSINESS

Committee Self-Assessment Survey

Charlotte Crag drew members attention to the above and advised she would circulate the survey for members to complete in the next 10 days.

10. DATE OF NEXT MEETING

The Strategic Planning Group noted that their next meeting was scheduled to take place on 16 March 2022.

**MINUTES of MEETING of ARGYLL AND BUTE HSCP AUDIT AND RISK COMMITTEE held
BY MICROSOFT TEAMS
on TUESDAY, 13 DECEMBER 2022**

Present:

Councillor Kieron Green (Chair)

Susan Ringwood

Councillor Douglas Philand

Sarah Compton-Bishop

Attending:

Fiona Davies, Chief Officer, Argyll and Bute HSCP

Paul MacAskill, Chief Internal Auditor, Argyll and Bute Council

James Gow, Head of Finance and Transformation, Argyll and Bute HSCP

Jillian Torrens, Head of Adult Services, Argyll and Bute HSCP

Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP

Mhairi Weldon, Senior Audit Assistant, Argyll and Bute Council

Lynsey Innis, Senior Committee Assistant, Argyll and Bute Council

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of:-

John Stevens, Carers Representative, NHS Highland

2. DECLARATIONS OF INTEREST (IF ANY)

There were no declarations of interest intimated.

3. MINUTES

(a) Minute of Argyll and Bute HSCP Audit and Risk Committee held on 13 September 2022

The Minute of the previous meeting of the Argyll and Bute HSCP Audit and Risk Committee held on 13 September 2022, was approved as a correct record.

(b) Minute of the Special Meeting of the Argyll and Bute HSCP Audit and Risk Committee held on 9 November 2022

The Minute of the Special meeting of the Argyll and Bute HSCP Audit and Risk Committee held on 9 November 2022, was approved as a correct record.

4. INTERNAL AUDIT UPDATE

The Committee gave consideration to a report which provided an update on the work carried out by Argyll and Bute Council's Internal Audit Team on audits which are of operational relevance to the Committee. The report also provided an update on the actions from audit reports already presented to the Committee, which were still open as at 30 September 2022.

Decision

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

(Reference: Report by Chief Internal Auditor, dated 13 December 2022, submitted)

5. INTERNAL AUDIT REPORT - COMMISSIONING

The Committee gave consideration to an Internal Audit report which focused on Commissioning.

Decision

The Audit and Risk Committee reviewed and endorsed the Internal Audit report on Commissioning.

(Reference: Report by Chief Internal Auditor, dated 13 December 2022, submitted)

6. INTERNAL AUDIT REPORT - DIRECTIONS

Consideration was given to an Internal Audit report which focused on Directions.

Decision

The Audit and Risk Committee reviewed and endorsed the Internal Audit report on Directions.

(Reference: Report by Chief Internal Auditor, dated 13 December 2022, submitted)

7. INTERNAL AUDIT REPORT - PERFORMANCE MANAGEMENT

Consideration was given to an Internal Audit report which focused on Performance Management.

Decision

The Audit and Risk Committee reviewed and endorsed the Internal Audit report on Performance Management.

(Reference: Report by Chief Internal Auditor, dated 13 December 2022, submitted)

8. STRATEGIC RISK REGISTER REVIEW

The Committee gave consideration to a report which summarised the outcome of the recent review of the Strategic Risk Register undertaken by the Contingency, Risk and Resilience Committee. The report also highlighted the current perceived risk environment and recommended changes to the Strategic Risk Register.

Decision

The Audit and Risk Committee –

1. Noted that the Strategic Risk Register has been reviewed by the Contingency, Risk and Resilience Committee in November.
2. Reviewed and approved the proposed changes to the Strategic Risk Register.

(Reference: Report by Head of Finance and Transformation, dated 13 December 2022, submitted)

9. STATUTORY EXTERNAL AUDIT FEES

Consideration was given to a report which outlined the intention of the Auditor General/Chair of the Accounts Commission to increase audit fees over and above the normal inflationary increase for the 2022/23 audit cycle onwards. It was noted that the scale of the increase would be communicated in December 2022.

Decision

The Audit and Risk Committee noted that the Auditor General/Chair of the Accounts Commission have communicated their intention to increase fees above the normal inflationary increase for the 2022/23 audit cycle.

(Reference: Report by Head of Finance and Transformation, dated 13 December 2022, submitted)

10. AUDIT SCOTLAND REPORTS

Consideration was given to a report which highlighted a number of Audit Scotland's recently published reports and provided a brief summary of some of the key points contained within them.

Decision

The Audit and Risk Committee noted that Audit Scotland had recently published a number of reports that may be of interest to members of the Audit and Risk Committee.

(Reference: Report by Head of Finance and Transformation, dated 13 December 2022, submitted)

11. DATE OF NEXT MEETING

The Audit and Risk Committee noted that their next meeting was scheduled to take place on Tuesday, 14 February 2023.

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**MINUTES of MEETING of ARGYLL AND BUTE HSCP FINANCE AND POLICY COMMITTEE
held BY MICROSOFT TEAMS
on FRIDAY, 25 NOVEMBER 2022**

Present: Councillor Amanda Hampsey (Chair)

Kenny Mathieson
Graham Bell

Sarah Compton-Bishop

Attending: Fiona Davies, Chief Officer, Argyll and Bute HSCP
James Gow, Head of Finance and Transformation, Argyll and Bute HSCP
David Gibson, Chief Social Worker/Head of Children, Families and Justice, Argyll and Bute HSCP
Caroline Cherry, Head of Adult Services – Health and Community Care, Argyll and Bute HSCP
Stephen Whiston, Head of Planning, Performance and Technology, Argyll and Bute HSCP
Fiona Broderick, Staffside, Argyll and Bute HSCP
Kevin McIntosh, Staffside, Argyll and Bute Council
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Fiona Thomson, Lead Pharmacist, NHS Highland
Lorna Jordan, Senior Accountant, Argyll and Bute Council
Lynsey Innis, Senior Committee Assistant, Argyll and Bute Council

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Councillor Gary Mulvaney and Elizabeth Higgins.

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES

The Minute of the meeting of the Finance and Policy Committee, held on 28 October 2022 was approved as a correct record.

4. BUDGET MONITORING - 7 MONTHS TO 31 OCTOBER 2022

The Committee gave consideration to a report providing a summary of the financial position of the Health and Social Care Partnership as at 31 October 2022. The report also provided an update in respect of the year to date position and the forecast outturn.

Decision

The Finance and Policy Committee –

1. Noted that there is a relatively small forecast revenue overspend of £788k as at 31 October 2022 and that it is anticipated that the HSCP will be able to operate within available resources.
2. Noted that £3.5m in savings have been delivered, 58% of target.
3. Noted that earmarked reserves of £4.9m have been committed.
4. Noted that the Scottish Government are in the process of clawing back Covid Reserves (circa £2.5m) and have reduced the Primary Care Improvement allocations by £2.8m.

(Reference: Report by Head of Finance and Transformation, dated 25 November 2022, submitted)

5. MEDIUM TERM FINANCIAL PLAN 2023-2026

Consideration was given to a report which afforded the opportunity for Members to further review the medium term financial plan for 2023/24 to 2025/26. The report summarised the financial context facing the HSCP and aimed to ensure that it plans to operate on a financially sustainable basis. Further consideration was given to the following sections:

- Financial and Strategic Context
- Current Financial Position
- Revenue budget modelling and assumptions
- Budget Gap and Savings Target
- Transformation and Investment
- Reserves
- Scenarios and Risks

Decision

The Finance and Policy Committee –

1. Considered the draft Financial Plan and budget outlook for 2023-24 to 2025-26.
2. Noted the high level of risk and uncertainty.
3. Noted the forecast budget gap.
4. Noted the initial work on the saving plans and timetable, at Appendix 1 of the report.

(Reference: Report by Head of Finance and Transformation, dated 25 November 2022, submitted)

6. CORPORATE SAVINGS UPDATE

The Committee gave consideration to a report that provided a summary of the Corporate Services savings 2021/22 year end position, the 2022/23 position as at 31 October 2022, the current challenges to delivery of savings, and planned actions to progress outstanding savings.

Decision

The Finance and Policy –

1. Noted the year end position 2021/22 of the corporate savings programme.
2. Noted the progress in respect of the 2022/23 corporate savings programme.
3. Noted the challenges to achieving savings in 2022/23.

(Reference: Report by Head of Strategic Planning, Performance and Technology, dated 25 November 2025, submitted)

7. CONSULTATION TRACKER

The Committee gave consideration to the consultation tracker which provided information on the progress and deadlines of current Scottish Government consultations.

Decision

The Finance and Policy Committee noted the consultation tracker.

(Reference: Consultation Tracker, submitted)

8. DATE OF NEXT MEETING

The Finance and Policy Committee noted that their next meeting was scheduled to take place on Friday, 27 January 2023.

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**Integration Joint Board****Agenda item:****Date of Meeting: 25 January 2023****Title of Report: Chief Officer Report****Presented by: Fiona Davies, Chief Officer****The Integration Joint Board is asked to:**

- Note the following report from the Chief Officer

Introduction

I would like to welcome you to my Chief Officer Report for January 2023. In this month's report I have highlighted the system pressures that we are facing as an organisation and the challenges that the current high levels of flu, and other respiratory illnesses, are having on our service delivery. I would like to remind the public to avoid visiting vulnerable people in hospitals and social care settings if they have flu-like symptoms or are feeling generally under the weather.

Despite the challenges that we are facing our staff are continuing to deliver a high standard of health and social care service for the people of Argyll and Bute and I would like to thank all staff, and our partners and stakeholders, for all that they do every day in their local communities

In my report I am also pleased to highlight that the Scottish Government has designated Argyll and Bute HSCP as a pathfinder for the Getting it Right for Everyone (GIRFE) Programme. This is great news and I have included more information on GIRFE further in the report.

We are also working on arranging an Excellence Awards programme and ceremony this year. These awards had been held previously but were paused in the last couple of years due to COVID-19. This is a great opportunity to celebrate and recognise the hard work of the people working within the health and social care sector in Argyll and Bute and further details will be available soon.

The last thing that I would like to mention in this introduction is the chaplaincy service. We have three chaplains in Argyll and Bute who provide a fantastic service and between them they cover the HSCP. The chaplains are looking for 'chaplaincy assistants' to assist them with visits and speaking with patients/relatives and staff members. More information is available in the report.

HSCP Updates

Getting it Right for Everyone

The Getting it Right for Everyone (GIRFE) Scottish Government Programme is part of the development of the National Care Service and builds on existing adult best practice and Getting it Right for Every Child (GIRFEC). It is a proposed multi-agency approach of support and services from young adulthood to end of life care and will help define the adult's journey through individualised support and services. It is about providing a more personalised way to access help and support when it is needed and placing the person at the centre of decisions that affect them to achieve the best outcomes.

Argyll and Bute HSCP, along with all other HSCPs, was invited by the Scottish Government to apply to be a pathfinder for the Programme. The proposal would be that five pathfinders would be chosen and they would be aligned to five key themes.

There was strong support from the Senior Leadership Team (SLT) for the HSCP to apply to be a pathfinder and an application was submitted and following discussions with the Scottish Government team running the Programme we were delighted to be offered the opportunity to become a pathfinder site.

We are still in the early stages of developing our plans and on 14 December 2022 representatives from SLT, and a number of other HSCPs, attended the first in a number of training sessions facilitated by the Scottish Government. The scope and detail of Argyll and Bute's contribution will be shaped through a number of other events that are being held through January and February 2023.

Ministerial Meetings

In December the Chief Officer travelled to Edinburgh to meet with Angela Constance, the Minister for Drugs Policy. Following this meeting the Chief Officer also met with Kevin Stewart, the Minister for Mental Wellbeing and Social Care, to discuss the proposals for the National Care Service and how this will link in with remote and rural areas such as Argyll and Bute.

Winter Planning

The HSCP's Winter Plan is continued to be reviewed and implemented on a regular basis and weekly winter planning meeting are being held to discuss the current pressures and the actions that are being taken to mitigate them.

Winter Planning also remains a standing item on the Senior Leadership Team agenda and a verbal update is provided to SLT at every meeting.

Service Updates

Housing Occupational Therapist

Within the HSCP we have a Housing Advanced Occupational Therapist who plays a key role in developing and maintaining links with our housing partners. The post is funded by Argyll and Bute Council Housing Services and they provide expert advice to both housing and Occupational Therapy colleagues in planning and delivery of complex housing solutions and adaptations.

This post supports localities across Argyll and Bute in continuing to undertake Housing and OT reviews of clients where a medical need has been identified. This ensures that new build properties and pre-adapted properties are allocated effectively to meet the medical needs of tenants. In the Oban, Lorn & Isles area this collaborative approach has successfully met the housing needs of 52 individuals or families over the course of the last year.

Chaplaincy Service

The HSCP currently has three chaplains (1.3wte) who between them cover the various localities across Argyll and Bute. They offer a service to the people who use our services, relatives/carers and also HSCP staff. The chaplain is someone who people go to for a wide variety of reasons, some spiritual some not, and they will be there to talk, or provide a listening ear, to each person who contacts them. In some cases it might not even be the actual thing which brought them into contact with the chaplain in the first place.

A quiet caring response will be offered by the chaplain and they also offer time, confidentiality, no fixed time limit (within reason) and they will meet with people at a time and place that suits them and it can be face to face, online or by telephone.

The chaplain service is also looking to have one and maybe two volunteers working with them. These will be chaplaincy assistants who will assist the chaplains with visits, speaking with patients/relatives and staff members. This will be a great asset to the team and will provide more time for people. If anyone is interested in being considered for this role then they can contact the chaplaincy service via nhs.abhscp@nhs.scot.

Operational Challenges

Dental Services in Kintyre

The Dalriada Dental Practice in Kintyre is an independent General Dental Service (GDS) rather than a directly managed (Public Dental Service or PDS) site. This means that the practice works to a nationally agreed contract rather than being directly managed by the HSCP. The Practice is currently experiencing significant recruitment challenges and the current dentists are working tirelessly to meet the needs of their patients.

To help support the Practice, while it continues to actively recruit for new dentists, the HSCP has offered 3 slots for emergency care per week to help reduce pressure

and also made the Student clinic in Campbeltown available to provide a course of treatment to unregistered patients in the area, subject to suitability of cases and the capacity that students have to provide treatment.

Following consultation with the General Dental Practitioners in Kintyre and Mid Argyll the HSCP is also offering NHS dental registration to all unregistered patients living within the Kintyre area. This registration will be with the Dental Department at Mid Argyll Hospital and Integrated Care Centre in Lochgilphead. We would like to thank all our dental practitioners for their continuing commitment to providing a high standard of service to the people of Argyll and Bute during what has been an extremely challenging time for all health professionals.

System Pressures

The HSCP is continuing to face significant system pressures across both hospital and social care settings. There has been an increase in the levels of flu, and other respiratory illnesses, in local communities across Scotland, including in Argyll and Bute, and this has led to additional pressures on our hospitals and our social care settings during what is already a very busy time.

We would like to remind the public to avoid visiting vulnerable people in hospitals and other health and social care settings if they have flu-like symptoms or are feeling generally under the weather. We are also strongly advising people to think about whether they really need to come in to visit people at this time. Reducing non-urgent visitor activity in confined spaces such as hospital wards will help to reduce risk to people who are ill, as well as reducing wider spread of flu in the community.

It is also really important that you get the right care at the right place by the right health and social care professional. If you need urgent care that is not life-threatening then call NHS24 on 111 and they will be able to direct you to the most appropriate care, which might be a minor injuries unit, phone or virtual appointment, pharmacy or A&E. As always if it is an emergency then you should call 999 or go directly to A&E.

National Updates

Demands on Health and Social Care

First Minister Nicola Sturgeon has chaired a further meeting of the Scottish Government's resilience committee (SGoRR) to discuss the ongoing pressures on the health and social care system.

The group met on 13 January and assessed issues including the latest situation with respiratory infections, pressures throughout the system, and ongoing work to reduce rates of delayed discharge. Further information is available [here](#).

Additional Winter support for NHS

Funding of at least £8 million for additional care home beds and efforts to boost NHS 24 capacity are among the measures outlined by Health Secretary Humza Yousaf to help the NHS and social care deal with ongoing extreme winter pressure.

Health and Social Care Partnerships will share £8 million to procure around 300 additional care home beds to help alleviate pressures caused by delayed discharge. The funding will allow boards to pay 25% over and above the National Care Home rate for beds. This is in addition to around 600 interim care beds already in operation across the country. Further information is available [here](#).

National Carers Strategy

A new National Carers Strategy will drive forward long-term changes to improve the lives of unpaid carers across Scotland. It follows extensive engagement with carer organisations, carer centres, local government, and unpaid carers themselves. The strategy recognises the challenges of the cost crisis and COVID-19 recovery and supports long-term change that will allow carers to care for their loved ones in a way that balances all other aspects of their full and busy lives. Further information is available [here](#).

World's first online HIV prevention service

People at risk of contracting HIV will find it easier to get pills to prevent infection as the world's first online clinic is set to be developed. The pilot could make it possible for participants to order medication to prevent HIV from the comfort of their own homes. Further information is available [here](#)

Delivering our balanced budget for 2023-24

We are working hard at present to deliver a balanced budget for the delivery of services in 2023-24. This will formally be presented to the IJB in March 2023. We will continue to work with our staff and our board in the months ahead of this to present the best possible options, taking into account the statutory requirements of services and how we can meet the specific needs of different localities.

Communities will know from their own personal experience the increasing financial challenges experienced in 2022 have a daily impact. Those who have contact with health and social care will be aware of the reflection of the national challenges of workforce and the additional pressures this places on our existing staff.

We are often able to mitigate national trends in Argyll & Bute due to the commitment and flexibility of our urban, remote and rural staffing. However, going into this new financial year I felt it was important to emphasise that we do require to balance meeting that challenge and that we may require to do things differently or plan to do them differently.

We have communicated our shifting focus to prevention which is a long term investment. We will also have a renewed focus on governance ensuring we are delivering health and social care services safely and taking care of the staff who do

this. We will use our GIRFE pathfinder status to explore how we offer services to all communities and take an equal and human rights approach to this.

However in doing this we are likely to see change and a shift in how we use our finite resource. To enable this we will be planning an ongoing dialogue with communities to support this over the financial year. We can always better how we do this and I will look forward to working with communities to support our communication.

Good News

Carers Rights Day

The HSCP was pleased to support Carers Rights Day on Thursday 24 November. This is a national event to mark the massive commitment made by thousands of unpaid people across the UK. For many people, looking after a loved one who is ill, frail or disabled is something they do out of love and because it feels like the right thing to do.

The HSCP also recognises the outstanding work carried out by local carer centres across Argyll and Bute. The Carers' Centres are run by charitable organisations. They can arrange for carers who meet criteria to complete an Adult Carer Support Plan (ACSP) or Young Carer Statement (YCS) to help identify a wide range of information, support and services based on identifying adult and young carer's needs.

Violence Against Women and Girls is Everyone's Business

The HSCP was pleased to be working in partnership with the Violence Against Women and Girls (VAWG) network. 16 Days of Action against violence against women and girls took place from 25 November to 10 December, to increase awareness of the need to tackle gender-based violence including domestic abuse.

The Global 16 Days of Activism Against Gender-Based Violence against women is an international campaign originating from the first Women's Global Leadership Institute in 1991. Orange is the colour designated by the UN Secretary-General's UNiTE to End Violence against Women campaign; it represents a brighter future, free from violence against women and girls, as a unifying theme running through all of its global activities.

The VAWG network and partners theme "Light Up" continued in 2022 and aims to highlight the issue of VAWG whilst encouraging people to get involved using awareness raising and community-led activities. To support the campaign the HSCP has worked with partners to help organise Castle House, part of Highland Mary monument and the War Memorial in Dunoon and McCaigs Tower in Oban to be lit up orange on the 25 November, 9 & 10 December to spotlight and share awareness that Violence against women and girls is everyone's business and everyone has a role to play in preventing it.

Oban Times Column

The HSCP's communication team recently held a meeting with the Oban Times to discuss a proposal to publish a regular column in the paper highlighting the work of HSCP colleagues, both within Lorn & Islands Hospital and the local community. The first column was published in December and focussed on the work of the consultant anaesthetic team at the hospital.

HSCP Excellence Awards

The HSCP will once again be arranging the annual Excellence Awards programme and ceremony early this year. Final details of the programme are currently being arranged with the aim of the Awards being an opportunity to celebrate and recognise the hard work of the people working within the health and social care sector in Argyll and Bute. These awards had been held previously but were paused in the last couple of years due to COVID-19.

