

NOTICE OF MEETING

A meeting of the **ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB)** will be held **BY MICROSOFT TEAMS** on **WEDNESDAY, 27 SEPTEMBER 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 - 8)
Argyll and Bute Integration Joint Board held on 30 August 2023
4. **MINUTES OF COMMITTEES**
 - (a) Argyll and Bute HSCP Strategic Planning Group held on 7 September 2023 (Pages 9 - 12)
 - (b) Argyll and Bute HSCP Audit and Risk Committee held on 19 September 2023 - to follow
5. **CHIEF OFFICER REPORT** (Pages 13 - 20)
Report by Chief Officer
6. **FINANCE**
Reports by Head of Finance and Transformation
 - (a) Budget Monitoring - 5 months to 31 August 2023 (Pages 21 - 34)
 - (b) Budget Outlook 2024-2027 (Pages 35 - 44)
7. **STRATEGIC RISK REGISTER REVIEW** (Pages 45 - 58)
Report by Head of Finance and Transformation
8. **HEALTH & SOCIAL CARE PARTNERSHIP- PERFORMANCE REPORT- FQ1 (APRIL - JUNE 2023/24)** (Pages 59 - 70)
Report by Head of Strategic Planning, Performance and Technology
9. **SPOTLIGHT ON PRIMARY CARE**
Presentation by Head of Primary Care
10. **CULTURE AND WELLBEING UPDATE** (Pages 71 - 78)
Report by People Partner

11. WHISTLEBLOWING

Reports by Director of People and Culture

(a) Whistleblowing Annual Report 2022/23 (Pages 79 - 92)

(b) Q1 Whistleblowing Report (Pages 93 - 106)

12. CHIEF SOCIAL WORK OFFICER REPORT 2022/23 (Pages 107 - 142)

Report by Chief Social Work Officer

13. ENGAGEMENT FRAMEWORK REFRESH (Pages 143 - 196)

Report by Associate Director of Public Health

14. DATE OF NEXT MEETING

Wednesday 29 November 2023 at 1pm By Microsoft Teams

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, 30 AUGUST 2023**

Present: Councillor Amanda Hampsey, Argyll and Bute Council (Chair)
Councillor Kieron Green, Argyll and Bute Council
Councillor Gary Mulvaney, Argyll and Bute Council
Councillor Dougie Philand, Argyll and Bute Council
Jean Boardman, NHS Highland Non-Executive Board Member
Graham Bell, NHS Highland Non-Executive Board Member (Vice Chair)
Susan Ringwood, NHS Highland Non-Executive Board Member
Gaener Rodger, NHS Highland Non-Executive Board Member

Attending: Gareth Adkins, Director of People and Culture, NHS Highland
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Fiona Davies, Chief Officer, Argyll and Bute HSCP
David Gibson, Head of Children and Families and Justice, Argyll and Bute HSCP
Kristin Gillies, Head of Strategic Planning and Performance, 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
Julie Hodges, Independent Sector Representative
John Lyons, Clinical Director – Dental, NHS Highland
Kenny Mathieson, Public Representative
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
Alison McGrory, Associate Director of Public Health, Argyll and Bute HSCP
Kevin McIntosh, Staffside Lead, Argyll and Bute HSCP (Council)
Kirstie Reid, Carers Representative, NHS Highland
Mandy Sheridan, Service Improvement Officer, Argyll and Bute HSCP
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface
Jillian Torrens, Head of Adult Care, Argyll and Bute HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Sarah Compton Bishop, Linda Currie, Angus MacTaggart, Betty Rhodick, Fiona Thompson, Geraldine Collier and Evan Beswick.

The Chair advised of the recent sad passing of Board Member John Stevens and made the following statement –

John came to the board as a representative of the chairs group for Argyll & Bute Carers Centres on our Strategic Planning Group. With his extensive experience of caring for family members and his support of carers and carers rights, he progressed to being one of our carers representatives on the Integration Joint Board.

John's professional background meant he not only brought the perspective of carers but supported the board in developing good practice.

John was a well-liked and respected member of our board and through his own kind, considerate and measured approach he demonstrated our values. He delivered both public service, leadership and was a compassionate and supportive colleague and friend. He will be much missed.

The Chair advised that condolences had been sent to John's family on behalf of the Integration Joint Board.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES

The Minutes of the meeting of the Argyll and Bute Integration Joint Board held on 31 May 2023 were approved as a correct record.

4. APPOINTMENT OF MEMBERS TO THE INTEGRATION JOINT BOARD (IJB) AND REPRESENTATION ON THE IJB COMMITTEE STRUCTURE

The Board gave consideration to a report advising of the appointment of NHS Non-Executive Member Dr Gaener Rodger as a representative of the Integration Joint Board and providing a subsequent update of membership throughout the Committee structure.

Decision

The Integration Joint Board –

1. noted the appointment of NHS non-executive Dr Gaener Rodger as a representative of the IJB and the subsequent update of membership throughout the Committee structure;
2. agreed the appointment of Cllr Dougie Philand as Strategic Planning Group co-chair; and
3. approved the membership changes to ensure committee quoracy and representation in line with the terms of reference.

(Reference: Report by Business Improvement Manager dated 30 August 2023, submitted)

The Chair extended a warm welcome to Gaener Rodger, NHS Highland Non-Executive Board Member.

5. CHIEF OFFICER'S REPORT

The Board gave consideration to a report from the Chief Officer which included information on the following headlines - iMatter Staff Survey; Project Wingman; £450,000 investment in Tìree Community Care Hub; NHS 75th Anniversary Parliamentary Reception; Blue Green Prescribing for Scotland; Vaccination Programmes; Integration Joint Board Unaudited Accounts; Orthopaedic Referral Pathway Redesign; Dentistry

Services; Partnership on National Care Service; Health Secretary marks 75th anniversary of the NHS; Update on Medication Assisted Treatment Standards; Taking Action on Dementia; Celebrating the Voluntary Service of Heartstart Instructors; Victoria Birthing Pool is now open; Cowal Community Hospital gifted a replica of the George Cross; Health Improvement Principal; and Senior Manager – Resources.

Decision

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

(Reference: Report by Chief Officer dated 30 August 2023, submitted)

The Chair extended a warm welcome to Gareth Adkins, Director of People and Culture; and to John Lyons, Clinical Director – Dental, NHS Highland who were in attendance at the Board.

6. MINUTES OF COMMITTEES

(a) Argyll and Bute HSCP Clinical and Care Governance Committee held on 1 June 2023

The Minutes of the meeting of the Argyll and Bute HSCP Clinical and Care Governance Committee held on 1 June 2023 were noted.

The Chair of the Committee, Graham Bell, referred to the minutes of the meetings of 1 June 2023 and 3 August 2023 advising that the later meeting had been held in the midst of the holiday period. He advised that there was currently a lot of work in progress and that he would hopefully have more of an update for the next meeting of the Board.

(b) Argyll and Bute HSCP Audit and Risk Committee held on 20 June 2023

The Minutes of the meeting of the Argyll and Bute HSCP Audit and Risk Committee held on 20 June 2023 were noted.

(c) Argyll and Bute HSCP Finance and Policy Committee held on 23 June 2023

The note of the inquorate meeting of the Argyll and Bute HSCP Finance and Policy Committee of 23 June 2023 was noted.

(d) Argyll and Bute HSCP Clinical and Care Governance Committee held on 3 August 2023

The Minutes of the meeting of the Argyll and Bute HSCP Clinical and Care Governance Committee held on 3 August 2023 were noted.

7. FINANCE

(a) Budget Monitoring - 3 months to 30 June 2023

The Board gave consideration to a report providing a summary of the financial position of the Health and Social Care Partnership as at the end of month four. The report also provided an update on the delivery of the savings programme and the use of reserves.

Decision

The Integration Joint Board –

1. noted that there was a relatively small forecast revenue overspend of £423k as at the end of month 4;
2. noted confirmation that savings of £6.2m had been delivered, 70% of target;
3. noted that earmarked reserves of £0.9m had been committed to date; and
4. noted that additional formula funding had been allocated to Health Boards to improve financial sustainability.

(Reference: Report by Head of Finance and Transformation dated 30 August 2023, submitted)

8. SPOTLIGHT ON HEALTH AND COMMUNITY CARE

The Board gave consideration to a report shining a spotlight on services, challenges and strategic change under the service area, Health and Community Care. The report presented with descriptors of service, key successes and challenges and the areas taken forward as strategic change.

Decision

The Integration Joint Board noted the spotlight on services, key successes and challenge and areas of strategic change and re-design within Health and Community Care.

(Reference: Report by Head of Service – Health and Community Care dated 30 August 2023, submitted)

9. ARGYLL AND BUTE CHILD POVERTY ACTION PLAN REVIEW 2022 - 2023

The Board gave consideration to a report setting out the work taking place across Argyll and Bute to tackle child poverty and to support families. The report identified the particular challenges and advantages in relation to geography, demography and economic environment. The report highlighted many successes and organisations and people dedicated to ensuring that children in Argyll and Bute did not grow up in poverty.

Decision

The Integration Joint Board noted the annual review of the Child Poverty Action Plan.