Appointments

We are delighted to announce that after competitive interviews Donald Watt, Service Manager Resources, has been successful in being appointed as Service Manager, Health and Community Care. This is a new post for the HSCP that will support our integrated arrangements in adult services and provide enhanced support and leadership with a focus on Community Hospitals in particular.

We all welcome Carol Jones, Clinical Nurse Manager for Older Peoples Mental Health and Beth Wiseman as Senior Child Health Manager.

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Integration Joint Board

Date of Meeting: 25 January 2023

Title of Report: Budget Monitoring – 8 months to 30 November 2023

Presented by: James Gow, Head of Finance and Transformation

The Integration Joint Board is asked to:

- Note that there is a relatively small forecast revenue overspend of £657k as at 30 November 2022 and that it is anticipated the HSCP will operate within available resources.
- Note confirmation that savings of £3.6m have been delivered, 60% of target.
- Note that earmarked reserves of £5.5m have been committed.
- Note that the Scottish Government are in the process of confirming the claw back of Covid Reserves (circa £2.5m) and have reduced Primary Care Improvement allocations by £2.8m as a consequence of reserves held.

1. EXECUTIVE SUMMARY

- 1.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 30 November 2022 and provides a forecast for the year. It updates on the delivery of savings programme and use of reserves.
- 1.2 A relatively small overspend of £657k is forecast, this has reduced slightly. It is anticipated that the financial position will be managed within budget through the use of unallocated resources, slippage on growth projects and vacancies. The forecast is based on a number of assumptions and there are risks associated with it.
- 1.3 The Scottish Government will clawback Covid reserves and have reduced Primary Care Improvement funding to help manage the overall financial position of Health and Social Care in Scotland. In particular, pay awards and offers are well in excess of the original budget. This reduces the resources previously understood to be available to the HSCP (by over £5m).

2. INTRODUCTION

- 2.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 30 November 2022. Information is provided in respect of the year to date position and the forecast outturn.

3. DETAIL OF REPORT

3.1 8 Months to 30 November 2022

The table below summarises the position for the first eight months of the year. For Council services this is reported on a cash basis whereas the Health figures are on an accruals basis. Appendix 1 provides an analysis of the variances.

Service	Actual £000	Budget £000	Variance £000	% Variance
COUNCILSERVICESTOTAL	50,163	49,984	-179	-0.4%
HEALTH SERVICES TOTAL	154,975	154,728	-248	-0.2%
GRAND TOTAL	205,138	204,712	-427	-0.2%

3.1.1 For Social Work budgets the main area of concern continues to be high demand and spend on the Learning Disability budget and agency staff spend to cover vacant posts.

3.1.2 For Health Service budgets, a small overspend of £248k is reported. The main drivers include slippage in delivering savings and:

- agency medical staffing LIH £694k
- agency Nursing & Physio LIH £484k
- GGC SLA (cost per case drugs) £441k
- agency medical staff OLI out of hours £164k
- GP Prescribing – increased drug costs £303k
- out of area eating disorders patient £155k

These cost pressures total £2.2m are partly offset by non-recurring savings, mainly staffing vacancies.

3.2 Forecast Outturn

3.2.1 The forecast is summarised below, with further detail provided in appendix 2.

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance
COUNCILSERVICESTOTAL	88,505	88,762	-257	-0.3%
HEALTH SERVICES TOTAL	234,038	234,438	-400	-0.2%
GRAND TOTAL	322,543	323,200	-657	-0.2%

The forecast adverse variance is of some concern, however, the HSCP has unallocated resource available and slippage on some funding streams which can be used to cover it and no immediate further actions are proposed. There remains uncertainty in respect of pay increases for NHS staff and the possibility of industrial action. At present, the main focus on managing the in-year position is the delivery of the existing savings programme, commencing work on

reviews of expensive care packages and improved management of the use of agency staff. However, the approach may need to change should the forecast deteriorate.

3.2.2 Within Social Work the key areas of concern are:

1. Learning Disability - £1.4m overspend forecast due to increasing demand and costs of care packages and is subject to detailed analysis. For example, the number of individuals requiring support at a cost of over £100k has increased from 57 in February to 64 and the cost has increased by £1.5m to £9.3m. A process is underway to recruit a member of staff to review these.
2. Demand for care home placements is beginning to increase again and this is resulting in an emerging forecast overspend on the Older Adults budget.
3. Sustainability of Providers – in addition to the Kintyre Care Centre (KCC), we are in a position whereby Care at Home services are coming under increasing financial pressure and providers are requesting additional support. The HSCP has developed plans to provide this by using some of its winter funding on the basis that failure to support care at home services will result in increased delayed discharges and pressures on the NHS more widely. The proposals are aimed at reducing reliance on agency staff and reducing levels of unmet need. Changes to working practises are planned to ensure that resources are deployed more efficiently and effectively. The impact of these proposals is provided for in the forecast and are due to be implemented in January.

There are expected to be further non-recurring vacancy savings and slippage on spend programmes. It is intended the overspend will be managed by use of reserves and funding not yet allocated to services.

3.2.3 The Health forecast is an overspend of £400k, this has reduced slightly in comparison to the month 7 forecast. Appendix 2 provides details at service level. The key area of concern relates to spend on hospital services, driven by the steps that are being taken to stabilise staffing at Lorne and Islands Hospital. Recruitment continues to be a challenge, however, given the level of pressure on services nationally we are accepting that increased spend is required to maintain services and avoid increasing pressures elsewhere in the system.

3.2.4 The forecast takes account of anticipated shortfalls against recurring savings targets and the cost pressures outlined above. It is expected that these will be largely, but not fully, offset by non-recurring savings and underspends. It is assumed within the forecast that all additional costs associated with the direct response to Covid-19 and for both the Covid Booster & Flu Vaccination Programmes will be fully funded from IJB held Covid reserves.

	Annual Budget (£'000)	Forecast Outturn (£'000)	Forecast Variance (£'000)	Explanation
Health Services	234,038	234,438	(400)	Hospital staffing, inflation and expected slippage with savings.

3.2.5 In summary, the financial position in the current year is challenging to manage, however, there is sufficient scope to address the modest forecast year-end

overspend and deliver a break-even outturn position. The intention is to continue to ensure that the HSCP operates within the resources available to it, delivers on the savings programme and increases capacity where it can with its growth funding. Recent Scottish Government funding announcements indicate that managing the financial position nationally is proving challenging but no further in-year reductions are expected.

3.3 Savings Delivery

3.3.1 The service improvement team, finance teams and management continue to progress, monitor and report on savings projects. As at the end of November, £3.6m (60%) of the £6m target has been achieved, an increase of £260k in November:

2022/23 Savings	Target £' 000	Year to 30 November 2022		
		Achievement	Balance	%
		£' 000	£' 000	
Fully Achieved	2,864	2,864	0	
Remaining Programme	3,138	720	2,418	
Total	6,002	3,584	2,418	60%

3.3.2 Appendix 3a lists the projects that have been fully delivered. The projects which are declared on a non-recurring basis will be addressed as part of the capital project at Cowal Community Hospital. Appendix 3b provides detail on the remaining balance of £2.4m, risk rated:

Savings Perceived as Low Risk	£191k	
Savings unlikely to be achieved in full in 2022/23	£1,534k	
Savings unlikely to be deliverable at all in 2022/23	£693k	

3.3.3 It is not proposed that the IJB are asked to consider the removal of projects from the plan at present. The appendix provides a brief explanation on progress.

3.3.4 One of the biggest challenges relates to the Cowal Community Hospital project, this is being managed by NHS Highland and is subject to delay and additional costs. It is now anticipated that construction work will start in spring / summer 2023. Engagement with the local community also requires to be progressed in the coming months. Further, we are working with Argyll and Bute Council to identify additional resource to support the work on catering, cleaning and hotel services. Slippage with savings will continue in the meantime.

3.3.5 Good progress has been made in delivering savings programmes. Slippage will be covered by non-recurring savings and the forecast takes this into account.

3.4 Earmarked Reserves

3.4.1 Earmarked reserves of £21.2m were carried forward into the current year. During the first 8 months of 2022/23 £5.5m has been committed.

3.4.2 The Scottish Government have still to confirm the value of the clawback of the Covid Reserve but they have committed to ensuring that IJB's retain sufficient funds to cover all covid related costs in the current year. It is estimated that circa £2.5m will be returned. Government have also confirmed that our 22/23 allocation of Primary Care Improvement Funding (PCIF) has been reduced by the totality of our reserves and they are now considering the position relating to mental health funding.

3.4.3 Plans are in place in respect of the majority of the remaining reserves. The General Reserve (£682k) for service transformation is fully allocated:

- LD Restructuring £220k (spent)
- Purchase of KCC £300k; and
- Completion of Lochgilphead staff accommodation £150k.

Appendix 4 provides a summary of the firm commitments funded by reserves.

4 RELEVANT DATA AND INDICATORS

4.1 Information is derived from the financial systems of both partners.

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.

6 GOVERNANCE IMPLICATIONS

6.1 Financial Impact – the forecast outturn position is an overspend of £657k. It is anticipated that the HSCP will be able to manage this during the remainder of the year. There are governance implications for the IJB relating to the clawback of previously earmarked reserves and the implications for planned spend and service development.

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 – the in-year reduction in resources to support Primary Care Improvement may have Clinical Governance implications.

7. PROFESSIONAL ADVISORY

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

8. EQUALITY AND DIVERSITY IMPLICATIONS

8.1 None directly from this report.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

9.1 None.

10 RISK ASSESSMENT

- 10.1 There are a number of financial risks which may impact on the forecast. There remains a risk that funding streams will be reduced whilst significant reserves are held. NHS Highland also continue to experience a particularly challenging financial situation in 2022/23. The table below summarises the most recent review of financial risks:

Likelihood Range	Remote	Unlikely	Possible	Likely	Almost certain	Total
£100k - £300k			1	1		2
£300k - £500k		1		1	2	4
£500k - £1.5m			1	1	1	3
>£1.5m						0
Total	0	1	2	3	3	9

By applying the likelihood weightings, there are currently two risks quantified at £0.5m or more, these relate to the potential for pay agreements in 2022/23 not being fully funded and the risk that costs will continue to escalate beyond budget due to on-going inflationary pressure. The total potential value of the identified risks sits at £2.5m. Argyll and Bute Council have offered to pass on pay award funding which limits the risk relating to unfunded pay increases for Social Work staff to £0.4m. The NHS pay increase and funding is not yet finalised for all staff groups.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

- 11.1 None directly from this report, engagement on activities relating to savings and transformation forms part of the project plans where appropriate.

12. CONCLUSIONS

- 12.1 This report provides a summary of the financial position as at the end of Month 8. A relatively small overspend against budget is forecast, it is anticipated that the position can be managed during the remainder of the year. The HSCP may be required to take action to manage its financial position in the current year in the event that NHS pay increases are not fully funded or in-year funding streams are reduced further.
- 12.2 Good progress has been made in delivering 60% of the savings programme. Progress has also been made with projects which are funded by reserves. However, the approach taken by the Scottish Government to clawback and substantially reduce previously allocated funding has strategic, operational and financial implications. At present these primarily relate to the Primary Care Improvement programme and the availability of covid funding beyond the end of the current year. Continued action to address delayed discharges, the vaccination programme and efforts to increase capacity in advance of the winter are likely to add to financial pressures and spend later in the year, no new funding has been confirmed to date.

13. DIRECTIONS

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

APPENDICES:

Appendix 1 – Year to Date Position

Appendix 2 – Forecast Outturn for 2022-23

Appendix 3a – Fully Achieved Savings

Appendix 3b – Live Savings Programme

Appendix 4 – Earmarked Reserves

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ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP
REVENUE BUDGET MONITORING SUMMARY - YEAR TO DATE POSITION AS AT 30 NOVEMBER 2022

APPENDIX 1

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

For information:

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

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

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

Service	Actual £000	Budget £000	Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	1,141	2,653	1,512	57.0%	Underspends on centrally held funds (£1.4m) and central repairs (£25k) and staff travel and subsistence. This is combined with over-recovery on income for Covid-19 for income loss from charges to clients.
Service Development	286	285	(1)	(0.4%)	Outwith reporting criteria.
Looked After Children	4,743	4,813	70	1.5%	Underspends in Fostering and Adoption due to demand combined with underspends on Residential Placements and over-recovery of income in Supporting Young People Leaving Care from the Home Office for UASC.
Child Protection	1,825	1,800	(25)	(1.4%)	Outwith reporting criteria.
Children with a Disability	552	595	43	7.2%	Outwith reporting criteria.
Criminal Justice	21	33	12	36.4%	Underspend is as a result of staff turnover and vacancies.
Children and Families Central Management Costs	1,962	1,871	(91)	(4.9%)	The overspend relates to staff payroll costs and property rental costs, partially offset by underspends on travel.
Older People	24,705	23,978	(727)	(3.0%)	The YTD overspend is a result of overspends on staffing in Homecare and Residential Units (including spend on agency) and as a result of demand for Care Home Placements.
Physical Disability	2,267	2,196	(71)	(3.2%)	Overspending due to demand for services within Supported Living and timing of expenditure in the Integrated Equipment Service.
Learning Disability	10,366	9,433	(933)	(9.9%)	Overspend is due to demand for services within Supported Living and Residential Placements combined with slippage against budget savings targets (£232k). This is partially offset by staffing underspends in Assessment and Care Management due to vacancies.
Mental Health	1,875	1,836	(39)	(2.1%)	Outwith reporting criteria.
Adult Services Central Management Costs	420	491	71	14.5%	Underspend ing on training costs, staff travel and subsistence and as a result of timing of payments to other bodies. There is also additional income as a result of a post recharge to Scottish Government.
COUNCIL SERVICES TOTAL	50,163	49,984	(179)	(0.4%)	
HEALTH SERVICES:					
Community & Hospital Services	27,213	26,825	(389)	(1.4%)	Overspending due to agency staffing costs, predominately in OLI GP out of hours, and unachieved savings
Mental Health and Learning Disability	23,743	23,106	(638)	(2.8%)	Overspending due to agency medical and nurse staffing in LIH, out of area eating disorder patients, unachieved savings
Children & Families Services	5,493	5,669	176	3.1%	Saving due to vacant posts.
Commissioned Services - NHS GG&C	48,114	47,693	(421)	(0.9%)	Overspend due to high cost drugs (note delay in GGC reporting costs to HBs so based on estimate)
Commissioned Services - Other	2,842	2,863	21	0.7%	Outwith reporting criteria.
Primary Care Services inc Dental	17,010	17,132	122	0.7%	Saving due to vacant posts mainly within dental services.
Other Primary Care Services	7,619	7,619	0	0.0%	Outwith reporting criteria.
Prescribing	14,115	13,812	(303)	(2.2%)	Overspend due to unachieved savings and increase in cost of drugs

Service	Actual £000	Budget £000	Variance £000	% Variance	Explanation
Public Health	1,352	1,364	12	0.9%	Outwith reporting criteria.
Lead Nurse	986	1,070	84	7.8%	Saving due to vacant posts
Management Service	65	54	(10)	(19.2%)	Overspend due to increased volume of orthotics orders
Planning & Performance	1,767	1,704	(63)	(3.7%)	Adverse variance due to unachieved savings
Budget Reserves	0	950	950	0.0%	In year slippage on centrally held budget reserves
Income	(1,514)	(1,234)	279	(22.6%)	Increase in number of visitors requiring emergency hospital treatment
Estates	6,169	6,102	(67)	(1.1%)	Overspend due to increases in cost of materials and utilities
HEALTH SERVICES TOTAL	154,975	154,728	(248)	(0.2%)	
GRAND TOTAL	205,138	204,712	(427)	(0.2%)	

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

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	5,319	3,019	2,300	43.2%	Reflects forecast underspends on centrally held funds (£2.1m) combined with over-recovery on vacancy savings (£650k) and additional Covid-19 funding (£54k). This is partially offset by a £500k provision for the unfunded impact of the 2022/23 pay award across Social Work.
Service Development	442	437	5	1.1%	Outwith reporting criteria.
Looked After Children	7,628	7,339	289	3.8%	Underspend reflects demand for Fostering, Adoption and Residential Placements as well as over-recovery of income across Supporting Young People Leaving Care for UASC activity from the Home Office. Partially offset by overspends in the Children's Houses and Hostels on payroll costs and service provision at Castlewood Court.
Child Protection	3,191	3,160	31	1.0%	Outwith reporting criteria.
Children with a Disability	973	975	(2)	(0.2%)	Outwith reporting criteria.
Criminal Justice	88	72	16	18.2%	Forecast underspend is on payments to other local authorities combined with staff travel and subsistence partially offset by a forecast overspend on payroll costs.
Children and Families Central Management Costs	3,133	3,157	(24)	(0.8%)	Outwith reporting criteria.
Older People	43,428	44,589	(1,161)	(2.7%)	Overspend reflects demand for Care Home Placements and Homecare as well the use of Agency staff across Assessment and Care Management, Homecare and Residential Units.
Physical Disability	3,374	3,541	(167)	(5.0%)	The forecast overspend reflects higher than budgeted demand for services in Supported Living (£85k) and Residential Placements (£80k).
Learning Disability	17,074	18,522	(1,448)	(8.5%)	Overspend reflects higher than budgeted demand for services in Supported Living (£663k) and Joint Residential (£527k) combined with slippage in achievement of budget savings (£305k). This is partially offset by forecast underspends on Day Services.
Mental Health	3,184	3,286	(102)	(3.2%)	Higher than budgeted demand for services in Supported Living and Residential Placements.
Adult Services Central Management Costs	671	665	6	0.9%	Outwith reporting criteria.
COUNCIL SERVICES TOTAL	88,505	88,762	(257)	(0.3%)	
HEALTH SERVICES:					
Explanation					
Community & Hospital Services	40,270	40,873	(603)	(1.5%)	Overspend due to agency staffing costs, predominately in OLI GP out of hours, and unachieved savings
Mental Health and Learning Disability	34,712	35,883	(1,171)	(3.3%)	Overspend due to agency medical and nurse staffing in LIH, out of area eating disorder patients, unachieved savings
Children & Families Services	8,764	8,514	250	2.9%	Saving due to vacancies.
Commissioned Services - NHS GG&C	71,540	71,862	(322)	(0.4%)	High cost drugs (note delay in GGC reporting costs to HBs so based on 3 months actuals)
Commissioned Services - Other	4,256	4,256	0	0.0%	Outwith reporting criteria.
Primary Care Services inc Dental	25,190	24,980	210	0.8%	Saving due to vacancies mainly within dental services
Other Primary Care Services	12,254	12,254	0	0.0%	Outwith reporting criteria.
Prescribing	20,988	21,238	(250)	(1.2%)	Overspend due to unachieved savings, increase in cost of drugs
Public Health	2,020	1,980	40	2.0%	Outwith reporting criteria.
Lead Nurse	1,618	1,518	100	6.6%	Vacancies

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
Management Service	745	745	(0)	(0.0%)	Outwith reporting criteria.
Planning & Performance	2,558	2,594	(36)	(1.4%)	Unachieved savings
Budget Reserves	1,646	396	1,250	315.7%	Anticipated slippage on in-year SG allocations
Income	(1,788)	(1,988)	200	(10.1%)	Increase in number of visitors requiring emergency hospital treatment
Estates	9,265	9,333	(68)	(0.7%)	Increases in cost of materials and utilities
HEALTH SERVICES TOTAL	234,038	234,438	(400)	(0.2%)	
GRAND TOTAL	322,543	323,200	(657)	(0.2%)	

Appendix 3a - 2022/23 Fully Complete Savings

Ref.	Savings Description	Target £' 000
Social Work		
2021-7b	Review of provisioning of day services and remodel considering options of greater third sector involvement aiming for 10% reduction in cost, several targets under this project have been amalgamated.	145
2021-32	Review housing support services and remove where not required for LD and PD clients - several targets under this project have been amalgamated.	86
2122-01	C & F Align business model for staffing for the 3 children's homes	6
2122-03	C&F - Do not replace independent chair of panel	2
2223-17	Reduce the number of individual sleepovers and utilise TEC	78
2223-22	Older Adults - Remove current year underspend and anticipated unfunded growth from budget.	390
2223-23	Older Adults - Funding to cover care home contract uplift.	193
2223-11	MH - Reduction in value of 3rd Party Contract	10
2223-12	C&F Shift the balance of care across fostering, kinship and out of area residential placements.	100
2223-13	C&F - Redesign and review of Justice services to become fully funded by specific grant.	60
2223-15	C&F - Printer and Paper cost reduction	4
2223-16	Day Services - Internal Staffing	20
2223-20	LD&PD Transport costs - Day Services.	12
2223-21	Corp - Hold programme manager post vacant.	76
2223-10	Corp - Additional non-recurring vacancy savings to be removed from budget in year as they arise.	250
Health		
1920-38b	Lorne & Islands Hospital staffing	21
2122-10	Redirect Oban Integrated Care Funding to pay for day responder service as in other areas	14
1819-44	Advanced Nurse Practitioners - Oban	14
2122-35	Mid Argyll hospital hotel services £20k, comms £4.3k; GMS out of hours £2k; equipment £1.5k	4
2122-36	Campbeltown hospital patients travel £30k	30
2223-3	MH - Review of specific high cost care packages.	115
2223-4	Ensure that funding for pay rate uplifts are passed through to Health Budgets	50
2223-24	Primary Care -Ensure national funding is fully utilised to cover eligible costs - Denistry.	22
2223-26	Public Health - Review of Living Well grants	18
2223-27	Children & families	130
2223-6	Estates - Reduce Energy Usage	60
2122-37	Campbeltown hospital catering	2
2223-2	Corp - Additional non-recurring vacancy savings to be removed from budget in year as they arise.	750
2223-25	Public Health -Reduce specific engagement budget which is now subsumed into mainstream PH activities	9
Declared on non-recurring basis at present:		
1920-35	Bed reduction savings : Cowal Community Hospital	150
2122-02	Carry out hostel review to achieve best value in admin and catering - declared non-recurring as contract changes required.	23
2021-29	Dunoon Gum clinic - underspend	20
		2,864

Appendix 3b - LIVE SAVINGS PROGRAMME

Ref.	Savings Description	Target £' 000	Declared M8 £' 000	Remaining £' 000	RISK	NOTES
Social Work						
2122-11	Remove funding for all lunch clubs	29	22	7		Saving declared last year non-recurring, expect to declare in 2022/23
1819-19b	Review and Redesign of Learning Disability Services - Sleepovers and Technology Argyll Wide	50	39	11		Complete - full year effect will clear balance in 23/24
2122-15b	End grants paid to link clubs, some of which are no longer providing services	2		2		
2223-18	Increased utilisation of new housing capacity for service users.	31		31		Complete - full year effect will clear balance in 23/24
1819-33	Catering, Cleaning and other Ancillary Services	71		71		Catering related project - proposal to work with Argyll & Bute Council under development
TBC	MH/LD/PD	225		225		Difficulty in filling post to progress, this will be rolled into 2023/24 target for service
2223-19	Implement reviews of care packages to ensure these are equitable across the area and transition to older adult care packages were appropriate	80		80		Project delayed as staffing resource has been deployed to assist with severe service pressure and unmet need in Oban area
Health						
2021-1	Mental Health redesign of dementia services	200	100	100		Declared on a non-recurring basis last year, structure to be confirmed and expect to declare more of this balance in 22/23.
2122-33	centralise lab ordering £20k and theatre stock ordering £5 along with North Highland	20		20		Expect to declare in 22/23
2122-43	Oban Patient travel £25k; staff travel £10k	10		10		Expect to declare in 22/23
2122-60	Planning & Performance team - reduce budget for travel & printing £3k; Consultant Travel £10k	10	5	5		Expect to declare in 22/23
2122-38	Campbeltown hospital sundry underspends comms £6k; portering £1; pharmacy £6k; general management discretionary £5k; transport £2k; GMS out of hours £1.5k	13	8	5		Expect to declare in 22/23
2122-42	Islay: saving on local outreach clinics and accommodation through more remote clinics	15		15		Expect to declare in 22/23
2122-32	1% general efficiency requirement across all hospital budgets	186	170	16		Small balance to be declared
1819-32	Catering & cleaning review	20		20		Catering related project - proposal to work with Argyll & Bute Council under development
2021-2	Standardise procurement of food across all sites and expansion in conjunction with Council for early years	69		69		Catering related project - proposal to work with Argyll & Bute Council under development
2021-19	Redesign of hotel services to reflect reduction in inpatient numbers	99		99		Catering related project - proposal to work with Argyll & Bute Council under development
2021-23	Catering & domestic - spending below budgets	30		30		Catering related project - proposal to work with Argyll & Bute Council under development
2122-46	Helensburgh outreach clinics £8k; casualty payments £14k,	14		14		Negotiations underway - requires variation to GP contract
2122-30	Introduce more re-use of walking frames and improved procurement of musculo-skeletal supplies	20		20		Work underway to develop project
2021-4ab	Admin & clerical general productivity / efficiency enhancement via shift to digital working in 2020/21 and 2021/22	127		127		Project underway
2021-20	Centralised booking of medical records - reduction in admin costs	97		97		Project underway
2223-7	Transfer Switchboard Services to Highland Health Board from Glasgow.	54		54		NHS Highland unable to support project, alternative now identified and saving expected in 2023/24
2223-1	Management and review of prescribing processes and products to ensure best value is being achieved.	589	272	317		Work on-going - saving challenging due to on-going supply chain disruption - £360k of savings identified to date.
1920-4	Review of Service Contracts	20		20		Specific savings to be identified as part of contract management processes
2223-5	Ensure that all staff are deployed to substantive roles within the HSCP staffing structure.	129		129		HR now providing support to progress.
2223-8	1% reduction in hospital budgets.	470	104	366		Approximately half of the target has been identified to date
2021-64	Review of Forensic Medical Examiner Costs - Bute & Cowal and Out of hours	50		50		Negotiations underway - dependent upon Dunoon contract
2223-9	Reduction in Forensic Service Contract costs.	20		20		Negotiations underway
2122-66	Savings from building rationalisation following increase in home working	72		72		Saving is subject to Cowal Community Hospital Capital Project - project delayed and due to commence in spring 2023
1920-22	Dunoon Medical Services (see also 2021-16)	100		100		As Above
2021-3	AHP - carry out workforce planning and establishment setting to find efficiencies in posts and realign services provided to match	86		86		Workforce establishment setting nearing completion - expected that this will be declared at least on a non-recurring basis in 23/24
2021-16	Rationalisation of medical services for Dunoon (adds to 1920-22)	20		20		Subject to Dunoon GMS procurement and capital project
2122-04	Bring back urology services from NHS Greater Glasgow & Clyde and offer from Oban Hospital instead	110		110		It has not been possible to progress this during 2022/23, project will remain in the savings programme
		3,138	720	2,418		
		535	344	191		Low risk
		1,910	376	1,534		Anticipated to be challenging to deliver in full within year
		693	0	693		Unlikely to be deliverable in 2022/23

Appendix 4 - Earmarked Reserves	Reserves Balance 31 March 22 £	Allocated M8 £	Balance 30 Nov 2022	
Primary Care Improvement fund	3,061,992	377,500	2,684,492	To be fully utilised in 22/23
Other Primary Care Projects	74,521	6,771	67,750	
Action 15 of the Mental Health Strategy 2017-27	289,661		289,661	
Technology Enabled Care (Near Me)	142,230	20,328	121,902	
Additional ADP Funding	185,238	9,300	175,938	
Best Start - Maternity Services (Board re-provision)	86,000	29,000	57,000	
Supporting Improvements to GP Premises	178,441		178,441	
Scotgem Funding	20,701		20,701	
Covid-19 support	10,489,150	3,034,315	7,454,835	Subject to clawback
Childrens Mental Health Services (CAHMS)	645,170		645,170	
Community Living Change Fund	300,000	12,434	287,566	
ACT Aros Residences Upgrade	184,200	184,200	-	
Primary Care OOH Funding	231,870		231,870	
Insulin Pumps correction including VAT	70,220		70,220	
ASC Nurse Director Support IPC	61,066		61,066	
Trauma Network Tranche 1 (70%) / Tranche 2 (30%)	62,525	24,500	38,025	
PFG School Nursing Tranche 2	166,783		166,783	
District Nurse Posts	127,015		127,015	
E-health Strategy Funding	72,400	72,400	-	
Perinatal MH Funding	160,679		160,679	
Mental Health Officer Training	28,221		28,221	
Type 2 Diabetes Framework (70%) & (30%)	31,803	31,803	-	
Trauma Training Programme	69,444	8,409	61,035	
Wellbeing Funding	85,028	600	84,428	
Oban Accomodation	145,000		145,000	
Primary Care Education Fund	250,000		250,000	
Fleet Decarbonisation	86,520		86,520	
Additional Band 2-4 Staffing	258,971	194,700	64,271	
Nursing Support for Care Homes	151,386		151,386	
Remobilisation of Dental Services	89,604		89,604	
Mental Health Facilities	285,284		285,284	
Diabetic Technologies	205,114		205,114	
Waiting Times Funding	497,183	306,600	190,583	
Interface Care Programme	133,032		133,032	
Medical Assisted Treatment Standards	114,114	50,000	64,114	
Psychological Therapies	55,923		55,923	
Inequalities Project	26,369	26,369	-	
Dementia Post Diagnostic Support	66,566		66,566	
Mental Health Funding for Pharmacology	17,869		17,869	
Medical Equipment	128,885	44,600	84,285	
Eating Disorders	69,238	10,000	59,238	
Ventilation Improvement	81,900	41,000	40,900	
Mental Health Recovery Services	38,931		38,931	
Whole Family Wellbeing Fund	39,000		39,000	
Care at Home Funding	287,913	287,913	-	
Multi Disciplinary Teams	213,946	100,000	113,946	
Interim Care	447,402	447,402	-	
General Reserves - Service Transformation	681,528	219,784	461,744	
Total	21,196,036	5,539,928	15,656,108	
Reserve held by NHS Highland	8,497,202	1,409,343	7,087,859	
Reserve held by Argyll & Bute Council	2,067,454	1,075,942	991,512	
Held by both partners	10,631,380	3,054,643	7,576,737	

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Integration Joint Board

Date of Meeting: 25 January 2023

Title of Report: Budget and Medium Term Financial Plan 2023-2026

Presented by: James Gow, Head of Finance and Transformation

The Integration Joint Board is asked to:

- Consider the Financial Plan and budget outlook for 2023-24 to 2025-26 and note the high level of risk and uncertainty.
- Note the forecast budget gap totalling £9.4m.
- Note that indicative savings targets have been allocated to services.
- Note that oversight of the budget process for 2023/24 will continue to be undertaken by the Finance & Policy Committee.

1. EXECUTIVE SUMMARY

- 1.1 This report provides the Integration Joint Board with an updated budget outlook for the 2023/24 financial year and medium term financial plan. This takes into account the Scottish Government's draft budget published in December 2022. It forms the basis for detailed financial planning and informs the HSCP value for money and savings target for 2023/24. The financial plan will continue to evolve as funding allocations are confirmed by partners.
- 1.2 The medium term plan aims to provide a framework for the development of the HSCP budget for 2023/24 whilst placing it in a longer term context. The Scottish Government have published a 3 year spending review which outlines their medium term funding intentions for Health and Social Care.
- 1.3 The HSCP is in a healthy financial position as at the end of 2021/22 and expects to balance its financial position in 2022/23. However, the financial context is deteriorating and significant efficiency and cost savings are required. A medium and worst case scenario is presented for the next three years. Financial planning will be based upon the mid-range scenario which estimates the budget gap at £9.4m or 2.8% of total spend for 2023/24. This has been allocated to services and work is underway to develop firm savings proposals to balance the budget for 2023/24.

2. INTRODUCTION

- 2.1 The purpose of this report is to update the medium term financial plan covering the period from the current year through to 2025/26. It summarises the financial

context facing the HSCP and aims to ensure that it plans to operate on a financially sustainable basis. It includes the following sections:

- Financial & Strategic Context
- Current Financial Position
- Revenue budget modelling & assumptions
- Budget Gap and Savings Target
- Transformation & Investment
- Reserves
- Scenarios and Risks

3. DETAIL OF REPORT

3.1 Financial & Strategic Context

The strategic context is important:

- Draft legislation for the National Care Service (NCS) has been published but does not provide the detail required to fully understand its implications.
- Recent reports by Audit Scotland on NHS and Social Care outline a series of challenges including workforce shortages, reduced activity, increasing demand, increased delayed discharges and waiting times and unmet need. The Health and Social Care system has been under severe pressure throughout the 2022/23 winter period.
- Inflation is at 10.7% and is not expected to reduce until mid-2023. There are risks associated with the Government's inflation assumptions built into financial plans. The Scottish Government have decided not to publish a public sector pay policy for 2023/24 at this time. As a result national planning assumptions in respect of pay have been used.
- The Scottish Government recently published a draft budget for 2023/24 which provides additional funding for the Health and Social Care Sector. However, the additional funding translates to a baseline funding uplift assumption of 2% for the NHS with the rest of the additional funding required to fund current year pay increases already offered. Audit Scotland have also recently highlighted the scale of the fiscal challenge facing the Scottish Government in coming years.

The key medium term financial planning document is the Scottish Government's Resource Spending Review. This was published in May 2022 and sits alongside a medium term financial strategy. The full document is available at: <https://www.gov.scot/publications/scottish-resource-spending-review>.

The Spending Review (SR) prioritises Health and Social Care, around 40% of the total budget. It reconfirms the commitment to the National Care Service and outlines increases in social care investment. Allocations (at April 2022 prices) are:

Spending Review	22-23 £'m	23-24 £'m	24-25 £'m	25-26 £'m	26-27 £'m
Health & Social Care	17,106	17,550	17,995	18,536	19,029
Increase on prior year		2.6%	2.5%	3.0%	2.7%
Health & Social Care Capital	554	443	428	443	-

Settlements for local government are frozen through most of the period. In the medium term the SR recognises the pressure the public finances are expected to be under and indicates that overall public sector staffing numbers require to be reduced to pre-pandemic levels with reform and efficiency improvement a priority.

The SR figures have been further amended in the draft budget published in December 2022: <https://www.gov.scot/publications/scottish-budget-2023-24/>

The draft budget sets out the spending priorities for 2023/24. In respect of the economic outlook, the Scottish Government expect the economy to shrink by 1% in 2023/24 with unemployment set to rise and real earnings to reduce.

For Health and Social Care, the main headline is a £1bn increase in funding for the sector. This provides for the full year impact of higher pay increases already offered and a 2% baseline uplift for 2023/24. The minimum hourly rate for Social Care staff is to increase from £10.50 to £10.90 per hour from April 2023 (3.8% uplift). The Scottish Government have decided against publishing a Public Pay Policy at this time as negotiations and industrial action continue in respect of the 2022/23 increases. There is no additional service development or growth funding and the 2% uplift represents a second year where general cost inflation far exceeds nominal (cash) terms funding growth.

The Scottish Government also published a medium term financial strategy which provides further information on the outlook for the public finances and economic performance in Scotland. It again outlines an expected fall in living standards and disposable income as a result of the cost of living crisis and high inflation. It recognises that Consumer Price Index (CPI) inflation was 9% for the 12 months to April 2022 and sets out forecast inflation:

2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
Actual Inflation	Forecast Inflation				
9.0%	8.0%	2.4%	1.7%	2.0%	2.0%

The document models 1%, 2% and 3% pay increases from 2023/24 onwards using 2022/23 as a baseline. It is likely that these assumptions will require to be reviewed as the budget cycle progresses. This is critical as the cumulative effect of actual CPI inflation in 21/22 and forecast inflation in 22/23 is over 17%.

3.2 Current Financial Position

The HSCP ended the 2021/22 financial year in a favourable position. It repaid all of its debt and operated within budget. Total revenue spend on services was £312m and £21.2m was held in earmarked and general reserves at the year end.

Some of these reserves are now being clawed back by Government to contribute to funding current year pay pressures.

Managing performance in the current year is proving challenging, largely as a result of increased cost and demand pressures and slippage with the savings programme. It is anticipated that the HSCP will operate within the resources it has available to it. However, as reserves are spent and clawed-back, balances will be substantially lower at the end of 2022/23. Overall, the financial position is expected to deteriorate and the level of financial risk is increasing.

The HSCP does not have delegated responsibility for asset ownership or capital spend. Significant backlog maintenance and replacement needs have been identified and require to be addressed in partnership with NHS Highland and Argyll & Bute Council. Addressing investment need is a priority and represents a risk to the ability of the HSCP to deliver on its strategic objectives in the longer term.

3.3 Revenue Budget 2023/24 to 2025/26

3.3.1 Funding

Services provided by the HSCP are largely funded by allocations made by the Scottish Government to Local Authorities and NHS Boards. They then pass on funding for delegated services to HSCPs. Actual funding allocations are predominantly based upon formulae which take into account factors such as population demographics, levels of deprivation and rurality. The table below provides a summary of the current allocations and assumptions for future uplifts:

Funding Allocations	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
NHS Funding				
Baseline	201.3	205.4	209.5	213.7
Resource Transfer	7.2	7.4	7.6	7.7
Other Recurring Funding	37.9	38	38	38
Additional Inflation for 22/23 Pay Offer	6.3	6.3	6.3	6.3
<i>Assumed uplift %</i>		2	2	2
Total NHS Funding	252.7	257.1	261.4	265.7
Social Work Funding				
Baseline Funding	62.8	64.4	66	68
22/23 New Recurring Funding	11.4	11.7	12	12.3
Additional inflation for 22/23 Pay Award	0.9	0.9	0.9	0.9
<i>Assumed uplift %</i>		2.6	2.5	3
Total Local Authority Funding	75.1	77.0	78.9	81.2
Total Funding	327.8	334.1	340.3	346.9
Additional Funding for Transformation	0.9	0.9	0.9	0.9

The key assumptions are:

- Additional resource will be allocated in 2023/24 (estimate £6.3m) to fully fund pay and SLA increases which are above budget in the current year;

- A 2% uplift planning assumption has been provided by Scottish Government for 2023/24 and beyond (with 2% uplift for pay assumed); and
- The Argyll & Bute funding share (NRAC) will remain at its present rate and NHS Highland will pass on the full value of uplifts.

The uplifts for Social Care applied in the model mirror the Spending Review increases per the table at section 3.1. These assumptions are critical to the HSCP medium term plan in the context of high inflation.

3.3.2 Expenditure Budget

There is uncertainty with the expenditure budget, largely as a result of inflation. This impacts on direct staff costs through pay settlements (approximately one third of the budget) and through increased contract values. Additionally, non-pay costs are expected to increase at a faster rate and are often outwith the control of the HSCP. Key concerns relate to the PFI contract for the Mid-Argyll Hospital, energy, travel and transport, the rates revaluation and drug costs. A 2% assumption has been used for pay increases in 2023/24 in line with national guidance. This ensures consistency across the Health and Social Care sector although it is not widely viewed as realistic in the current context.

The baseline budget incorporates the savings targets for 2022/23.

Baseline Expenditure Budget	2022/23 £m
NHS Baseline Spend	235.8
SW Baseline Spend	88.7
Less Savings Programme	-3.9
Additional Inflation for 2022/23	7.2
Total Baseline Expenditure Budget	327.8

3.3.3 Social Work Cost and Demand Pressures

Social Work Cost and Demand Pressures	2023-24 £000	2024-25 £000	2025-26 £000
Pay inflation @ 2% per year inc. 2022/23 adjustment	1,270	2,065	2,879
Incremental increases	103	206	309
Non Pay Inflation	3,494	6,841	10,259
Younger Adults Demand Growth	388	785	1,190
LD, PD and MH Cost and demand pressures	1,166	2,332	3,501
Continuing Care for Looked After Young People	0	250	500
Estimated net cost of KCC	750	750	750
Allowance for unknown cost and demand pressures / contingency	0	0	0
Total Social Work Cost and Demand Pressures	7,171	13,229	19,388

A key assumption is that pay inflation will be 2% per year for 2023/24 onwards. Non-pay inflation is calculated line by line on a total baseline budget of £58m. This covers expected uplifts in national contract rates for care services and increases to the expected pay floor for social care staff.

Significant additional budget allowance is being made to help manage cost and demand pressures for services to support people with lifelong conditions (£1.5m plus inflation). The decision to purchase the Kintyre Care Centre has also added to budget pressures in Social Work.