(Reference: Report by Head of Children & Families and Justice dated 30 August 2023, submitted)

10. UPDATE REPORT ON THE IMPLEMENTATION OF THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD (UNCRC)

The Children and Young People (Scotland) Act incorporates a duty on the Integration Joint Board where children's services are delegated. The incorporation of the UN Convention on the Rights of the Child (UNCRC or Convention) into Scots Law extends the duty, and to ensure that this was embedded within the strategic approach of the Integration Joint Board, work was underway to ensure that it was in adherence. The Board gave consideration to a report advising that the implementation of the United Nations Convention on the Rights of the Child would require a number of operational changes and would require that staff receive the information and training to ensure that these changes happen.

Decision

The Integration Joint Board noted the progress on the implementation of the UN Convention on the Rights of the Child.

(Reference: Report by Head of Children & Families and Justice dated 30 August 2023, submitted)

11. WORKFORCE REPORT QUARTER 1 (2023/24)

The Board gave consideration to the workforce report which was part of the staff governance suite of reports and which focused on workforce data for financial quarter one 2023/24.

Decision

The Integration Joint Board –

1. noted the content of the quarterly workforce report;
2. took the opportunity to ask any questions on issues that may be of interest or concern; and
3. discussed the overall direction of travel, including future topics that they wanted further information on.

(Reference: Report by People Partner dated 30 August 2023, submitted)

12. EQUALITY OUTCOMES AND MAINSTREAMING REPORT

The HSCP has a legal duty to demonstrate a planned approach to reducing inequalities. The Board gave consideration to a report outlining a range of work that had been delivered to improve equalities of outcomes across the population of Argyll and Bute.

Decision

The Integration Joint Board –

1. noted the HSCP's statutory duty to publish an interim report on the Equalities Outcomes that had been published in Spring 2021; and

2. approved examples of good practice in the supporting Equalities Outcome Report prior to publication.

(Reference: Report by Associate Director of Public Health dated 30 August 2023, submitted)

13. JOINT STRATEGIC PLAN: ONE YEAR MONITORING: ENGAGEMENT

The Integration Joint Board had approved the Joint Strategic Plan covering the period April 2022 to March 2025 and this had been launched in March 2022. The Board gave consideration to a report presenting the Joint Strategic Plan Engagement Report following engagement with communities and online, covering the period April to June 2023 and providing recommendations on how the report would be utilised.

Decision

The Integration Joint Board noted the Engagement Report and the recommendations on utilisation and incorporation of the feedback into the planning process.

(Reference: Report by head of Strategic Planning, Performance and Technology dated 16 August 2023, submitted)

14. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 27 September 2023 at 1pm.

MINUTES of MEETING of ARGYLL AND BUTE HSCP STRATEGIC PLANNING GROUP held BY MICROSOFT TEAMS on THURSDAY, 7 SEPTEMBER 2023

Present: Councillor Dougie Philand, Argyll and Bute Council (Chair)
 Kristin Gillies, Head of Strategic Planning, Performance and Technology, Argyll and Bute HSCP (Co-Chair)
 Graham Bell, NHS Highland Non-Executive Board Member and Member of IJB
 Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
 James Crichton, Programme Manager (Neurodiversity, Learning Disability & Autism), Argyll and Bute HSCP
 Fiona Davies, Chief Officer, Argyll and Bute HSCP
 David Gibson, Chief Social Worker/Head of Children and Families and Justice, Argyll and Bute HSCP
 Nicola Gillespie, Service Manager for Mental Health and Addictions
 James Gow, Head of Finance, Argyll and Bute HSCP
 Councillor Amanda Hampsey, Argyll and Bute Council (Chair of IJB)
 Rebecca Helliwell, Associate Medical Director, Argyll and Bute HSCP
 Elizabeth Higgins, Lead Nurse, NHS Highland
 Julie Hodges, Scottish Care Inspectorate
 Margaret Jacobsen, Chair of Dochas Centre
 Michelle Mundie, Chief Executive, ACHA
 Rory Munro, Health Improvement Lead (on behalf of Alison McGrory)
 Alison Ryan, Service Planning Manager, Argyll and Bute HSCP
 Saskia Schmitz, Health Intelligence Officer, Argyll and Bute HSCP
 Jillian Torrens, Head of Adult Services – Acute and Complex Care, Argyll and Bute HSCP
 Donald Watt, Senior Manager, Health and Community, Argyll and Bute HSCP

1. WELCOME, INTRODUCTIONS AND APOLOGIES

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

Apologies for absence were intimated on behalf of the following:

Alison McGrory, Associate Director of Public Health
 Duncan Martin, Public Representative
 Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
 Douglas Whyte, Housing Strategy Manager, Argyll and Bute Council
 Takki Sulaiman, Chief Executive, TSI
 Fiona Broderick, Staffside Lead (Health), Argyll and Bute HSCP

2. MINUTES AND MATTERS ARISING

The Minute of the Strategic Planning Group held on 25 May 2023 was approved as a correct record.

There were no matters arising.

3. LOCALITY PLANNING GROUP UPDATE

Consideration was given to a report providing an update on recent meetings of the Locality Planning Groups of the Integration Joint Board.

The draft plans in respect of each Locality Planning Group were also before the Strategic Planning Group for ratification.

Decision

The Strategic Planning Group agreed to:

1. note the update from the Locality Planning Groups; and
2. ratify the actions of the submitted plans pending some narrative updates including a form of words identifying the scope of each plan.

(Reference: Report by Business Improvement Manager dated 7 September 2023, submitted)

4. JOINT STRATEGIC PLAN: YEAR ONE MONITORING: ENGAGEMENT

A paper presenting the Joint Strategic Plan Engagement Report following engagement with communities and online, covering the period April to June 2023 and providing recommendations on how the report will be utilised was considered.

Decision

The Strategic Planning Group noted the Engagement Report and agreed the following recommendations:

1. Each areas' feedback should be presented to Locality Planning Groups (LPG) and incorporated into any LPG Action Plans;
2. Service Transformation should take into account the feedback and ensure that all suggested actions are considered;
3. Projects and Operational Plans within the HSCP should take cognisance of the feedback; and
4. The feedback should influence the Commissioning Strategy, Carer's Strategy and Prevention Strategy.

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 7 September 2023, submitted)

5. ENGAGEMENT FRAMEWORK REFRESH

A paper and presentation outlining the steps taken to update Argyll and Bute HSCP's Engagement Framework from 2019 was considered.

This latest iteration had been prepared in line with the Scottish Government's guidance 'Planning with People' and was the final oversight step prior to the IJB ratifying the HSCP's approach on 27 September 2023.

Decision

The Strategic Planning Group:

1. noted the new HSCP's Engagement Framework and strategic approach; and
2. agreed signoff of progress in order to present to IJB for ratification at the end of September.

(Reference: Report by Health Improvement Lead on behalf of the Associate Director of Public Health dated 7 September 2023, submitted)

6. ISLANDS STRATEGY

The Islands (Scotland) Act 2018 sets out the main objectives and strategy of the Scottish Government in relation to improving outcomes for island communities. There was a commitment in the Strategic Commissioning Strategy (2022 – 2025) that an Island Commissioning Strategy be developed in the lifetime of the plan.

A report advising on how this strategy will be developed was discussed.

Decision

The Strategic Planning Group:

1. noted and discussed the update provided; and
2. agreed that nominations for representation on the Short Term Working Group set up to develop the Strategy should be forwarded to the Business Improvement Manager.

(Reference: Report by Service Planning Manager, Strategic Planning & Performance dated 7 September 2023, submitted)

7. WOMEN'S STRATEGY - VERBAL UPDATE

A verbal update was provided on progress with implementation of the Women's Health Plan following recommendations agreed by the Strategic Planning Group at its meeting on 16 March 2023.

Decision

The Strategic Planning Group:

1. noted and discussed the update provided; and
2. agreed that nominations for representation on the Short Term Working Group set up to develop an action plan for the key priorities set out in the Women's Health Plan should be forwarded to the Business Improvement Manager

8. TRANSFORMATION PROGRAMME UPDATE

A report and presentation outlining the key areas of focus for transformation work planned for 2023/24 and setting out the detail of changes to the Leadership of the Transformation Board from Head of Finance to Head of Strategic Planning, Performance and Technology was considered.

Decision

The Strategic Planning Group:

1. noted the presentation on the status of the transformation programme;
2. noted the changes in Leadership of the transformation portfolio; and
3. agreed the detail therein.

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 7 September 2023, submitted)

9. DATE OF NEXT MEETING

The Strategic Planning Group noted that their next meeting was scheduled to take place on Thursday 7 December 2023 at 2.00 pm by Microsoft Teams.

**Integration Joint Board****Agenda item:****Date of Meeting: 27 September 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 September 2023 and as usual I would be delighted to receive feedback on my report and how we can develop it further to ensure that it continues to reflect the wide range of work that is taking place across the organisation.

In this month's report I have included some information about a new and exciting Living Well Programme which will focus on supporting and empowering people to identify and implement personalised strategies to help improve their physical, mental, emotional and social wellbeing. This is a really positive and welcome development and it will be available next year.

I had the pleasure at the end of August to welcome NHS Scotland's Chief Executive and Director General for Health and Social Care, Caroline Lamb, to Cowal Community Hospital. It was great to show her around the hospital and introduce her to health and social care colleagues from across a range of specialties. My thanks go to all our staff in Cowal and to Caroline for what was a really positive day.