3.3.4 Health Cost and Demand Pressures

NHS Cost and Demand Pressures	2023-24 £000	2024-25 £000	2025-26 £000
Pay Inflation Uplift 2% pa	1,540	3,111	4,713
Pay Increments & Uplifts inc. Succoth	240	392	544
Prescribing & Hospital Drugs Inflation	460	929	1,407
Inflation on GCCSLA	1,274	2,474	3,697
Inflation Commissioned Services & SLAs	668	1,349	2,045
Resource Transfer Inflation	277	560	849
Inflation on PFI Contract	443	467	493
Additional Medical Staffing (CDF)	335	342	348
Allowance for Safe Staffing Act (AHP)	300	306	312
Renal Patient Transport	300	306	312
Energy, Estates & Utilities Inflation	437	560	701
Allowance for new drug approvals (oncology)	500	1,000	1,500
Regional Cath. Lab Costs & Tavi	224	224	224
High Cost Care Packages - new	100	100	100
IFRS 16 Revenue Consequences	250	500	750
MHRA Medicines Transport	165	165	165
NSD Topslice – Foxgrove	63	91	91
Fleet Replacement	118	120	123
LH Clinical Nurse Manager (1yr)	77	0	0
Jura Progressive Care Centre	30	31	31
Website / other	33	33	33
Contingency	350	750	750
Allowance for unknown cost and demand pressures	0	1,000	1,500
Depreciation	274	302	332
Total Health Cost and Demand Pressures	8,458	15,112	21,020

3.3.5 Summary and Budget Gap

Revenue Budget Summary	2022-23 £m	2023-24 £m	2024-25 £m	2025-26 £m
Funding Total	327.8	334.1	340.3	346.9
Baseline Spend	327.8	327.8	327.8	327.8
Social Work Cost & Demand Pressures		7.2	13.2	19.4
NHS Cost & Demand Pressures		8.5	15.1	21.0
Estimated Expenditure	327.8	343.5	356.1	368.2
Mid Range Budget Gap / Savings Target		9.4	15.8	21.3
New Savings Target as % of spend		2.7%	4.4%	5.8%

3.4 Budget Gap and Savings Targets

The above modelling, based on a mid-range scenario results in a budget gap due to cost and demand pressures being greater than funding increases. For 2023/24

planning purposes the budget gap is estimated at £9.4m which translates into the new savings target for 2023/24. The HSCP is in the process of developing a Value for Money Strategy and savings plan to address the shortfall at this level.

The assumption for 2023/24 pay increases is one of the most concerning as it is below predicted inflation. It is based on guidance from Government (2%), there is a general expectation that NHS pay increases are fully funded which mitigates the importance of this assumption to some extent, however it is not clear if funds are available to make up any excess pay awards in-year.

The approach to budgeting is largely incremental in nature. It is likely that more fundamental reviews of budgets and service delivery will be required in the medium term as it is increasingly challenging to identify new savings within existing service delivery structures.

There are some mitigations which can be taken to reduce the impact of the funding gap on front line services as summarised below. Appendix 1 provides indicative savings targets for each service which total £6.9m or approximately 3.6% of in-scope budgets. The development of savings proposals is underway across all services with the intention of having a balanced budget for 2023/24. Management are also considering additional ways to manage spend early in the new financial year in recognition of the scale of the challenge.

	£'000
Budget Gap 2023/24	9,400
Retention of Employer NI increase budget (now reversed)	(1,038)
Allocation of Social Work Growth budgets to offset cost and demand pressures	(1,000)
Other central budget adjustments	(400)
Balance – allocated to service budgets	6,962

Management are now in the process of identifying savings proposals to bridge the budget gap. The appendix provides a summary of service budgets that are considered in scope for savings and the target attached to each one. A series of workshops and SLT have taken place or are planned to focus management time on this task.

Progress with the development of savings plans will be reported to the Finance & Policy Committee which will meet three times prior to the final budget proposals being made to the IJB in March 2023.

3.5 Transformation and Investment

The budget assumes that £900k will be held to enable transformation projects to proceed. One of the difficulties in delivering Improvement and Transformation has been the absence of funding to support projects. The HSCP is seeking to maintain this budget which provides important flexibility.

The HSCP does not have delegated responsibility or budgets for capital investment but does need to progress important projects with partners. Long term

asset replacement is required and work is underway to prioritise projects including care home development and replacement and the need for investment in the NHS Estate. The transformation programme and workforce plan outline other areas where infrastructure investment is required.

3.6 Reserves

This plan does not set a target for increasing general reserves. It is intended that all resources available will be allocated to service delivery. Reserves carried forward into 2022/23 are intended to be spent during the period of this plan and balances will reduce. Reserves spend is in addition to the revenue budget outlined above and will also assist with service improvement. An estimated schedule of spend in addition to the revenue budget is provided below:

	2022/23 £m	2023/24 £m	2024/25 £m	2024/25 £m
Reserves Spend Profile	12	2.5	2	1
Clawback (estimate)	3.5			

3.7 Scenarios and Risk

3.7.1 The risks associated with medium term financial planning are summarised below, using the standard assessment of probability and impact:

Risk	Like.	Impact		Mitigations
HSCP unable to identify and deliver sufficient savings.	4	5	20	Development of and consultation on value for money strategy. Utilisation of allocated reserves and progressing transformation. Management of expenditure in 2023/24
Demographic or population changes reduce the formula funding to the HSCP.	4	4	16	Review annually.
One or both of the partners do not pass on anticipated funding allocated to Health and Social Care.	4	4	16	On-going partnership working and consultation.
Cost and Demand pressures increase further or are not funded to the extent assumed in the model.	4	4	16	Engagement in sector networks, modelling based on Spending Review figures and draft Budget.
Increases in pay rates or employer on-costs are in excess of those allowed for in the budget.	4	4	16	Monitor progress with pay negotiations, commitment to fund within NHS. Nationally agreed assumptions used, high risk these are not realistic.

Implementation of NCS diverts attention from operational priorities and financial management	4	4	16	Seek to resource NCS project appropriately.
Service costs increase due to providers withdrawing from the market and / or ongoing workforce shortage	4	4	16	Commissioning strategy and engagement with partners and care providers. Workforce planning and management of agency / locum contracts and additional funding to improve terms and conditions.
Funding reduced due to level of reserves held in HSCP and across sector	4	3	12	Level of risk reduced as opportunity for SG to do this further is reduced as clawback and funding reductions are confirmed.

Additionally, there are service and financial risks related to both partners. NHS Highland have a structural deficit to address over the coming years in addition to unfunded cost and demand pressures. Argyll & Bute Council are also having to identify savings, again due to funding allocations growing at a much slower pace than costs. This presents risk to both the HSCP financial plans and to the level of service the HSCP and communities receive from partners.

3.7.2 Scenarios

The figures presented within this plan are based upon modelling of the mid-range outlook. The table below summarises a potential worst case which reflects increased risk:

	2023-24 £m	2024-25 £m	2025-26 £m
Mid-Range Budget Gap	9.4	15.8	21.3
Health Worst Case Additional	6	13	20
Social Work Worst Case Additional	1.8	3.8	5.9
Worst Case Budget Gap	17.2	32.6	47.2

The use of mid-range assumptions as a basis for financial planning is considered a reasonable approach whilst recognising that the risk is on the downside. In the event that the outlook improves if the final Scottish Budget allocates additional resource or inflation reduces quickly, the HSCP would be able to scale back its savings targets.

3.7.3 Workforce

Workforce issues and risks are considered in detail in the Workforce Plan. Labour shortages are likely to constrain the ability of the HSCP to deliver services and improvement as planned. The financial plan assumes some net growth in workforce numbers. This is difficult to quantify at present but includes:

- increase in workforce size to narrow gap between current budgeted establishment and actual staffing (reduced vacancies);
- reduce reliance on temporary and agency staff to implement more cost effective, stable and sustainable staffing models;
- some transition from commissioned services to direct delivery of service;
- cost and demand pressures will require additional staffing; and
- savings and vacancy management required to balance budget will offset the above to some extent.

3.8 Alignment with Strategic Planning

The medium term financial plan sits alongside a range of HSCP strategic and operational planning documents. These include the new Joint Strategic Plan and Commissioning Strategy. The Transformation programme and the budget to support it are important in facilitating some of the objectives set out in these documents, particularly in respect of service redesign and beginning the process of shifting of resources towards prevention.

The National Care Service will further transform the HSCP, this will change the way it is structured and operates and as a project will need to be resourced. It will place greater importance upon partnership working as the transition is likely to present challenges for partners as well as the HSCP.

4. RELEVANT DATA AND INDICATORS

- 4.1 The budget outlook is based on a number of assumptions, using a best, worse and mid-range scenario. These assumptions are drawn from the Scottish Government's Draft Budget and Spending Review, local modelling and guidance provided from policy teams. The assumptions used are considered carefully and will be regularly reviewed and updated. There will be variations between the assumptions made at this stage of the budget planning process and the eventual funding allocations and cost and demand pressures for 2023/24 and beyond. Assumptions in respect of pay inflation are consistent with national planning assumptions.

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 requires to be considered when options are developed to balance the budget and address the funding shortfall.

6. GOVERNANCE IMPLICATIONS

- 6.1 Financial Impact – There is expected to be a significant budget gap that requires to be addressed, the HSCP is required to set a balanced budget.
- 6.2 Staff Governance – None directly 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 in this report which require to be consulted on with Professional Advisory leads. The development of the savings plan is being progressed in consultation with Professional Advisory Leads and the full leadership team.

8. EQUALITY AND DIVERSITY IMPLICATIONS

- 8.1 None directly from this report, some of the proposals to address the estimated budget gap will require equality impact assessments to be completed and considered.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

- 9.1 None directly from this report.

10 RISK ASSESSMENT

- 10.1 There are significant risks associated with medium term financial planning. To some extent these are quantified within the worst case scenario and further detail is provided within the main body of the report. The key risks are inflation rates exceeding planning assumptions and future funding allocations. The scale of the financial challenge facing the HSCP is significant and addressing this is also likely to impact on service risk as savings are implemented.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

- 11.1 Public engagement and consultation relating to the HSCP's financial planning is being progressed using existing engagement frameworks such as the locality planning groups. This process will continue as savings proposals are developed to address budget shortfall as the HSCP seeks to move towards sustainable financial and service models. The HSCP is also developing improved engagement and co-production processes and will seek to consult with the wider community on its strategic priorities. Budget proposals will be available as part of the IJB public papers for public comment accompanied by Equality Impact Assessments for review by the IJB.

12. CONCLUSIONS

This document provides a draft medium term financial plan for 2023/24 to 2025/26. It outlines the key assumptions, cost pressures and risks associated with financial planning. It also provides an indication of the anticipated scale of the budget gap facing the HSCP. The current financial context for the HSCP is that it is in a healthy financial position with reserves available to help manage services pressures and priorities.

The identified budget gap requires to be addressed through the development of a Value for Money Strategy and savings plan. Work on this is now underway and savings targets for each service are attached. The scale of the challenge for 2023/24 is estimated at £9.4m or 2.7% of the expenditure budget. The management team are currently prioritising the development of savings plans and progress will be reported to the Finance & Policy Committee. It is intended that the IJB will be asked to approve a balanced budget alongside savings proposals and equality impact assessments where appropriate at its March meeting.

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	

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Appendix 1 – Allocation of savings target to services

Appendix 1 - Analysis of Savings Allocated to Services

Head of Service	NHS Service	NHS In Scope Budget £	SW Service	SW In Scope Budget £	Total Budget £	Savings Share £	%
Acute & Complex Care	Acute & Complex Care	29,483,300	LD/PD/MH	23,600,000	53,083,300	1,868,668	3.5%
Children, Families & Justice	Children & Families	8,082,100	Children & Families	15,109,000	23,191,100	816,386	3.5%
Finance & Transformation	Estates	4,239,900			4,239,900	150,713	3.6%
Adult Services, Health and Community Care	Health and Community Care	38,911,300	Older People	44,204,000	83,115,300	2,919,871	3.5%
Lead Nurse	Lead Nurse / Clinical Governance	1,532,600			1,532,600	54,478	3.6%
Chief Officer / Finance & Transformation	Management	1,863,700	Chief Officer	5,059,000	6,922,700	246,077	3.6%
Planning & Performance	Planning & Performance	2,387,500	Planning & Performance	436,000	2,823,500	100,365	3.6%
Pharmacy	Prescribing	20,474,300			20,474,300	720,748	3.5%
Primary Care	Primary Care	1,209,400			1,209,400	42,990	3.6%
Public Health	Public Health	1,177,600			1,177,600	41,859	3.6%
Total		109,361,700		88,408,000	197,769,700	6,962,155	3.5%

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Integration Joint Board

Date of Meeting: 25 January 2023

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 the Strategic Risk Register has been reviewed by the Contingency, Risk and Resilience Committee in November 2022 and the Audit & Risk Committee in December 2022.
- Review and approve the Strategic Risk Register.
- Note that a Board Development session is planned for later in the year to facilitate a more detailed review of the Risk Register and Risk Appetite.

1. EXECUTIVE SUMMARY

1.1 An important aspect of the HSCP approach to Risk Management is to regularly review the Strategic Risk Register. This report summarises the outcome of the recent reviews of the Strategic Risk Register undertaken by the Contingency Risk and Resilience Committee and the Audit and Risk Committee. The report highlights the current perceived risk environment and recommends changes to the Strategic Risk Register.

1.2 Overall there are number of environmental factors which are continuing to result in relatively high levels of risk. High demand currently faced by NHS and social care services remain a concern along with on-going staffing shortages. This is resulting in increased waiting times and increased delayed discharge from hospitals across the Health and Social Care sector. Additionally the current socio-economic situation is now impacting directly upon funding and budgets with on-going high inflation and the cost of living crisis becoming an increasing concern. This situation has multiple strands, many of which are not within the control or influence of the HSCP locally.

1.3 It is intended that a Board Development Session will be arranged later in the year to facilitate a further review of the register and the Risk Appetite Statement. This will be delivered in partnership with the Internal Audit service.

2. INTRODUCTION

2.1 The purpose of this report is to provide members of the Integration Joint Board with the opportunity to review the Strategic Risk Register and endorse changes agreed by the Contingency Risk and Resilience Committee and the Audit and Risk Committee. The regular consideration of Risk and how risks are mitigated

is an important aspect of management and governance arrangements. The Strategic Risk Register is scheduled to be reviewed by the IJB twice per year.

3. DETAIL OF REPORT

- 3.1 The Strategic Risk Register is used to identify risks and assess their perceived likelihood and impact. It is a dynamic document and is reviewed regularly. The current Strategic Risk Register is attached as appendix 1 and describes 23 strategic risks facing the HSCP and the table below summarises the perceived level of residual risk relating to these:

Residual Risks	Very High	High	Medium	Total
May 2021	2	9	9	20
December 2021	4	13	6	23
June 2022	4	14	6	24
December 2022	6	13	4	23

- 3.2 In respect of those risks that are rated as 'Very High':

Financial Sustainability (SSR01)

The budget gap for next year is substantial and the most recent financial plan outlines a series of risks relating to funding, cost pressures and severe challenges relating to public funding more widely. Combined with the clawback of reserves, unfunded pay increases and the real terms cut in funding, this risk has increased despite the HSCP being in an improved financial position. The financial challenges facing both partners further exacerbates the risk.

Sustainability of Commissioned Service Providers (SSR7)

This risk remains very high as a number of service providers continue to struggle to recruit staff and provide the services they are being commissioned to deliver. Work is underway to try and provide additional financial support and change ways of working to mitigate the risk, particularly in relation to care at home services.

Workforce Recruitment and Retention (SSR10)

The HSCP continues to experience difficulty in recruiting staff to a wide variety of roles. Staffing resource is the main constraint on service delivery in many areas. This risk is considered to be both a local and a national issue and continuing industrial relations difficulties are likely to increase this risk further.

Business Continuity (SSR17)

At the current time it is proposed that business continuity is increased to a 'very high' grade risk. This is for a variety of reasons beyond the control of the HSCP including:

- potential industrial action;
- high levels of occupancy in hospitals and care homes;
- potential impact of winter upon staff attendance and health of the population; and

- potential for energy shortages and planned power outages.

While mitigating actions and scenario planning continues to take place with partners the perceived risk that the HSCP will be unable to provide continuity of service over the winter is particularly high at present.

Covid-19 / Respiratory Illnesses (SSR18)

It is suggested that the scope of this risk is widened to include other respiratory illnesses. Whilst the risk in respect of covid is perceived to have reduced, it is suggested that this risk continues to be regarded as very high through the winter period. It is a key driver of service pressures and continues to result in staff absence and care home closures.

Socio-Economic Situation (SSR23)

It is suggested that this risk remains 'Very High'. It has multiple strands and is largely outwith the control or influence of the HSCP. It is expected that high inflation and the potential for a prolonged recession, will result in increased poverty and increased service demand pressures from within our communities. The Scottish Government do not appear to be in a position to fund inflation and cost pressures appropriately, linking to direct financial risk. There are also continuing shortages of some supplies and services, particularly relating to drug supplies.

- 3.3 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.

Safety of Services – this risk is perceived to remain High, this is linked to the risks described above in respect of commissioned service providers and the challenge in recruiting and retaining staff.

Infrastructure & Assets - this risk is perceived as 'High' and increasing at present. There is a significant gap between estimated backlog maintenance costs and available resources to invest in assets. Additionally, some service teams are growing and others continue to operate from unsuitable accommodation. It is increasingly difficult to identify solutions within existing resources. Recruitment to a new leadership role is expected to assist with the management of this risk and strategic business case work will commence shortly, it is intended that this will help address the issue in the medium to longer term in partnership with NHS Highland and Argyll & Bute Council. Both partners are aware of the challenges within the HSCP Estate.

Waiting Times – this risk is also perceived to be increasing 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 a relatively high incidence of un-met need for care at home and other support services.

- 3.4 The risk relating to Service Delivery has been removed from the Risk Register. It was added at a point in time where there were gaps and a high turnover in the senior leadership team, this has now been addressed. The register highlights a wide range of risks that would result in service delivery issues and therefore it is suggested that describing this risk in this way separately does not add to the

overall consideration and management of strategic risk. For reference this risk is shown at the end of the Risk Register.

3.5 There has not been any formal update on the National Care Service programme which would enable further consideration of the implications and risk associated with this.

3.6 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. There are processes in place to ensure that the HSCP Risk Register aligns to those of Argyll and Bute Council and NHS Highland.

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 as increasing. 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 persistently high

levels of risk. Wider environmental factors including financial challenges and the potential impact of the cost of living crisis and inflation are contributing further to strategic risks facing the Health and Social Care sector both locally and nationally. Resilience and Business Continuity are also perceived as being a potentially increased risk over the coming winter period.

12. DIRECTIONS

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

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APPENDICES:

Appendix 1: Strategic Risk Register

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Risk Matrix

IMPACT	LIKELIHOOD					
	Risk	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Extreme (5)	MEDIUM 5	HIGH 10	HIGH 15	VERY HIGH 20	VERY HIGH 25	
Major (4)	MEDIUM 4	MEDIUM 8	HIGH 12	HIGH 16	VERY HIGH 20	
Moderate (3)	LOW 3	MEDIUM 6	MEDIUM 9	HIGH 12	HIGH 15	
Minor (2)	LOW 2	LOW 4	MEDIUM 6	MEDIUM 8	HIGH 10	
Insignificant (1)	LOW 1	LOW 2	LOW 3	MEDIUM 4	MEDIUM 5	

Table 1 Assessment of likelihood

Score	Description	Chance of Occurrence
1	Rare	Can't believe this event would happen again – will only happen in exceptional circumstances
2	Unlikely	Not expected to happen again, but definite potential exists
3	Possible	Has happened before on occasions – reasonable chance of re-occurring
4	Likely	Strong possibility that this could happen again
5	Almost Certain	This is expected to frequently happen again – more likely to re-occur than not

Table 2 Assessment of Impact

Descriptor	Insignificant	Minor	Moderate	Major	Extreme
Score	1	2	3	4	5
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable.	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience / clinical outcome: long term effects – expect recovery - >1wk.	Unsatisfactory patient experience / clinical outcome: continued ongoing long term effects.
Injury (physical and psychological) to patient / visitor / staff.	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required	Agency reportable, e.g. Police (violent and aggressive acts) Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Complaints/ Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints.	Multiple claims or single major claim. Complex justified complaint.

Staffing and Competence	Short term low staffing level temporarily reduces service quality (< than 1 day). Short term low staffing level (> 1 day), where there is no disruption to patient care.	Ongoing low staffing level reduces service quality. Minor error due to ineffective training/ implementation of training.	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training/implementation of training. Ongoing problems with staffing levels.	Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training/implementation of training.	Non-delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to ineffective training/implementation of training.
Financial (including damage/ loss/ fraud)	Negligible organisational/ personal financial loss (< £1k) (NB. Please adjust for context)	Minor organisational/ personal financial loss (£1-10k).	Significant organisational /personal financial loss (£10-100k).	Major organisational/ personal financial loss (£100k - £1m).	Severe organisational/ personal financial loss (>£1m).
Adverse Publicity / Reputation	Rumours, no media coverage. Little effect on staff morale	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined. Use of services affected	National / International media / adverse publicity, more than 3 days. MSP / MP concern (Questions in Parliament). Court Enforcement. Public Enquiry/ FAI.