In August I also attended a number of Scottish Government led events including a Winter Summit event in Glasgow to discuss the Winter Plan for 2023/24 and I also attended the Scottish Government Nursing and Midwifery Taskforce Group in my role as the representative for the national Chief Officers Group. Both of these events were extremely informative and I have included further details in my report.

I have also included a number of updates from the Scottish Government on some of the key policy decisions that are taking place at a national level and this month this includes information on alcohol specific deaths and the latest guidance on COVID-19 testing.

Finally, I have included in my report a lovely letter that we received from a student occupational therapist about their time training in Mid Argyll and the wonderful support and guidance they received from our staff. We really do have a great team of health and social colleagues in Argyll and Bute and thank you to you all for everything you do.

Thank you once again for taking the time to read the report.

HSCP Updates

Living Well Programme

A new and exciting Living Well programme, to help people in our communities live the best lives they can is being planned, and will be available early next year. The programme will offer differing levels of support, dependent on need, and will be focused on supporting and empowering people to identify and implement personalised strategies to help improve their physical, mental, emotional and social wellbeing.

Services will range from one-to-one support from specialist rehabilitation support workers, working within NHS physio departments, to locally based wellbeing support workers, offering one-to-one support and a group based programme focused on empowering people to identify and make changes to improve their quality of life.

Finally the programme will seek to support and build upon existing health and wellbeing opportunities within each locality, with the vision of helping our communities to be environments where people support each other to thrive. The intention is to have wellbeing support workers in Helensburgh, Dunoon, Oban, Rothesay, Campbeltown and Mid-Argyll, as well as looking to extend support to our Island communities.

The Living Well Programme is being developed by the Living Well Board (a merger of the previously named Prevention Board and the Public Health Living Well Board). The programme currently has funding from the HSCP, Macmillan Cancer Care, and Argyll and Bute Third Sector Interface. The programme is working closely with local partners Live Argyll & Lorn Healthy Options in local delivery.

The Living Well Board has a wide membership with representation from many organisations, all working together towards the vision of people in Argyll and Bute living longer, and healthier, independent lives.

NHS Scotland Chief Executive Visit to Argyll and Bute

We were delighted to welcome NHS Scotland's Chief Executive and Director General for Health and Social Care, Caroline Lamb, to Cowal Community Hospital in Dunoon on 25 August.

It was great to be able to show Caroline around the hospital and introduce her to health and social care colleagues. During the visit Caroline spoke to a number of

colleagues including from our Adult Social Work Team, Extended Community Care Team and Mental Health Team and she learned about how teams work together to effectively deliver a high standard of health and social care service for the people of the Cowal Peninsula.

The Chief Officer and Caroline also discussed the strong focus on integrated locality working that is built upon the Integration Joint Board Strategic Plan along with the challenges that the HSCP faces.

A great day was had by all, with plenty of useful discussions, and colleagues from Cowal Community Hospital and the local community services got to showcase their excellent way of working.

Winter Summit Event

The Chief Officer, along with a number of other representatives from the HSCP, attended a Scottish Government Winter Summit Event which was held in Glasgow on 22 August. The event drew together colleagues from health, social care, COSLA and Scottish Government to discuss and share work underway across the health and social care system as the Scottish Government looked to finalise the plan for Winter 2023/24.

Scottish Government Nursing and Midwifery Taskforce Group

The Chief Officer attends the Scottish Government Nursing and Midwifery Taskforce Group as a representative for the national Chief Officers Group. She attended the most recent meeting of the Group which was held at the Golden Jubilee Hospital in Clydebank on 28 August.

The Group has been set up to improve working conditions for nurses and boost workforce numbers. Chaired by the Health Secretary, it includes recognised nursing and midwifery workforce experts, alongside academia, NHS and Scottish Government representatives. The Royal College of Nursing and the Royal College of Midwives will also be represented, among others. Further information is available [here](#).

NHS Highland Whistleblowing Champion Visit

Bert Donald, NHS Highland's Whistleblowing Champion, will be in Oban on 11 October. There will be an opportunity for staff to meet with Bert, both individually and in teams and there will a communication to staff nearer the time to provide further details.

Meeting with Scottish Government

Representatives from the HSCP, including the Chief Officer and a number of senior managers, met with Scottish Government officials on 6 September as part of a national focus on enhancing the relationships between Chief Officers and members

of the Scottish Government's Social Care and National Care Service Development Directorate

Service Updates

Scottish Ambulance Services on Islay

The Chief Officer visited Islay on 18 August to represent the HSCP at a meeting with Islay Connections Group and the Scottish Ambulance Service. The purpose of the meeting was to discuss issues with SAS services on the island.