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Integration Joint Board

Agenda item:

Date of Meeting: 25th January 2023

Title of Report: Staff Governance Report for Financial Quarter 3 (2022/23)

Presented by: Geraldine Collier, People Partner, A&B HSCP.

The Integrated Joint Board is asked to:

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

1. EXECUTIVE SUMMARY

- 1.1** This report on staff governance performance covers financial quarter 3 (October – December 2022) and the activities of the Human Resources and Organisational Development (HROD) teams.

2. INTRODUCTION

- 2.1** This report focuses on the staff governance actions that support the [HSCP priorities](#) and the [Staff Governance Standard](#)
- 2.2** In the context of health and social care integration, we also consider the following:
- Adopting best practice from both employers
 - Development of joint initiatives that support integration
 - Compliance with terms and conditions and employing policies

3. PROGRESS & CHALLENGES

The following sections report progress and challenges against the [Staff Governance Standard](#) headings; Well Informed, Appropriately Trained and Developed, Involved in Decisions, Treated Fairly and Consistently and Continuously Improving. These themes overlap in parts with Culture and wellbeing as an overarching principle permeating all that we do in all areas of work.

3.1 WELL INFORMED

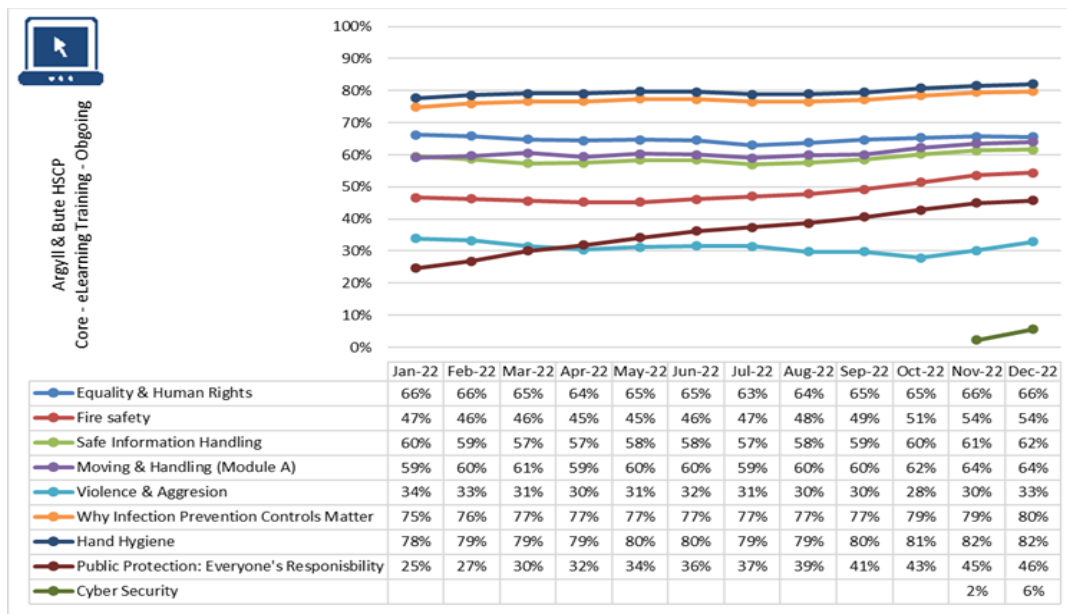
- 3.1.1 Staff communication updates continue weekly with information on key issues of interest to staff via Council and NHH Staff Communications.
- 3.1.2 The workforce data for end of Quarter 3 was not available at the time of writing the report, therefore a workforce report will come to the next IJB showing the workforce demographic data provided from NHS and Council systems.
- 3.1.3 The Attendance and Employee Relations trend data usually provided in Section 3 will also follow as part of the workforce data report going forward.

3.2 APPROPRIATELY TRAINED

- 3.2.1 A renewed way of supporting new NHS colleagues will commence in January 2023. Half day Corporate Induction sessions will be delivered weekly via MS Teams and enable new colleagues to meet one another, hear more about the profile of HSCP and wider NHS Highland. This will cover, the governance arrangements, our culture and explore how we promote professionalism, as well as signpost what to expect, including local induction requirements and essential training. A promotional video has been designed and will be included in the delivery.
- 3.2.2 The Corporate Induction portal has also been updated and accessible to all colleagues. There will be an initial pilot period until the end of March. The New Corporate Induction Programme is promoted on TURAS Learn: [Induction : new corporate induction \(course\) | Turas | Learn \(nhs.scot\)](#)
- 3.2.3 In launching these changes, guidance on expectations from a manager's perspective, is also being designed and will focus on pre-employment arrangements and what to consider during various review periods.

Statutory and Mandatory Training

- 3.2.4 Improving compliance with Statutory and Mandatory training is essential to the safety and quality of services that the HSCP delivers and there is an NHH wide focus on improving performance on completion of mandatory training.
- 3.2.5 The tables below show high levels results with more detailed analysis available in appendix 1.



3.2.6 There has been a notable increase in compliance data in Quarter 3, showing an improvement of between 1-5% across the courses. This improvement is attributed to a focus on Stat Man training and awareness raising for the workforce. We have also developed a link between learning accounts to ensure more accurate data capture.

3.2.7 Violence and aggression training is still the lowest compliance (33%). This course is for staff with no face-to-face contact with the public or patients and has a much lower overall coverage with only 198 staff required to participate (see appendix 1). It is not clear why this course specifically is not undertaken and this will be an area of interest in our discussions along with compliance improvement generally.

3.2.8 Mandatory training on Information Governance now includes Cyber Security as well as Safe Information Handling. A process on promoting, monitoring and addressing compliance of mandatory training on Information Governance is being discussed.

3.2.9 Face to Face Statutory Mandatory training courses delivered in Q3 are attached in appendix 4. Compliance for these practical courses is also presented in the tables below. Overall compliance is low and it is acknowledged that this is impacted by staffing levels, the pressures in the system and the ability to attend training.

Manual Handling Practical

Totals		Nursing			Midwifery			AHP			Facilities		
		Staff	Complete	Percentage Complete	Staff	Complete	Percentage Complete	Staff	Complete	Percentage Complete	Staff	Complete	Percentage Complete
25%	A&B Older Adults & Hospital Services	451	164	36%				150	50	33%	251	17	7%
	A&B MH LD & Addiction Services	34	0	0%				7	1	14%	10	0	0%
	A&B Children Families & Justice				37	1	3%						

Violence and Aggression Practical

Totals		Nursing			Midwifery			AHP			Support Services		
		Staff	Complete	Percentage Complete	Staff	Complete	Percentage Complete	Staff	Complete	Percentage Complete	Staff	Complete	Percentage Complete
	A&B Older Adults & Hospital Services	503	208	41%				178	72	40%	252	29	12%
	A&B MH LD & Addiction Services	101	34	34%				21	12	57%	10	2	20%
	A&B Children Families & Justice	3	1	33%	39	16	41%	14	6	43%			
	Argyll & Bute Central							2	0	0%			

3.2.10 At SLT in December all members, acknowledging the organisational risk, agreed to aim have stat man compliance within board targets by the end of March 2023.

3.2.11 To achieve this a plan has been developed for both e-learn and practical training. While it is anticipated that e-learn compliance can be achieved by end of March it is not possible for practical training to be achieved due to the lower compliance rates, staffing levels and numbers of staff to be trained. An achievable plan is being developed though a working group and progress will be reported and monitored.

3.2.12 For Council employees the new LEON online learning system has been developed. This provides employees with a training dashboard and I automatically informs employees when their training is due. For information, the renewal timeframes of the mandatory training required for all employees is as follows:

1. Freedom of information – renewed every 5 years
2. Positive customer care – renewed every 3 years
3. Data Protection – Completed once
4. Annual GDPR refresher – completed annually
5. Fire safety awareness – renewed annually
6. Equality and diversity – renewed every 5 years
7. Complaints handling procedure – renewed every 5 years

3.2.13 Any mandatory training completed within the old system will be carried over onto the new LEON account as long as it within the required timeframe.

3.2.14 However, there remains a slight technical issue with reporting which is currently being worked through with IT. Unfortunately the training statistics for FQ3 remain unavailable but will provided once the technical difficulties are resolved. Thereafter stat man compliance for council employees will be monitored and reported.

3.2.15 Appendix 2 shows Appraisals Performance Data for NHS staff within Argyll and Bute HSCP and this has improved again this quarter (22-25%). It is anticipated that this will continue to improve as we move towards year end, as historically this was the deadline. SLT are also receiving monthly updates and are actively encouraging completion with their teams.

3.2.16 Within the council, the Quality Conversations analysis is still being undertaken and will be reported once complete.

Leadership and Management Development

3.2.17 The NHS Leadership and Management Development Programme levels 1-4 has been completed for all levels. This programme included:

- Created and Developing Effective teams
- Selfcare
- Leadership
- Coaching skills for managers
- Effective Communicaiton
- Recruiting the best teams
- Planning and Implementing Change
- Workforce Planning
- Financial Management
- Promoting a healthy and Safe working environment
- Courageous Conversations
- Problem Solving and Decision Making

All feedback from evaluation of this programme has been used to improve the experience for both participants and facilitators.

3.2.18 From February 2023 New Manager Induction standards will be launched which will focus on:

- Organisation Awareness
- Communication & Decision Making
- Your role as a leader and manager
- Health, Safety and Security
- Systems and Processes
- Learning and development opportunities

3.2.19 The NHS 'Essentials in Management' course (for those new to supervisory, management, leadership roles) has been piloted in the National Treatment Centre, Inverness end Nov and Beg of Dec. Following positive feedback, the materials for the programme are being finalised and the 3 day programme will be launched in A&B from Q4. This will be tailored to A&B managers to ensure that all managers and employees have the information they require to support and settle into their new role.

3.2.20 The management portal has been further developed and will also be promoted in February 2023. A suite of optional modules will also be offered to supervisors, managers and leaders which should be considered as part of Personal Development Planning and Review.

3.2.21 The council management and leadership development programmes have temporarily ceased. A thorough review will commence in April 2023. The findings will be reported in due course.

Mentoring Programme

- 3.2.22 Participants in the mentoring programme continues to grow and in Q3 a further 2 mentors and 1 mentee joined from A&B HSCP. This brings the total participants to date within A&B to 11 from the total 76 across the Programme, mentors and Mentees. An impact evaluation was circulated in November and feedback from mentors and mentees was positive. Improving confidence and awareness of the service and providing opportunity for reflection and improved practice, benefiting both mentor and mentee in their professional and personal development.
- 3.2.23 All A&B HSCP employees are invited to participate but to date only NHS employees have voiced interest. We continue to promote the mentoring scheme via weekly roundup and have shared the information with the council OD team. The co-ordinator is always happy to attend meetings to share information about the scheme

3.3 TREATED FAIRLY AND CONSISTENTLY

Culture and Wellbeing

- 3.3.1 During Q3 the councils Active Care Service have launched a new service for those absent with stress. This new service, delivered by impartial clinicians aims to understand individual needs and help identify any triggers they may have. It will also look at prescribed treatments and offer recommendations for support.
- 3.3.2 The feedback from those attending the councils recalibrate programme (pilot commenced 27th October) has been very positive and requests have been received to run another session this year, which will be dependent on available funding.
- 3.3.3 The A&B Culture and Wellbeing Group, has resumed with the first meeting taking place on 17th January 2023. Meetings will take place monthly thereafter and progress and programmes of work will be reported to IJB.
- 3.3.4 Following the successful pilot, a new NHS eLearning module on Courageous Conversations is now available for all colleagues to help prepare for conversations particularly when dealing with a difficult situation. This is a combination of eLearning and virtual workshops.
- 3.3.5 Managers are also supported by a new NHS practical workshop that facilitates supportive conversations with their team members and encourages a person centred approach. This has been piloted and will be rolled out in 2023. The council are also running similar training provision 'having constructive conversations.
- 3.3.6 To support the NHS Once for Scotland policies where Early Resolution was introduced as a substantial part of our new processes an Early

Resolution Toolkit eLearning module is now available. The toolkit is intended to assist all colleagues with resolving matters, as early as possible.

3.3.7 The council wellbeing Wednesdays communications has now been moved to monthly and continues to inform and signpost on a full range of wellbeing issue and ensuring consistent messaging on the importance that we place on the wellbeing of employees.

3.3.8 A comprehensive wellbeing toolkit of resources has also been developed for employees and managers, linking to policies and procedures, support and advice, webinars and training courses. These are also being made accessible to those not on the Council’s network to be fully inclusive.

3.3.9 A new Winter Wellbeing Programme for NHS Highland colleagues has been developed encompassing a programme of online events taking place over the winter months, to help support colleagues during what is often a difficult and challenging time of the year -More information <https://scottish.sharepoint.com/sites/WinterWellbeingProgramme>

HSCP Guardian Service

Table 1 – Concerns by Theme

Q3 2022	Patient Safety	Behaviour/ Relationship	System/ Process	Bullying & Harassment	Management Issues	Discrimination & Inequality	Total
Council	0	0	0	0	0	0	0
NHS	0	2	4	0	2	0	8
A&B HSCP	0	2	4	0	2	0	8

Table 2 – Concerns by Quarter

	Q1 2021	Q1 2022	Q2 2021	Q2 2022	Q3 2021	Q3 2022
Council	5	4	6	0	1	0
NHS	15	11	5	24	10	8
A&B HSCP	20	15	11	24	11	8

3.3.10 Table 1 shows Quarter 3 activity and displays the usual trends of theme, although systems and process issues concerns have increased. All concerns are discussed in a monthly joint meeting and ensures all concerns are appropriately addressed.

3.3.11 Table 2 shows that activity has returned to expected levels after the increase evident last quarter. Again it is notable that there was no contact from Council employees and this is something to be considered when the service is reviewed in August. The Guardian services are keen to increase their visibility in council sites to ensure employees are aware of their provision.

4. INVOLVED IN DECISIONS

4.1 Employee Engagement

- 4.1.1 The employee engagement working group meetings have now concluded and employee engagement activities will now be captured as a standing item of the Culture and wellbeing Group. This will allow wider collaboration on the programme of activity required and relevant updates will continue to be reported to IJB.

5. CONTINUOUS IMPROVEMENT

Resourcing: Recruitment and Redeployment

- 5.1 Appendix 3 shows the recruitment activity over the last quarter and as in previous years there is a higher level of activity in Q3 than is evident in other quarters and for NHS vacancies this is notably higher than the same period last year (shown for comparison). More detailed analysis will be contained in workforce report going forward and this will inform and be informed by workforce planning discussions, looking at trends, difficult to fill roles and wider workforce planning actions.
- 5.2 The Strategic Workforce Planning Group has resumed with the first meeting taking place on the 30th January 2023. The Terms of Reference has been revised to align to the strategic workforce plan. This group is responsible for taking forward and developing the identified actions for ABHSCP creating a sustainable workforce for the long term.
- 5.3 Redeployment
- 5.3.1 All NHS vacancies are considered for redeployment as they arise. The HR team continue to work in partnership with the Area Manager and Staffside/TU Rep in securing permanent, temporary and shadowing opportunities.
- 5.3.2 The table below shows the NHS trend over the last year of people joining the redeployment list and being appropriately redeployed. This evidences steady progress supporting people into suitable roles.

	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Argyll & Bute													
Capability							2						
End of Fixed Term	10	1	1	1	1	1	16	1		3	9	9	7
Health		1		1			9						
Org Change	40	16	17	16	15	15	16	22	14	19	14	13	12
Other	10						4	2					
A&B Sub-Total	60	18	18	18	16	16	47	25	14	22	23	22	19
A&B Grade Protection		22	22	22	22	22	9	30	22	35	21	22	22
Argyll & Bute Total	60	40	40	40	38	38	56	55	36	57	44	47	41

- 5.3.3 Within the council there have been no employees on the redeployment register in the last year.

6. RELEVANT DATA AND INDICATORS

- 6.1 Data provided in the relevant sections above

7. WORK PLANNED FOR THE NEXT 3 MONTHS

7.1 Update on work for FQ4

Data provision further developed	Q4
Commence Corporate Induction rollout .	Q4
Launch new manager Induction standards, the line manager portal and commence Essential in Management course	Q4
Employee Culture and Wellbeing groups resumed Q3 and updates will be provided to Committee	Q4
Workforce Planning Group resumed in Q3 with updates provided as needed and bi annually through the dedicated Workforce Plan reports which are also provided to Scottish Government	Q4
Suite of optional CPD leadership and management development modules to be offered from March 2023	Q4
Employee Engagement Focus – developing a programme of activity	Q4

8. CONTRIBUTION TO STRATEGIC PRIORITIES

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

9. GOVERNANCE IMPLICATIONS**9.1 Financial Impact**

A reduction in sickness absence will reduce costs.

9.2 Staff Governance

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

9.3 Clinical Governance

None.

10. EQUALITY & DIVERSITY IMPLICATIONS

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

11. RISK ASSESSMENT

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

12. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

No public or user involvement to report within this current report

13. CONCLUSIONS

It is recommended that the Integration Joint Board:

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

14. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	<input type="checkbox"/>
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

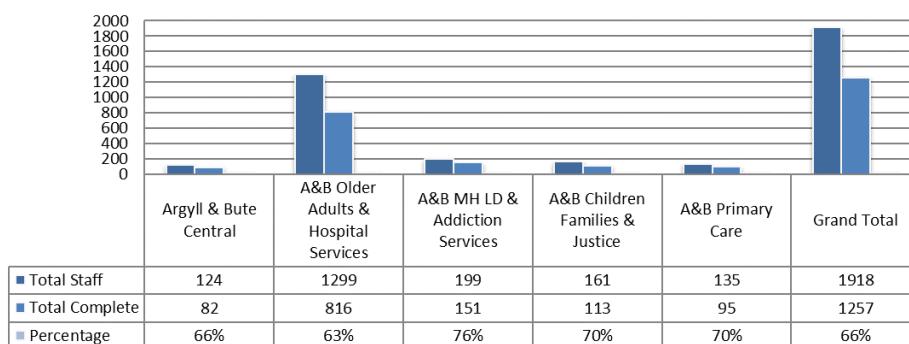
Jo McDill, HR&OD Officer, Argyll and Bute Council hr-hscp@argyll-bute.gov.uk
 Geraldine Collier, People Partner, NHS Highland geraldine.collier@nhs.scot

Appendix 1a – Argyll & Bute HSCP Performance Compliance Data – Ongoing

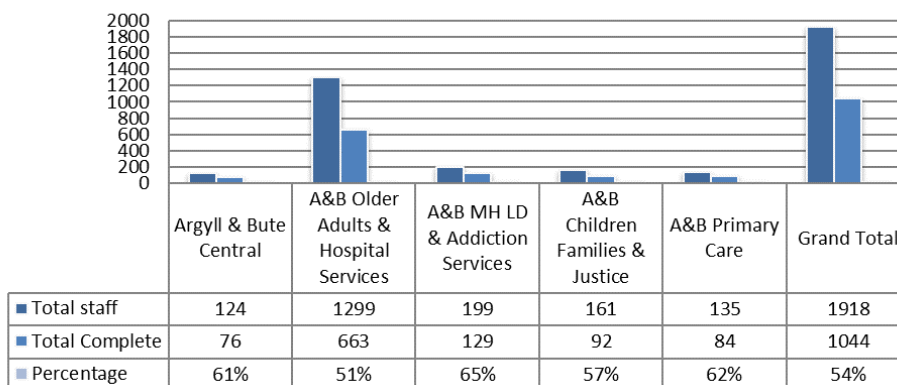
Monthly compliance data for each area can be access on intranet ([click here](#)).

The charts below show the A&B HSCP compliance percentage at the end of December 2022.

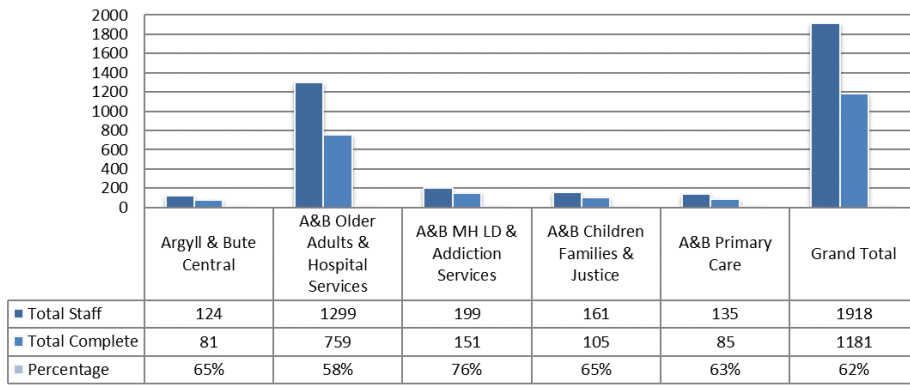
Equality and Diversity



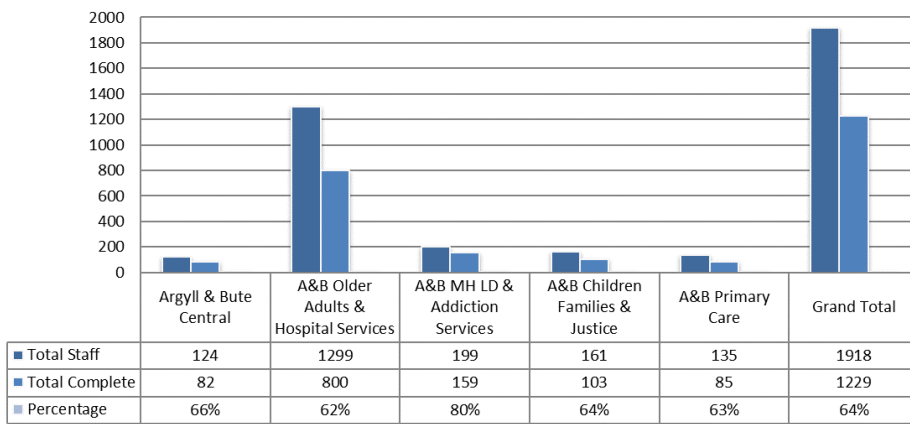
Fire Safety



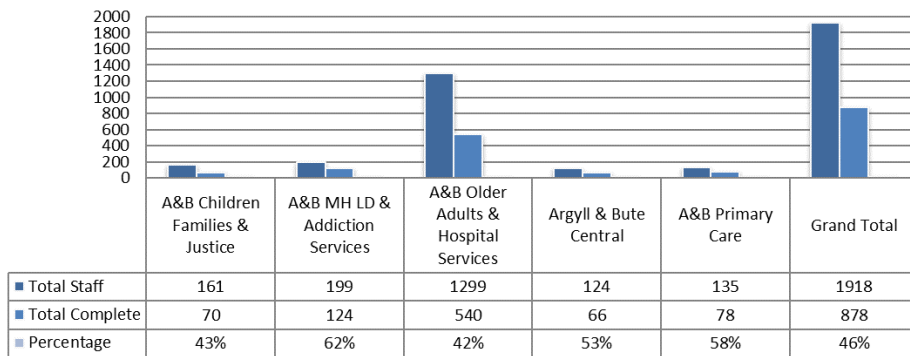
Safe Information Handling - Foundation



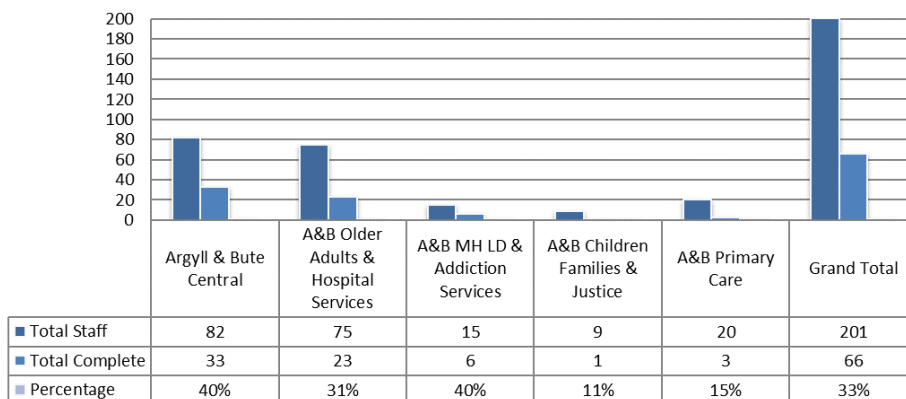
Moving and Handling - Module (A)



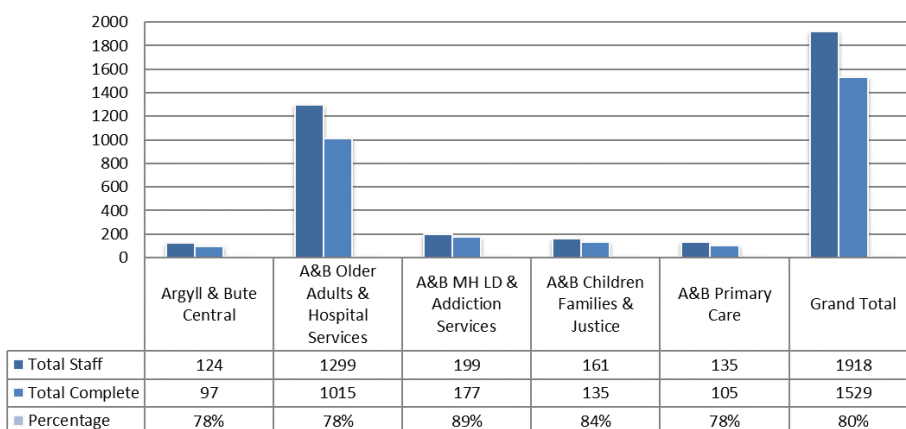
Public Protection: Everyone's Responsibility



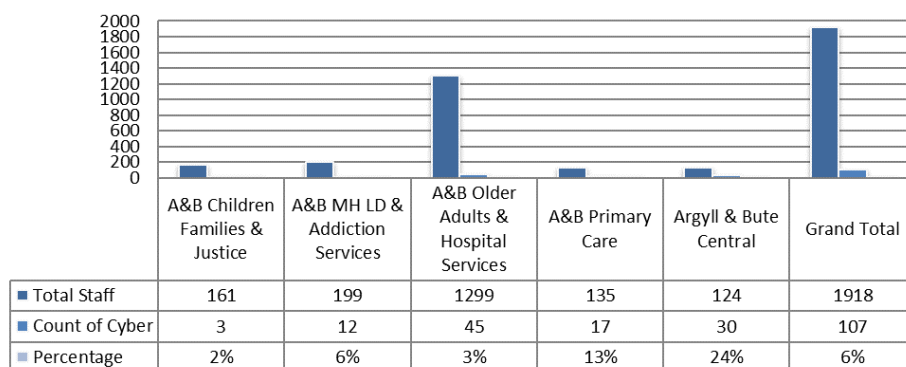
Violence and Aggression (Non-Clinical - for Admin Roles only)



Why Infection Prevention and Control Matters



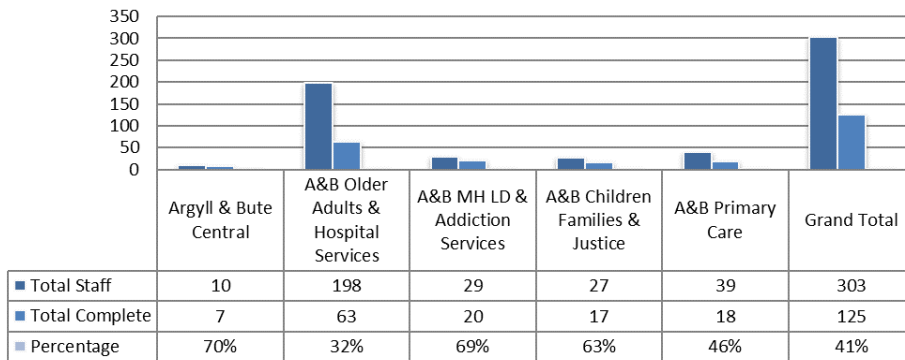
Cyber Security : Top Tips for Staff



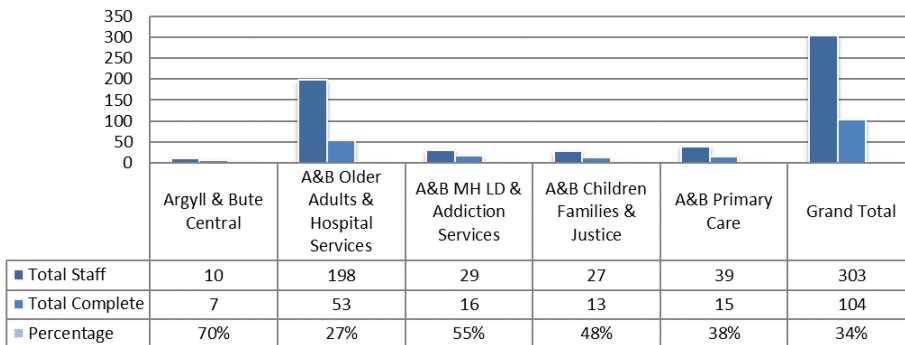
Monthly compliance data for new starts in each area can also be accessed von intranet ([click here](#)). The new start information is included in the ongoing tables but this allows a more focused overview of the induction process.

Appendix 1b – Argyll & Bute HSCP Corporate and Local Induction Data

Corporate Induction



Local Induction

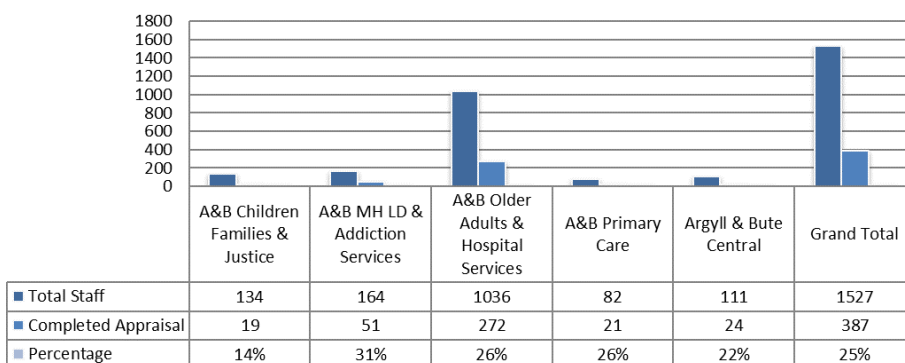


Appendix 2 – Argyll & Bute HSCP Staff Appraisal Data

Monthly appraisal performance data for each area can be access via monthly reports published on intranet ([click here](#)).

The chart below shows the completed appraisal within last 12 months at the end of December 2022.

Annual Review Process (AfC Employees only)



Appendix 3 – Vacancies

NHS Vacancies

	October		November		December	
	New	Re-Ad	New	Re-Ad	New	Re-Ad
Adult Services EAST	10	11	18	26	4	12
Adult Services WEST	26	39	32	11	23	27
Children & Families	1	8	5	2	1	4
Corporate Services	0	0	2	2	2	0
Primary Care	1	3	7	1	1	2
Totals	38	61	64	42	31	45
	99		106		76	
Q3 2021 (comparison)	81		83		84	

Council Vacancies

The breakdown of Council vacancies for Q3 is detailed in the table below.

	Oct 22		Nov 22		Dec 22	
	Internal/RF	External	Internal/RF	External	Internal/RF	External
Adult Services – Health & Community Care	5	13		11	3	14
Adult Services – Acute & Complex		5	1	8	4	1
Children, Families and Justice	3	6	6	8	1	9
Strategy P&P		1				
HSCP PL3 DIRECTORATE		1				
	8	26	7	27	8	24
Totals	34 (Temp 10) (Perm 24)		34 (Temp 11) (Perm 23)		32 (Temp 12) (Perm 20)	
Q3 2021 (comparison)	26		36		31	

Appendix 4 - Face to Face Stat Man training Health & Safety Q3 2022

Prevention of Violence & Aggression

Module	Number delivered	Staff attended
October 2022		
Half day refresher	2	8
V&A 1 day induction	2	13
Enhanced T/B for ward A&E	1	4
V&A MH restraint (3 day)		
V&A MH restraint (4 day)	1	8
November 2022		
Half day refresher	2	11
V&A 1 day induction	3	23
Enhanced T/B for ward/A&E	2	10
V&A MH restraint (3 day)	1	6
December 2022		
Half day refresher		
V&A 1 day induction		
Enhanced T/B for ward/A&E		
V&A MH restraint (3 day)		

Fire safety.

Module	Number delivered	Staff Attended
October 2022		
Fire		
Hospital Specific (OLI)	4	20
Hospital Specific (Campbeltown)	4	45
Hospital Specific (Islay)	6	35
Maternity Specific (Vic)	1	6
November 2022		
Fire		
Theatre Specific (OLI)	1	14
Estates Specific	1	20
ASC Care Home Specific (EG)	4	30
ASC Care Home Specific (SL)	3	16
December 2022		
Fire		
Nil return		
Totals	24	186

Moving & Handling

Module	Number delivered	Staff attended
October 2022		
Module B-F (Induction)	1	2
Module B (minimal people handling induction)	1	1
Competency Assessment (Update 1.5hr session)	5	5
November 2022		
2x Competency Assessment Session (CA) and 1 Inanimate Load Update (Module B)	0	0
Module B-F	3	12
Keyworker support/visit	1	1
Module B-C	1	1
Competency Assessment	2	5
Inanimate Load Update (Module B)	0	0
Module B-E (Team specific)	1	4
December		
Module B-F	0	0
Competency Assessment	0	0
Inanimate Load Update (Module B)	0	0

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Argyll & Bute Integration Joint Board Committee Terms of Reference

Document control

Title	IJB Committee Terms of Reference
Author	Charlotte Craig
Creation date	May 2020
Date of version	May 2022

Version history

Version	Comments
V2.0	Approved at May IJB
V2.1	Updated CSWO role and reflect staff changes
V2.2	Update to the general provisions reflect the committee/group requirement to report annually to the IJB Updated Terms of Reference for the Strategic Planning Group
V2.3	Update to job titles of professional advisory, members and addition of a cover page.
V2.4	Update to Clinical and Care Governance Committee responsibilities for performance, remove current committee membership to separate document, update job titles.

IJB Membership

The role and constitution of IJB is established through legislation. The voting membership is:

- a. NHS Highland : 4 members of the NHS Highland Health Board
- b. Council: 4 Elected members of the Council nominated by the Council

The term of office of the Chair and the Vice Chair will be a period of two years. NHS Highland and the Council will appoint one of their four representatives to act as Chair/Vice Chair on a two year rotating basis.

The Chief Officer and Chief Financial Officer shall attend Committee meetings in their capacity of advisers and not as members of the Committees.

The decision making structure whereby the committees of the IJB have Terms of Reference agreed by the IJB include the Clinical and Care Governance Committee, Audit and Risk Committee and Finance and Policy Committee.

The act makes provision for a Strategic Planning Group for the development and delivery of the Strategic Plan. Argyll & Bute IJB have approved a Locality Planning Group model to engage on local planning.

1.1. Clinical and Care Governance Committee Membership

The Committee will consist of not less than 6 members, being IJB representatives, officers, stakeholders and professional advisers. The IJB shall appoint IJB representatives to the Committee, appropriate officer representation will be co-ordinated by the Chief Officer.

Role	Membership
Chair IJB Member (Council or NHS)	Member
Vice Chair IJB Member (Council or NHS)	Member
IJB Member	Member
IJB Member	Member
Chief Officer	Member
Deputy Medical Director	Member
Associate Director Public Health	Member
Head of Primary Care	Member
Associate Director of Nursing	Member
Head of Children & Families & Justice/CSWO	Member
Associate Director AHP	Member
Associate Director Pharmacy	Member
Head(s) of Adult Services	Member

Head(s) of Adult Services	Member
Clinical Governance Manager	Attendee (required)
Staffside Representative	Member
Locality Staff attend as required	Attendee
Carer/public representatives	Member

1.2. Audit and Risk Committee Membership

Audit and Risk Committee consists of six members of the IJB (minimum two voting members - one from NHS Highland and one from the Council)

The Chair and Vice-Chair of the IJB Audit and Risk Committee will be appointed by the IJB for a two-year term. Neither may be Chair or Vice-Chair of the IJB.

Other persons may participate in meetings by invitation of the Chair.

Role	Membership
Chair IJB Member	Member
Vice Chair IJB Member	Member
IJB Member	Member
IJB Member	Member
IJB Member	Member
IJB Member (professional advisory)	Member
Chief Officer	Attendee (required)
Chief Finance Officer	Attendee (required)
External Auditor	Attendee (required)
Internal Auditor	Attendee (required)
Officers attend as required	Attendee

1.3. Finance and Policy Committee Membership

The Committee will consist of not less than 8 members, being IJB representatives, officers, stakeholders and professional advisers. The IJB shall appoint IJB representatives to the Committee, appropriate officer representation will be co-ordinated by the Chief Officer.

Role	Membership
Chair, Integrated Joint Board	Member
Vice - Chair, Integrated Joint Board	Member
IJB Member	Member
IJB Member	Member
IJB Member	Member
IJB Member	Member
Professional Advisory Group Representative	Member

Chief Officer	Attendee (required)
Chief Finance Officer	Attendee (required)
Staffside	Attendee (required)
Officers attend as directed	Attendee

1.4. Strategic Planning Group Membership

The Strategic Planning Group is established according to Section 32 of the Public Bodies (Joint Working) (Scotland) Act 2014 and will report to the full IJB Board as required.

Role	Membership
Chair	Member
Co-Chair (IJB Member)	Member
IJB Member (carers)	Member
IJB Member	Member
IJB Member	Member
Chief Officer	Member
Chief Financial Officer	Member
Deputy Medical Director	Member
Associate Director Public Health	Member
Head of Primary Care	Member
Associate Director of Nursing	Member
Head of Children & Families & Justice/CSWO	Member
Associate Director of AHP	Member
Associate Director Pharmacy	Member
Head(s) of Adult Services	Member
Staffside Representative	Member
Senior Service Planning Manager	Member
Housing (Council and other)	Member
Third Sector (TSI CEO + 1)	Member
Carers Act Implementation Officer	Member
Independent Sector	Member
Officers attend as required	Attendee

Locality Planning Groups Membership

Locality Planning Groups (x4)		
Role	Current	Membership
Chair	<ul style="list-style-type: none"> Area Manager 	<ul style="list-style-type: none"> Member
Co-Chair	<ul style="list-style-type: none"> Other than HSCP staff 	<ul style="list-style-type: none"> Member
Community Members (2)	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Member
Carers (2)	<ul style="list-style-type: none"> To be recruited 	<ul style="list-style-type: none"> Member
Third Sector	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Member
Independent Sector	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Member
Primary Care	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Member
Housing	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Member
Education	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Member
Community Council (2)	<ul style="list-style-type: none"> To be recruited 	<ul style="list-style-type: none"> Additional Members Argyll & Bute (not statutory)
Elected members	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Additional Members Argyll & Bute (not statutory)

2. GENERAL PROVISIONS REGULATING MEMBERSHIP

Members of the IJB subscribe to and comply with the Standing Orders and Code of Conduct and the appointed Standards Officer is responsible for advising and guiding members of the Board on issues of conduct and propriety. A register of interests is in place for all Board members and senior officers.

The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within the Integration Scheme, Standing Orders and Financial Regulations; these are subject to regular review.

The Committees will report directly to IJB regularly and annually on a formal basis and will provide clear, robust, accurate and timely information on the quality of service performance.

2.1. Appointments

The IJB will make all appointments to the Committees including the appointment of the Chair and Vice-Chair of the Committees.

2.2. Chair and Vice-Chair

2.2.1. The Chair and Vice-Chair of the Committees will be members of the IJB appointed from those members appointed to the Committees;

2.2.2. The appointment of Chair and Vice-Chair will be for a two year term.

2.3. Quorum

2.3.1. Three members of the Audit & Risk Committee and the Finance & Policy Committee, one from each partner body and one other, shall constitute a quorum, with at least one of the members being Chair or Vice-Chair.

2.3.2. The Clinical & Governance Committee and Strategic Planning Group will require one third of their membership with at least one member from each partner body.

2.3.3. Ordinary Committee members (i.e. other than the Chair/Vice-Chair) may nominate deputies to attend meetings to ensure meetings are quorate, this will only be permitted with prior agreement by the Chair.

2.3.4. No business shall be transacted unless this minimum number of members is present. For the purposes of determining whether a meeting is quorate, members attending by video or audio link will be determined to be in attendance.