The Chief Officer will maintain communication with the SAS and the HSCP's Head of Strategic Planning will be the HSCP's point of contact for the Islay Connections Group.

Recruitment Marketing Campaign

The Senior Leadership Team agreed earlier this year to a number of recruitment marketing proposals that it was hoped would assist with HSCP recruitment across both the health and social care sector.

These proposals included working with the Argyll and Bute Council communications team to further develop and promote the [abplace2b.scot](#) website ([view here](#)) which had been developed to showcase the area as an attractive location to live and work. A separate HSCP recruitment page has now been created on this website and you can [view it here](#)

One of the other elements of the campaign was to create and design advertising posters that would be displayed on CalMac Ferries and terminals on four key ferry routes in Argyll and Bute that have high passenger numbers. These adverts, which are targeted at both residents and visitors, have the strapline: (*'Care to join us?'*) and are now on display on the following routes:

Gourock – Dunoon
Wemyss Bay – Rothesay
Oban – Craignure
Kennacraig – Port Ellen

National Updates

Slight Rise in Alcohol-Specific Deaths

More work is required on reducing alcohol-related harm, Drugs and Alcohol Policy Minister Elena Whitham has said. Ms Whitham reaffirmed the Scottish Government's focus on measures to tackle alcohol abuse, as the latest statistics show a small rise in deaths caused by alcohol.

The figures, published by National Records of Scotland, found that there were 1,276 alcohol-specific deaths registered in Scotland in 2022 – an increase of 2% (31) on

2021. Female deaths rose by 31 to 440, with male deaths unchanged at 836. Further information is available [here](#).

COVID-19 Testing Guidance Update

Routine COVID-19 testing in hospitals, care homes and prisons is to be substantially reduced following clinical and scientific advice.

Due to the success of the vaccination programme and improved treatments, Public Health Scotland and Antimicrobial Resistance & Healthcare Associated Infection Scotland have recommended a return to pre-pandemic testing. Further information is available [here](#).

Record Medical Trainee Recruitment Levels

More medical training posts have been accepted at this stage of the recruitment year than ever before – exceeding last year’s record by 100 posts.

NHS Education for Scotland data as of 25 July 2023 shows that 1,061 posts have been filled so far this year from 1,137 advertised. Further information is available [here](#).

Good News

Team Spotlight - Integrated Equipment Store

The Integrated Equipment Store (IES) team are responsible for the distribution of a wide range of essential health and social care aids, adaptations, and equipment across Argyll and Bute. They also deliver and install disability and mobility aids and equipment to patients being discharged from hospital to help support them live independently and safer in their own homes or community settings.

The team works closely with local Allied Health Professionals and Health and Social Care Community Care teams across Argyll and Bute, Greater Glasgow & Clyde and Inverclyde. Orders for equipment can be anything from Telecare Alarms to specialised clinical equipment. Requests for equipment are received directly through an internal digital management system and are then processed for delivery and installation.

IES support staff arrange for the collection, decontamination, and recycling of various equipment and are also accountable for the maintenance and inventory management of all equipment. This includes working closely with external suppliers of equipment.

The team make a real positive difference to the lives of the people using the service and it is an essential service that helps people successfully live happier, safer and for longer in their own home and community settings. You can view the full press release [here](#).

Staffing Updates

Occupational Therapy Student

We recently received some lovely comments from a student occupational therapist in relation to their training and support from colleagues at Mid Argyll Hospital and Integrated Care Centre and we have copied them below for information.

Hello, my name is Cerys Baird and I am currently studying a masters degree of occupational therapy at Robert Gordon University. I am currently in my final days of an eight week placement here at the Mid Argyll Community Hospital and Integrated Care Centre which will conclude my third year of studies and has granted a wealth of learning opportunities which will prove to be incredibly beneficial in my fourth and final year of studies.

My journey into Occupational Therapy started here at the Mid-Argyll, where I was lucky enough to have a work experience placement in the Succoth ward prior to my studies, shadowing the Occupational Therapy team who inspired me to pursue a career in this incredibly rewarding role. I have now been lucky enough to return to the Mid Argyll as a student of Occupational Therapy, working in both the Succoth and Glenaray wards which has not only been rewarding in the rich learning opportunities that have been granted, but the opportunity to give back to my local community whom I hope to return to one day as a qualified practitioner.

I would like to give thanks to the staff at the Mid-Argyll for their endless support and acceptance throughout this placement, and of course to the incredible Occupational Therapy team who have supported me through endless opportunities, helping me to learn and grow each day.