2.4. Frequency of Meetings

2.4.1. The Committees will meet on a frequency to be determined by IJB, on dates to be specified in an annual programme of meetings, with meetings normally held at least quarterly in each financial year at a place and time as determined by each Committee.

2.4.2. The Chair of each Committee may at any time convene additional meetings or increase frequency of meetings to consider business, which may require urgent consideration.

2.5. In Attendance

2.5.1 Agendas will follow standard template which will cover all elements of the Committee's framework.

2.6. Sub-groups

2.6.1. The Committees may at their discretion set up working groups for specific tasks. Membership of working groups will be open to anyone whom the Committees consider will be able to assist in the task assigned. The working groups will report their findings and any recommendations to each Committee.

CLINICAL AND CARE GOVERNANCE COMMITTEE TERMS OF REFERENCE

1. REMIT

The Committee's framework will encompass the following responsibilities as detailed in paragraph 5.8 of the Integration Scheme.

Each of the four elements, listed below, will be

- 1.1. underpinned by mechanisms to measure quality, clinical and service effectiveness and sustainability. They will be compliant with statutory, legal and policy obligations strongly underpinned by human rights values and social justice. Service delivery will be evidence-based, underpinned by robust mechanisms to integrate professional education, research and development.
- 1.2. Measure the quality of integrated service delivery by measuring delivery of personal outcomes and seeking feedback from service users and/or carers;
- 1.3. Professional regulation and workforce development;
- 1.4. Information governance
- 1.5. Safety of integrated service delivery and personal outcomes and quality of registered services

The Committee will ensure that quality monitoring and governance arrangements are in place for safe and effective health and social care service delivery in Argyll and Bute. This will include the following:-

- 1.6 Compliance with professional codes, legislation, standards, guidance. Systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.

- 1.7 Effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.
- 1.8 Systems to support the structured, systematic monitoring, assessment and management of risk's-ordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.
- 1.9 Improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- 1.10 Mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services.
- 1.11 Planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.
- 1.12 To provide assurance to the Integrated Joint Board that systems, processes and procedures are in place and are delivering effective clinical and care governance throughout Argyll and Bute.

This will include the following:

- 1.13 To develop and monitor clinical and care assurance systems to regulate the quality and safety of health and care services
- 1.14 To monitor implementation of Care Inspectorate and NHS Healthcare Improvement Scotland clinical standards and other external review body standards and guidelines – such as Mental Welfare Commission, SPSO etc.
- 1.15 To oversee self-evaluation and preparation for joint inspections and to oversee local implementation of recommendations following review
- 1.16 To oversee the review all incidents to identify trends, to take appropriate action and disseminate lessons learnt across Argyll and Bute (and NHS Highland where appropriate)

- 1.17 To oversee the review of all feedback, including complaints and compliments, to ensure proper management, identify trends and disseminate lessons learnt across Argyll and Bute (and NHS Highland where appropriate)
- 1.18 To review Significant Adverse Event Review findings and ensure completion of resulting action plans Overseeing the development, agreement and review of clinical and care procedures, guidelines and protocols for delegated functions of the HSCP.
- 1.19 The NHSH Board governance structures should be utilised to ratify clinical policies, guidelines and protocols (e.g. the Area Drugs and Therapeutics Committee for policies relating to medicines, similarly the Council structures should be utilised for care procedures, guidelines and protocols where necessary to meet legal requirements).
- 1.20 To oversee the Clinical and Care Governance Risk Register and to ensure that risk management procedures are followed across Argyll and Bute to oversee the development of local risk registers and action plans.
- 1.21 To identify risks requiring attention and report to the IJB as required to ensure that professional standards are adhered to and that systems for governing regulatory requirements for professionals are in place as laid out in the professional Assurance Framework.
- 1.22 To oversee implementation of framework for professional supervision of clinical and care professionals working in Argyll and Bute to oversee the Clinical and Care Governance Risk Register and to ensure that risk management procedures are followed across Argyll and Bute
- 1.23 To oversee the development of local risk registers and action plans.
- 1.24 To identify risks requiring attention and report to the IJB as required to ensure that professional standards are adhered to and that systems for governing regulatory requirements for professionals are in place as laid out in the professional Assurance Framework.
- 1.25 To oversee implementation of framework for professional supervision of clinical and care professionals working in Argyll and But

AUDIT AND RISK COMMITTEE TERMS OF REFERENCE

REMIT

- 1.1. To agree the internal audit strategic plan, oversee and review action taken on internal audit recommendations.
- 1.2. To consider the External Auditor's Annual Audit Plan, Annual Letter, relevant reports, and the report to those charged with governance and other specific External Audit reports.
- 1.3. To comment on the scope and depth of External Audit work and to ensure it gives value for money.
- 1.4. To commission work from Internal, External Audit and third parties where appropriate.
- 1.5. To consider the performance of Internal and External Audit.
- 1.6. To facilitate training to support the role of Audit and Risk Committee Members.
- 1.7. To promote a culture of compliance within the IJB to ensure the highest standards of probity and public accountability.
- 1.8. To support best practice in the financial administration of the IJB.
- 1.9. To review the IJB's financial performance as contained in the Annual Performance Report, and to report annually to the IJB on the internal control environment.
- 1.10. There should be a least one meeting a year, or part thereof, where the Audit Committee meets the Internal and External Auditors separately from management.
- 1.11. The Committee will prepare an annual work plan setting out meeting dates for the financial year and anticipated internal audit, external audit, management reports and scrutiny topics expected to be covered at each meeting.
- 1.12. The Committee shall prepare an annual report to the IJB covering its activities and key findings each year. This report will be considered at the IJB meeting that agrees the External Auditor's annual audit letter.
- 1.13. To consider performance and inspection reports from internal audit, external audit and other relevant scrutiny bodies.

2 Regulatory Framework and Risk Management

- 2.1 To monitor and seek assurance with regard to risk management systems through the review of the effectiveness of risk control measures and corporate governance in the IJB.
- 2.2. To consider the IJB's compliance with its own and other published standards and controls.
- 2.3. To monitor the IJB's compliance with the Public Interest Disclosure Act and the Bribery Act in the discharge of its functions.

3 Financial Accounts and Governance

- 3.1 To examine the activities and accounts of the IJB and exercise a governance role over management efforts to ensure that:
 - (a) The expenditure approved by the IJB has been incurred for the purposes intended;
 - (b) Services are being provided efficiently and effectively;

- (c) Value for money is being obtained, all in accordance with Best Value requirements; and
 - (d) The IJB has appropriate information and advice available to them to make decisions.
- 3.2. To review the annual statement of accounts. Specifically to consider whether appropriate accounting policies have been followed and whether there are concerns arising from the financial statements or from the audit that need to be brought to the attention of the IJB;
 - 3.3. To oversee the production of the IJB's Governance and Internal Control Statement; and support the approach to Best Value.
 - 3.4. To consider the External Auditor's report to those charged with governance on issues arising from the audit of the accounts.

4 Performance Monitoring

- 4.1 To assess the effectiveness of the IJB's Performance Management Regime;
- 4.2 To commission specific reviews to be carried out where necessary;
- 4.3 To review Best Value arrangements and outcomes, with consideration of both external and internal Best Value reports, strategy/plans and outcomes from Best Value reviews; and
- 4.4 To review the impact of national performance reports from external bodies and consider their impact.

5 Scrutiny

In respect of its scrutiny function:

- 5.1 The committee defines scrutiny as the process of 'close and critical inquiry' and 'methodical examination' holding others to account through monitoring examination and questioning of decisions actions and performance for the purposes of improvement.
- 5.2 The committee shall undertake scrutiny reviews at the request of IJB;
- 5.3 The committee shall receive and undertake requests for scrutiny reviews submitted by any member of the IJB;
- 5.4 The committee shall itself determine how and when to exercise this function;
- 5.5 In exercising this function, the committee may call for any inquiry that it considers necessary and may call any individual or for any document or documents it considers relevant to any such investigation;

FINANCE AND POLICY COMMITTEE TERMS OF REFERENCE

REMIT

1. Financial Resources

- 1.1. To develop policy strategic objectives and priorities for recommendation to the IJB unless such matters are otherwise delegated.
- 1.2. To oversee the management of financial resources on a bi-monthly or as otherwise arranged by the IJB within general provisions before reporting to the Integration Joint Board.
- 1.3. To advise the Integration Joint Board on the Revenue Budget and requirements in Capital Planning from the partner bodies.
- 1.4. To review adjustments to Management budgets in so far as not delegated to officers within the terms of the financial regulations of the partner bodies and make recommendation to the Integration Joint Board for approval.
- 1.5. To consider and advise the Integration Joint Board on the monthly financial monitoring reports
- 1.6. To consider and advise the IJB on the medium term financial strategy
- 1.7. To advise the IJB on any financial recovery plan required as a result of an overspend.

2. Corporate Asset Management

To liaise with the Council and NHS Highland to ensure that the IJB's future corporate asset management requirements as determined by the Strategic Plan form part of the asset management plans for those parties.

3. Continuous Improvement

- a) To determine and implement the IJB's policies in relation to the achievement of Best Value.
- b) To consider Best Value Reviews from Services as appropriate.

Without prejudice to the duties and responsibilities and delegated authority of other Committees, to review the performance and effectiveness of all the Integration Joint Board's work and the standards and level of service provided, to review the need to retain existing services, and to co-ordinate where necessary all the matters referred to in this sub-paragraph in respect of the Committees and Services of the Integration Joint Board.

4. Transformation

- a) To review financial and policy impacts of Transformational proposals
- b) Oversight of the Service Transformation Board and formal reporting from workstreams

Strategic Planning Group Terms of Reference

1 STATUTORY REQUIREMENT

Section 32 of The Public Bodies (Joint Working) (Scotland) Act 2014 make provision for Integration Authorities to establish a Strategic Planning Group (SPG) for the development and delivery of the Strategic Plan.

The Strategic Planning Group also acts as the point of contact with Locality Planning Groups(LPG's) and subsequently reports LPG activity to the Integration Joint Board(IJB).

2 ROLE

2.1 The role of the Strategic Planning Group is to:

- Receive direction and feedback from the IJB in respect of development of the strategic plan and delivery of the objectives therein over the period of the plan.
- Prepare proposals for the Strategic Plan in regard to the integration delivery principles as described in section 31 of the Act:

The integration delivery principles are:

(a) that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users;

(b) that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible

(i) is integrated from the point of view of service-users;

(ii) takes account of the particular needs of different service-users;

(iii) takes account of the particular needs of service-users in different parts of the area in which the service is being provided:

(iv) takes account of the particular characteristics and circumstances of different service-users:

(v) respects the rights of service-users:

(vi) takes account of the dignity of service-users:

(vii) takes account of the participation by service-users in the community in which service-users live:

(viii) protects and improves the safety of service-users:

(ix) improves the quality of the service:

(x) is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look

after service-users and those who are involved in the provision of health or social care):

(xi) best anticipates needs and prevents them arising, and

(xii) makes the best use of the available facilities, people and other resources.

- set out the arrangements for the carrying out of the integration functions for the area of the IJB over the period of the plan;
- setting out how those arrangements are intended to achieve, or contribute to achieving, the national health and wellbeing outcomes, and including such other material as the integration authority thinks fit.

3. REMIT

3.1 The remit of the Strategic Planning Group is directed by the Integrated Joint Board to development and review of the Health & Social Care Partnership Strategic Plan ensuring the alignment of service strategies. The SPG requires to:

- review detailed business cases and change plans on behalf of the IJB
- communicate to the IJB that there's been appropriate discussion and engagement (in line with statutory responsibilities)
- provide a forum for discussion of emerging themes and initiatives that arise following the completion of your strategic plan
- collaborate on the production of future strategic plans
- oversee the delivery of the strategic plan on behalf of the IJB
- Seek the views of the Strategic Planning Group on the proposals;
- Provide the draft plans for consultation;
- Take note of and act upon national policy, guidance, objectives and feedback from the Scottish Government;
- Be responsible for in depth scrutiny on behalf of the IJB and monitoring of progress and performance against the strategic priorities and National Health and Wellbeing Outcomes (NHWBO);
- Review the strategic plan annually and monitor progress via production of the Annual Performance Report;
- Ensure there is a process in place to produce a new strategic plan on a 3 yearly cycle, taking cognisance of any updated Scottish Government guidance;
- Provide a view on significant service developments which could impact on the delivery of the strategic plan;
- Is responsible for ensuring Locality Planning Groups produce locality plans which meet local needs and align to the Strategic Plan.

3.2 Strategic Commissioning Planning Role

- A strategic commissioning plan must set out the arrangements for carrying out the integration functions in the Local Authority area over the period of the Strategic Plan. The area must be divided into a minimum of two localities for this purpose, and the arrangements for each locality must be set out separately.
- A strategic commissioning plan must also set out the way in which the arrangements for carrying out the functions are intended to achieve or contribute towards achieving the national health and wellbeing outcomes.
- The strategic commissioning plan should ensure correlation with other local policy directions as outlines in, for instance, Single Outcome Agreements, NHS Local Delivery Plans, Housing Strategies, NHS Clinical Strategies, community plans and other local corporate plans.

3.3 Locality Planning Groups

- The Strategic Planning Group has a governance role with respect to the Locality Planning Groups and their alignment with the Strategic Plan objectives and the planning “architecture”.
- The Strategic Planning Group will assess Locality Action Plans against the progress of the Strategic Plan.

4 Accountability

- Act as a Reference Group to the Integration Joint Board (IJB) and is accountable to the IJB.

5 Membership

The Act further stipulates the membership of the SPG as extracted below, the role and current membership of the Strategic Planning Group is contained in appendix 1.

- Users of health care
- Carers of users of health care
- Commercial providers of health care
- Non-commercial providers of health care
- Health Professionals
- Social Care Professionals
- Users of social care
- Carers of users of social care
- Commercial providers of social care
- Non-commercial providers of social care
- Non-commercial providers of social housing
- Third sector bodies carrying out activities related to health or social care

Appendix 1 FOR INFORMATION

Locality Planning Group Terms of Reference

ROLE OF MEMBERS

- Contribute to relevant local, regional and national consultation responses or events, sharing local experience
- Link local engagement mechanisms with wider stakeholders within their locality to be assured that the community voice can influence locality and strategic planning,
- Share experiences and learning with other locality planning groups in order to shape locality plans and improve joined up working across the wider HSCP.
- Participate in required learning opportunities to maximise individual member contributions
- Develop mechanisms to better understand local need including inequalities, making use of all relevant and available quantitative and qualitative data in relation to their local priorities.

Each member will preside for a 2 year period. If neither chair or vice chair are present the full group will appoint a temporary replacement

FREQUENCY

A minimum of 4 times per year.

QUORUM

Fifty percent of all members should be in attendance.

AGENDA & PAPERS

The agenda and papers for meetings will be issued one week prior to each meeting.

ADMINISTRATION

Recording of meeting activity will be in action note format, disseminated to attendees for agreement and ratification within 2 weeks following the meeting date.

LOCATION

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

TRANSPORT COSTS

Volunteer members will have transport costs reimbursed. Please see the NHS Highland volunteer policy for more information.



Integration Joint Board

Agenda Item:

Date of Meeting: 25 January 2023

Title: 2023/24 Social Work Fees and Charges

Presented by: Lorna Jordan

The board is asked to:

- Review and endorse the appended 2023/24 Social Work Fees and Charges proposals so that the proposals can be submitted to Argyll and Bute Council for ratification at its 2023/24 budget meeting.

1. EXECUTIVE SUMMARY

- 1.1 This report provides details of the proposed annual Social Work Fees and Charges uplifts for 2023/24. In accordance with normal practice, a standard uplift percentage has been applied to all of the department's fees and charges with several exceptions which are explained in the detail of the report. A standard rate of 6% has been applied for 2023 to partly reflect the current increased level of cost inflation whilst providing a buffer for service users from the latest actual inflation rate which is 11.1% - Consumer Price Inflation (CPI) for the 12 months to October 2022.
- 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 2023/24 budget meeting to seek ratification for their implementation from April 2023.
- 1.3 All Social Work Fees and Charges are included within this report with the exception of Kintyre Care Centre which is being evaluated and will follow at a later date.

2. INTRODUCTION

- 2.1 This report sets out the schedule of proposed fees and charges for Social Work services for the 2023/24 financial year. The detailed list of proposed charges, including the 2022/23 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 2023/24 after the application of a 6% 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 6% 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 2023/24 which takes account of a number of inflationary assumptions across the range of costs incurred by the homes. The overall uplift for 2023/24 is 10%.

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 £29,750 (threshold as at 2022/23). As at 5 December 2022, there are 14 self-funding clients out of 60 residents in the HSCP's care homes (equivalent to 23% of the current residents). The majority of residents, 77% 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.

The charges for Kintyre Care Centre are being evaluated and will follow at a later date once the transfer of the service to the HSCP is completed.

3.2.2 Sleepovers

The sleepover charge is based on an estimated basic pay rate which reflects the £0.40 per hour uplift to the minimum pay rate for staff working in adult social care as notified by the Scottish Government in their Budget Announcement in December. Please note that this rate is an estimate and actual rates may differ. Additionally, the rate has been adjusted to reflect the 1.25% decrease in Employer's National Insurance Contributions following the decision to reverse this from November 2022. The overall increase in the sleepover rate is 6%.

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 are also impacted by inflation on non-pay costs in line with the Consumer Price Index. The overall increase in these charges is 9%.

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 2023/24 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 2023/24 budget meeting ahead of implementation of the new rates from April 2023.

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 2023/24 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 2023/24. 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 2023/24 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	

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APPENDIX 1 – 2023/24 SCHEDULE OF PROPOSED FEES AND CHARGES FOR SOCIAL WORK SERVICES

Description	Other	2022-23				2023-24				Increase		Notes/Comments
		Net £	VAT Rate	VAT £	Gross £	Net £	VAT Rate	VAT £	Gross £	£	%	
SOCIAL WORK												
Local Authority Residential Care Provision (Community Care) Weekly Charge		1,514.67	Outwith the Scope	0.00	1,514.67	1,660.78	Outwith the Scope	0.00	1,660.78	146.11	10%	
Non - Residential Services - Lunch Clubs - per meal		4.80	Outwith the Scope	0.00	4.80	5.10	Outwith the Scope	0.00	5.10	0.30	6%	
Non - Residential Services - Telecare - Community Alarms - per week		5.75	Outwith the Scope	0.00	5.75	6.10	Outwith the Scope	0.00	6.10	0.35	6%	
Non - Residential Services - Telecare - Care Assist System - per week		4.90	Outwith the Scope	0.00	4.90	5.20	Outwith the Scope	0.00	5.20	0.30	6%	
Non - Residential Services - Telecare - Mobile Devices and Monitoring - per week		2.75	Outwith the Scope	0.00	2.75	2.90	Outwith the Scope	0.00	2.90	0.15	5%	
Non - Residential Services - Telecare - Canary System - per week		2.15	Outwith the Scope	0.00	2.15	2.25	Outwith the Scope	0.00	2.25	0.10	5%	
Non - Residential Services - Home Help - hourly rate		21.48	Outwith the Scope	0.00	21.48	23.40	Outwith the Scope	0.00	23.40	1.92	9%	Adjusted to reflect estimated changes in staff pay from April 2023.
Non - Residential Services - Housing Support - hourly rate		21.48	Outwith the Scope	0.00	21.48	23.40	Outwith the Scope	0.00	23.40	1.92	9%	Adjusted to reflect estimated changes in staff pay from April 2023.
Non - Residential Services - Employment Support - hourly rate		21.48	Outwith the Scope	0.00	21.48	23.40	Outwith the Scope	0.00	23.40	1.92	9%	Adjusted to reflect estimated changes in staff pay from April 2023.
Non - Residential Services -Sleepover Service - per night		119.88	Outwith the Scope	0.00	119.88	127.44	Outwith the Scope	0.00	127.44	7.56	6%	Adjusted to reflect estimated changes in staff pay from April 2023 and the 1.25% reduction in Employer's National Insurance Contributions from April 2023.
Non - Residential Services -Transport - per day		3.02	Outwith the Scope	0.00	3.02	3.20	Outwith the Scope	0.00	3.20	0.18	6%	Adjusted to be divisible by 2 to enable one-way charging
Non - Residential Services -Elderly Day Care - hourly rate		9.64	Outwith the Scope	0.00	9.64	10.20	Outwith the Scope	0.00	10.20	0.56	6%	Adjusted to be divisible by 4 to reflect quarter hour visits
Non - Residential Services -Learning Disability Resource Centre Service - hourly rate		25.48	Outwith the Scope	0.00	25.48	27.00	Outwith the Scope	0.00	27.00	1.52	6%	Adjusted to be divisible by 4 to reflect quarter hour visits
Provision of Occupational Therapy Consultation - Per assessment/consultation		267.23	Outwith the Scope	0.00	267.23	283.30	Outwith the Scope	0.00	283.30	16.07	6%	
Provision of Professional Services - Per Community Care Assessment/ Consultation		669.84	Outwith the Scope	0.00	669.84	710.00	Outwith the Scope	0.00	710.00	40.16	6%	
Provision of Professional Services - Full needs assessment only		508.55	Outwith the Scope	0.00	508.55	539.10	Outwith the Scope	0.00	539.10	30.55	6%	
Provision of Professional Services - Needs Review only		185.99	Outwith the Scope	0.00	185.99	197.10	Outwith the Scope	0.00	197.10	11.11	6%	

Description	Other	2022-23				2023-24				Increase		Notes/Comments
		Net £	VAT Rate	VAT £	Gross £	Net £	VAT Rate	VAT £	Gross £	£	%	
SOCIAL WORK												
Children & Families - Local Authority Residential Care Provision: Dunclotha (weekly charge)		2,158.13	Outwith the Scope	0.00	2,158.13	2,285.08	Outwith the Scope	0.00	2,285.08	126.95	6%	Charge levied to other HSCPs/Councils buying places from Argyll and Bute.
Children & Families - Local Authority Residential Care Provision: Shellach View (weekly Charge)		2,126.74	Outwith the Scope	0.00	2,126.74	2,300.88	Outwith the Scope	0.00	2,300.88	174.14	8%	Charge levied to other HSCPs/Councils buying places from Argyll and Bute.
Children & Families - Local Authority Residential Care Provision: Helensburgh (weekly Charge)		2,083.95	Outwith the Scope	0.00	2,083.95	2,223.04	Outwith the Scope	0.00	2,223.04	139.09	7%	Charge levied to other HSCPs/Councils buying places from Argyll and Bute.
Children & Families - Other Charges - Inter Country Adoptions		7,021.38	Outwith the Scope	0.00	7,021.38	7,442.70	Outwith the Scope	0.00	7,442.70	421.32	6%	
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		24.00	Exempt	0.00	24.00	25.45	Exempt	0.00	25.45	1.45	6%	
Hostel Charges - Room hire - children's hearing - Full day		40.05	Exempt	0.00	40.05	42.45	Exempt	0.00	42.45	2.40	6%	
Hostel Charges - Room hire - half day		40.05	Exempt	0.00	40.05	42.45	Exempt	0.00	42.45	2.40	6%	
Hostel Charges - Room hire - full day		72.05	Exempt	0.00	72.05	76.35	Exempt	0.00	76.35	4.30	6%	
Hostel Charges - Catering: Tea, Coffee and Biscuits		2.92	Standard	0.58	3.50	3.08	Standard	0.62	3.70	0.20	6%	
Hostel Charges - Catering: Soup and Sandwiches		5.71	Standard	1.14	6.85	6.04	Standard	1.21	7.25	0.40	6%	
Hostel Charges - Catering: Lunch (2 course with coffee)		8.71	Standard	1.74	10.45	9.25	Standard	1.85	11.10	0.65	6%	
Hostel Charges - accommodation - Argyll & Bute Council - Bed & Breakfast		33.38	Standard	6.68	40.05	35.38	Standard	7.08	42.45	2.40	6%	
Hostel Charges - accommodation - Argyll & Bute Council - Half Board		46.83	Standard	9.37	56.20	49.63	Standard	9.93	59.55	3.35	6%	
Hostel Charges - accommodation - Other Groups - Bed & Breakfast		33.38	Standard	6.68	40.05	35.38	Standard	7.08	42.45	2.40	6%	
Hostel Charges - accommodation - Other Groups - Half Board		46.83	Standard	9.37	56.20	49.63	Standard	9.93	59.55	3.35	6%	
Hostel Charges - accommodation - Other Groups - Full Board		53.42	Standard	10.68	64.10	56.63	Standard	11.33	67.95	3.85	6%	



Integration Joint Board

Date of Meeting: 25 January 2023

Title of Report: Directions Policy

Presented by: Charlotte Craig

The Integration Joint Board is asked to:

- Approve the Directions Policy
- Approve the direction to partners to implement the policy

1. EXECUTIVE SUMMARY

In November 2022 the IJB was internally audited on its use of Directions resulting in the following recommendations to strengthen the control and governance environment. These are summarised below:

- A Directions Policy should be prepared and submitted to the IJB Committee for approval and subsequent implementation.
- A process should be put in place to monitor progress in implementing directions and this information should be used to update the Directions Log. A unique reference number field should also be added to the Log.
- Performance reports submitted to IJB Committee meetings should include a summary of directions issued and the progress made towards implementing the content of those directions.

This policy outlines the guidance for directions as prescribed by the Scottish Government and appendices the procedure and directions template. Action has been taken to update the referencing and monitoring of the directions for the board.

Link to guidance:

[Directions from integration authorities to health boards and local authorities: statutory guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/statutory-guidance/pages/2019-01-22-directions-from-integration-authorities-to-health-boards-and-local-authorities.aspx)

2. INTRODUCTION

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to develop a strategic plan, also known as a strategic commissioning plan, for integrated functions and budgets under their control. Integration Authorities require a mechanism to action their strategic commissioning plans and this is laid out in sections 26-28 of the Act. This mechanism takes the form of binding directions from the Integration Authority

to one or both of the Health Board and Local Authority. Directions are also the means by which a record is maintained of which body decided what and with what advice, which body is responsible for what, and which body should be audited for what, whether in financial or decision making terms.

3. DETAIL OF REPORT

Directions are a legal mechanism and are intended to clarify responsibilities and requirements between partners, that is, between the IJB, the Local Authority and the Health Board. They are the means via which clarity on decision making is achieved under integration. Directions are therefore both a necessary and important aspect of governance under integration, providing a means by which responsibilities are made clear and evident.

As a legal requirement, the use of directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory. How local systems are using them will be subject to internal and external audit and scrutiny. At the time of publishing this guidance, practice is evidently variable and needs to be improved, with any impediments overcome jointly by partners using a collaborative approach that properly acknowledges the roles of the different partners.

This policy supports guidance for the IJB, professional advisors to the IJB and partners as to when legally binding directions should be used and are appropriate.

Directions are the end point of a process of a consultation of change and should not contain anything surprising or unknown about service change or redesign that enable change.

A key aspect of the policy is that it reflects guidance on what should be done, the implementation of the policy requires that partners engage in the consultative and developmental process which identifies the direction required.

4. RELEVANT DATA AND INDICATORS

Reporting on Directions issued and their implementation will be reported to the IJB on a 6 monthly basis.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Directions are a key tool in ensuring partners are aware of their responsibilities in the delivery of the Strategic Plan. The policy links to formal guidance that notes Directions are not optional for IJB's.

6. GOVERNANCE IMPLICATIONS

Directions strengthen the control and governance of decision making.

7. PROFESSIONAL ADVISORY

This policy is a result of internal audit and a summary review of guidance and best practice.

8. EQUALITY & DIVERSITY IMPLICATIONS

In line with support of an equal opportunities approach through the support of good governance in decision making.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Directions are subject to GDPR compliance.

10. RISK ASSESSMENT

Good governance in decision making reduces risk across strategic risks.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

This recommendation is from internal audit reviewed at the IJB Audit and Risk Committee.

12. CONCLUSIONS

The IJB is asked to support the approval of the Directions Policy and the approval of the implementation of the policy across the partnership.

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	x

REPORT AUTHOR AND CONTACT

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Appendix 1 Directions Policy Direction

Reference Number	<i>[25/01/2023 / TBC on approval]</i>
Date direction approved by IJB	25/01/2023
Date from which direction takes effect	26/01/2023
Direction to	Argyll & Bute Council and NHS Highland Health Board
Does this supersede, revise or revoke a previous direction?	No
Functions covered by direction	All functions delegated to the IJB
Full text of direction	A direction shall be issued to Argyll and Bute Council and NHS Highland Board requiring them to participate in and implement the terms of the Argyll and Bute Integration Joint Board's Directions Policy to facilitate the delivery of the Strategic and Commissioning plans of the IJB.
Budget allocated by IJB to carry out direction	Not required for this direction as relates to all functions.
Performance Monitoring Arrangements	Reported to the Integrated Joint Board not less than six monthly or as required.
Date direction will be reviewed	January 2025 or on change of legislation.



Directions Policy

Argyll & Bute Integration Joint Board

Document control

Title	IJB Directions Policy
Author	Charlotte Craig
Creation date	January 2023
Date of version	January 2023
Review	January 2025/updated legislation

Version history

Version	Comments
V0.1	Draft version for approval

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Introduction

In November 2022 The IJB was internally audited on its use of Directions resulting in the following recommendations to strengthen the control and governance environment. These are summarised below:

- A Directions Policy should be prepared and submitted to the IJB Committee for approval and subsequent implementation.
- A process should be put in place to monitor progress in implementing directions and this information should be used to update the Directions Log. A unique reference number field should also be added to the Log.
- Performance reports submitted to IJB Committee meetings should include a summary of directions issued and the progress made towards implementing the content of those directions.

This policy outlines the guidance for directions as prescribed by the Scottish Government and appendices the procedure and directions template. Action has been taken to update the referencing and monitoring of the directions for the board.

Background

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to develop a strategic plan, also known as a strategic commissioning plan, for integrated functions and budgets under their control. Integration Authorities require a mechanism to action their strategic commissioning plans and this is laid out in sections 26-28 of the Act. This mechanism takes the form of binding directions from the Integration Authority to one or both of the Health Board and Local Authority. Directions are also the means by which a record is maintained of which body decided what and with what advice, which body is responsible for what, and which body should be audited for what, whether in financial or decision making terms.

Put simply, directions are the means by which an IJB tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan.

Directions are also the legal basis on which the Health Board and the Local Authority deliver services that are under the control of the IJB. If directions are not being provided or they lack sufficient detail, Health Boards and Local Authorities should be actively seeking directions in order to properly discharge their statutory duties under the Act

Statutory Guidance is available from the Scottish Government on Directions from integration authorities to health boards and local authorities published on 27 January 2020:

[Directions from integration authorities to health boards and local authorities: statutory guidance - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Purpose

Directions are a legal mechanism and are intended to clarify responsibilities and requirements between partners, that is, between the IJB, the Local Authority and the Health Board. They are the means via which clarity on decision making is achieved under integration. Directions are therefore both a necessary and important aspect of governance under integration, providing a means by which responsibilities are made clear and evident.

As a legal requirement, the use of directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory. How local systems are using them will be subject to internal and external audit and scrutiny. At the time of publishing this guidance, practice is evidently variable and needs to be improved, with any impediments overcome jointly by partners using a collaborative approach that properly acknowledges the roles of the different partners.

When should a Direction be issued

Directions should not be issued unnecessarily and should be proportionate. A direction should always be prompted by a decision made by the IJB accompanied by a supporting report. This policy is in place to support the Argyll & Bute IJB to consider when a direction should be issued and what it might include. The following might be considered when thinking about when a direction requires to be issued and what it might include:

- Scope and scale of the function
- Finance involved
- Scale and nature of change
- Those impacted by the change
 - Patients
 - People who use services
 - Carers
 - Local communities
 - Staff
 - Others

Process for issuing Directions

It is essential that directions are understood to be the ***end point*** of a process of decision making by the IJB. Directions should not contain surprising or completely unknown information about service change or redesign and should follow a period of wider engagement on the function(s) that are the subject of the direction. This would normally be part of the service planning and design phase of strategic commissioning.

Argyll & Bute Integrated Joint Board has supporting governance processes through its senior operational, Transformation and Strategic Planning Group terms of reference to ensure that Directions are the end point of a process of collaborative working.

While directions are not a means of launching unheard-of service change onto delivery partners in the Health Board and Local Authority, nor are they something that can be ignored by delivery partners in the Health Board and Local Authority.

Timescale for Delivery

Any direction issued by the IJB must meet all clinical and care governance requirements and standards to ensure patient safety and public protection as well as ensure staff and financial governance. Every IJB has senior professional, clinical and financial advisors as part of their core membership to provide scrutiny of these aspects and to provide assurance. This does not require to be remitted for additional checking through Local Authority or Health Board systems: Local Authorities and Health Boards should ensure that the professional and clinical advisors tasked to provide advice to IJBs are appropriately experienced and supported in their role.

Delivery against timescale will be monitored on a 6 monthly basis and reported directly to the IJB.

Form and Content of Directions

Directions must be in writing and should be sufficiently detailed to ensure the intention of the IJB is adequately captured and effectively communicated.

The direction should include information on the required delivery of the function, for example changing the model of care, as well as the financial resources that are available for carrying out the function.

The direction may specify in some detail what the Health Board, the Local Authority or both are to do in relation to carrying out a particular function.

Appendix 1 contains a template for guidance for a written Direction. Appendix 2 notes the process for issuing and revising directions.

Compliance with Directions

Directions are binding, which is why they come at the end point of a process of planning and decision making. The delivery partners are required to comply with all directions received from the IJB, and the law is clear that they may not amend, ignore, appeal or veto any direction. Neither the Local Authority nor the Health Board may use resources allocated via the Integration Authority in pursuit of a direction for any other purpose than that intended. This demands a mature and collaborative approach to the planning and delivery of change in health and social care services that delivers sustainability. **It is designed to help local partners improve quality and outcomes for local population.**

Appendix 1 Directions Template– Argyll & Bute HSCP

Day date time location

Reference Number	<i>Date of IJB Meeting [DD/MM/YY /001]</i>
Date direction approved by IJB	<i>To be completed once direction is formally approved</i>
Date from which direction takes effect	
Direction to	
Does this supersede, revise or revoke a previous direction?	<i>Yes/No (include detail of previous direction if applicable)</i>
Functions covered by direction	
Full text of direction	
Budget allocated by IJB to carry out direction	
Performance Monitoring Arrangements	
Date direction will be reviewed	

Appendix 2 Processing for issuing and revising Directions

Directions should be issued as soon as is practicable following their approval by the IJB.

A direction will remain in place until it is varied, revoked or superseded by a later direction in respect of the same functions. A log of all directions issued, revised, revoked and completed should be maintained, ensuring that it is checked for accuracy and kept up-to-date. This log should include, as a minimum,

- the function(s) covered, any identifier (such as a log number),
- date of issue,
- identify to which delivery partner(s) issued,
- any delivery issues and the total resource committed.

The log will be regularly monitored and reviewed by the IJB (at least six monthly) and used as part of performance management, including audit and scrutiny. This should include monitoring the implementation and/or status of directions that have been approved by the IJB.

Overly general or ambiguously worded directions will not be helpful to delivery partners in understanding what they have to deliver. They will also cause problems in identifying whether a direction has been progressed or completed and therefore need to remain on a log of directions indefinitely and be unable to be closed off. This should be avoided by issuing clear directions, thoughtfully constructed and capable of being monitored effectively with delivery timescales, milestones and outcomes.

To assist with monitoring and reviewing directions issued, the IJB will seek information from either the Health Board or the Local Authority, or both, about the delivery of a function that is the subject of a direction, including, but not exclusively, when issues are identified in implementation and delivery of a direction.

The Act does not set out fixed timescales for directions. This flexibility allows directions to ensure that the delivery of integrated health and social care functions is consistent with the strategic commissioning plan and takes account of any changes in local circumstances. In contrast with the strategic commissioning plan, there is therefore scope for directions to include detailed operational instructions in respect of particular functions.

A level of detail and specificity is highly desirable in directions, especially where a service is new or to be radically redesigned, or where a complex set of interdependent changes is planned.

Directions issued at the start of the financial year should subsequently be revised during the year in response to ongoing developments, including as a consequence of decisions made in year about service change by the IJB.

For example, should an overspend be forecast in either of the operational budgets for health or social care services delivered by the Health Board and Local Authority, the Chief Officer will need to agree a recovery plan to balance the overspending budget

(this must be done in line with the Integration Scheme, which will detail arrangements for managing the balance of any over or underspends, and statutory guidance for finance under integration). This may require an increase in payment to either the Health Board or Local Authority funded by either:

- Utilising underspend on the other part of the operational integrated budget to reduce the payment to that body; and/or
- Utilising the balance of the general fund, if available, of the Integration Joint Board.

A revision to the directions will be required in either case.

Multi-partnership co-ordination

Argyll & Bute IJB has been delegated all health and social care services across the lifespan and utilises an acute pathway to NHS Greater Glasgow and Clyde via a Service Level Agreement. As such it operates over multiple Health Board areas. It may also utilise specialise services in other health board areas based on needs of an individual or mutual aid.

Effective co-ordination arrangements between contiguous IJBs within a Health Board area is essential where directions for acute hospital care are under consideration. This will assist in effective planning for services that may be destabilised by conflicting or incompatible directions from different IJBs within the one area.

When unscheduled acute care is being planned, Chief Officers and their senior teams from across local partnerships should be meeting regularly in a joint forum with colleagues from the acute system. This will ensure effective co-ordination and collaboration across the multi-partnership area. This will also enable a joint plan to be developed that recognises the context, complexity or features relevant to each IJB. There may be other services and functions that also require this level of co-ordination.

Detailed directions will be necessary and particularly important where one Chief Officer is the lead for operational delivery of any given function on behalf of other Chief Officers, usually within the confines of a Health Board area and often referred to as “hosted services” or less often, lead partnership arrangements.

In such arrangements, all decisions about delegated functions still require to be made by constituent IJBs, whatever the operational delivery arrangements are in place for hosting services. Detailed directions will facilitate a feedback loop and IJBs should be seeking from the delivery partners any necessary information regarding progress with service change, investment or disinvestment. The issuing of more detailed directions will also be important for any other services not under the direct operational management of the Chief Officer.

In addition to officer level co-ordination, IJBs also require a degree of co-ordination in terms of governance and decision making when considering plans and therefore directions that span more than their area of jurisdiction. An IJB cannot delegate its responsibilities to another IJB or back to a Health Board or Local Authority. This, therefore, may be best managed by the same report being considered by each relevant IJB supplemented with any additional information or reflections required by

each to ensure very localised matters are taken account of. The sequencing and co-ordination of this will require the full support of relevant IJB Chief Officers and others.

It is essential in pursuing effective co-ordination and collaboration on operational arrangements for managing delegated services and functions through the Chief Officer that this is not conflated with the statutory duties of the IJB for governance, decision making and resource allocation.

IJBs should maintain active consideration of whether the effect of delivery partners carrying out any direction they propose to issue would have an undesirable impact on another IJB (and its population) or for the local health and social care system more broadly. A process of co-ordination and mitigation will be needed in circumstances where issues of this nature are identified.

Improving practice and summary of key actions

This guidance is intended to provide impetus to improving practice in the issuing of directions by the IJB and the implementation by Health Boards and Local Authorities, and to deliver the proposal made in the MSG review about providing statutory guidance on directions.

The importance of directions as a vital aspect of governance and accountability between partners cannot be overstated. The need to learn from and implement good practice is evident. Chief Officers, through their network, are well placed to facilitate the sharing of practice and are key to implementing this locally.

As practice develops further, the IJB should continue to develop and improve their practice in respect of issuing directions.

Local Authorities and Health Boards as the key delivery partners also need to accept and work with these new arrangements, and respond positively to direction issued to them, including the provision of any information regarding the delivery of a function that is the subject of a direction.

This guidance has been prepared as part of wider work to accelerate the pace and impact of integration. This can only be achieved by the partners working closely together, in mutual regard, and demonstrating a strong, shared commitment to integration through concerted action to deliver sustainable, and improved health and social care services, capable of delivering good outcomes for the people of Scotland.

Key actions identified throughout this guidance, which should be implemented as consistent practice include:

- A standard covering report format, which includes a brief section requiring the report author to decide and record if the report requires a direction to be issued to the Health Board, the local Authority or both, or that no direction is required.
- Directions should include detail on the required delivery of the function and financial resources.

- The content of a direction should be informed by the content of a report on the function(s) approved by the IJB and should be contained in the same report, using a standard format.
- Directions should be issued as soon as practicable following approval by the IJB, usually by the IJB Chief Officer to the Chief Executive of either the Health Board or the Local Authority, or both. Each in their role as accountable officers to the relevant statutory body.
- A log of all directions issued, revised, revoked and completed should be maintained. This log should be periodically reviewed by the IJB and used as part of performance management processes, including audit and scrutiny.

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