New Public Health Intelligence Specialist

We would like to welcome Saskia Schmitz who joined the HSCP as a Public Health Intelligence Specialist in July.

Saskia, who is originally from Cologne in Germany, has a BSc in Medical Biology and an MSc in Public Health. She previously worked for the Public Health Agency of Lower Saxony in Northern Germany and in this role she focused on the distribution of infectious diseases that can be transmitted from rodents to humans and risk factors in different human populations. During that time she had the opportunity to present her work to various national and international conferences and publish findings for the scientific community.

Saskia will support local projects for the Public Health team by collating, managing, analysing and interpreting data and information from a variety of sources and will work closely with the NHS Highland Health Intelligence team.

Programme Development Manager – Learning Disability, Autism and Neurodiversity Strategy

We would like to welcome James Crichton who joined the HSCP as a Programme Manager. James will lead the development of Argyll and Bute's strategy for

Learning Disability, Autism and Neurodiversity and will work closely with a range of staff and stakeholders in the development of the strategy. The aim will be to reflect both local and Scottish Government priorities in the strategy and ensure the aims are both aspirational and achievable.

James was a Registered Mental Health Nurse by profession and currently works part-time with NHS 24 as a mental health practitioner. He has worked in service improvement and senior management positions in a range of Health Boards across Scotland, including in Director and Chief Executive roles.

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Integration Joint Board

Date of Meeting: 27 September 2023

Title of Report: Budget Monitoring – 5 months to 31 August 2023

Presented by: James Gow, Head of Finance

The IJB is asked to:

- Note that there is a relatively small forecast revenue overspend of £900k as at the end of month 5.
- Note confirmation that savings of £6.3m have been delivered, 70% of target.
- Note that earmarked reserves of £5.3m have been committed to date.
- Note that additional formula funding has been allocated to Health Boards to improve financial sustainability and that NHS Highland intend to recover this funding from the IJB (£2.3m).

1. EXECUTIVE SUMMARY

1.1 This report provides a summary financial position as at the end of month 5. The HSCP is reporting a small forecast overspend of £900k against its budget of £354m. Some additional NHS funding has been allocated by the Scottish Government and this improves the underlying position by £2.3m. However, NHS Highland have confirmed that they intend to recover this to assist with the overall deficit. This report also updates on the delivery of the savings programme and use of reserves.

1.2 Key cost pressures identified relate to medicines, agency nursing and locum medical costs. Some additional funding has been announced to assist with drugs costs and the process of moving agency nursing away from non-framework contracts should impact favourably in the coming months. The HSCP planned to utilise reserves to cover its budget gap and the reported position is broadly in line with the approved budget in this regard. The main risks at present relate to the impact of continued high inflation, additional funding being passed through to the HSCP and uncertainty with pay settlements. This report is also included on the agenda of the Finance & Policy Committee on 29th September for further consideration.

2. INTRODUCTION

- 2.1 This report provides a summary of the financial position of the HSCP as at end of August 2023. Information is provided in respect of the year to date position, the forecast outturn, progress with the savings plan and reserves spend.

3. DETAIL OF REPORT

3.1 5 Months to 31 August 2023

The table below provides the year to date for the first five months. Council services report 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	31,550	31,390	-160	-0.5%
HEALTH SERVICES TOTAL	103,995	103,307	-688	-0.7%
GRAND TOTAL	135,545	134,697	-848	-0.6%

- 3.1.1 For Social Work budgets, the area of concern is pressure on older adults budgets. This is due to increasing demand for residential care and on-going use of agency staff. There are also cost pressures being experienced with care at home services at present. These cost pressures are being largely offset by savings in other budgets.

- 3.1.2 Health Service budgets are however under increasing pressure and an overspend of £688k is reported. Concerns relate to:

- Medicines – national tariffs have been increased and the current overspend is estimated at £1.5m or 17% of the budget. There is also a national systems data issue relating to prescribing costs at present;
- Spend on agency staff also continues above budget, particularly relating to Lorn & Islands Hospital medical staffing; and
- Slippage on the savings programme.

The national initiative to end the use of non-framework providers to reduce agency nursing spend is starting to have a positive impact on cost but utilisation of agency staff remains high due to on-going vacancies.

3.2 Forecast Outturn

- 3.2.1 The forecast outturn is summarised below, with detail provided in appendix 2. Members will be aware that a deficit budget was set and the actual year end deficit will be funded by the allocation of reserves earmarked for this purpose. It was expected that the Scottish Government would be under pressure to provide additional funding for NHS Boards due to systemic deficits, this has happened and appendix 3 provides a copy of the correspondence. However, NHS Highland have communicated that they are expected to improve their

overall position by the full value of this allocation and have requested the return of these funds on a non-recurring basis. The allocation is worth circa £2.3m to the HSCP. For the purposes of managing the revenue budget, it is assumed that the HSCP will receive its allocation. In the event that the HSCP is required to return funding it would seek to do this through a reserves adjustment. Additional non-recurring funding for drugs costs is also outlined in the letter.

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance
COUNCIL SERVICES TOTAL	91,087	91,087	0	0%
HEALTH SERVICES TOTAL	263,305	264,205	-900	-0.3%
GRAND TOTAL	354,392	355,292	-900	-0.3%

- 3.2.2 Within Social Work, the older adult budget is under pressure and a forecast overspend of £1.2m is forecast. This is as a result of increasing demand for care home placements and care at home. Additionally, use of agency staffing in HSCP operated homes is adding to the overspend. This overspending is being offset by savings in other areas including Children's services and Learning Disability budgets. Overall the Social Work budget is forecast to balance by the year end. The Social work budget includes an assumption that reserves totalling £623k will be used to balance the position:

Social Work	£'000
Assumed reliance on reserves	623
Forecast revenue budget variance	0
Forecast reserves funding requirement	623

One of the biggest risks at this stage in the year is uncertainty regarding pay settlements for Council staff, these continue to be under negotiation and industrial action appears likely. The national care home contract has now been agreed which reduces uncertainty relating to residential care costs.

- 3.2.3 Within the NHS, indications are that medicine costs have materially increased. This is being investigated with national agencies as drug tariffs have been amended with costs increasing substantially and in excess of new funding. A £2.5m overspend is currently projected on Prescribing. Spend on agency and locum medical staff remains high to ensure service continuity, this is contributing to the overspend. If additional funding is passed through by NHS Highland, the forecast is currently:

NHS Services	£'000
Budgeted reliance on reserves	3,500
Add forecast overspend	900
Less new NRAC parity and sustainability funding (TBC – see appendix 3)	(2,297)
Potential reserves funding requirement	2,103

The additional sustainability funding improves the underlying position within the NHS budget, however the HSCP is not operating in a sustainable way and expects to have to use reserves to cover service spend.

- 3.2.4 The financial position is expected to continue to be challenging to manage, it is anticipated that the Scottish Government will be required to provide further funding for drug costs and other pressures across the NHS. It is hoped that action on agency staffing will start to have a positive impact on costs in the short term. The severe financial pressures facing NHS Highland remain a risk to the HSCP and the availability of resources for local spend or investments.

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 Month 5, £6.3m (70%) of the £8.9m target has been declared:

2023/24 Savings	Target £' 000	Year to 31 August 2023		
		Achievement	Balance	%
		£' 000	£' 000	
Fully Achieved	5,643	5,643	0	
Partially Complete	2,947	302	2,645	
Non-recurring	320	320	0	
Total	8,910	6,265	2,645	70%

- 3.3.2 Appendix 4a lists the projects that have been fully delivered and 4b provides detail on the remaining balance of £2.6m, risk rated:

Savings regarded as low risk	£888k	
Savings unlikely to be achieved in full in 2023/24	£1,217k	
Savings unlikely to be deliverable at all in 2023/24	£540k	

It is not proposed that projects are removed from the plan at present. The finance teams have projected savings delivery in the forecasts.

- 3.3.3 The biggest challenge relates to the Cowal Community Hospital project, this is being managed with NHS Highland and has been subject to delay and additional costs. The project is now underway and progress is reported to the Transformation Board and Finance & Policy Committee. Resource has also been allocated to support the work on catering, cleaning and hotel services on a shared service basis with Argyll & Bute Council. The amber and red rated savings projects represent a financial risk in the current year.

3.4 Reserves

- 3.4.1 Earmarked reserves of £17m were carried forward. To date £5.3m has been committed to spend, summarised in Appendix 5. This includes the £4.1m initially allocated to fund the deficit.
- 3.4.2 The Scottish Government has also written to IJB's asking them to consider where additional flexibility may be helpful (NHS only). It is intended that older earmarked reserves will be reviewed. In the event that £2.3m is to be returned to NHS Highland, this exercise may enable some older unused reserves to be returned. Priorities for reserves held for Transformation include:

- £600k for the Prevention project over 3 years;
- £1m to support the Cowal Community Hospital project;
- £200k to replace hospital beds;
- £170k match funding to support the Islands Programme bid to facilitate the remodelling of the Tigh a Rudha Care Home on Tìree; and
- £100k match for energy efficiency and the empty homes project.

Additionally, there are business cases currently under consideration which have still to be approved and spend committed.

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 £0.9m. It is anticipated that the HSCP will be able to manage this during the remainder of the year and that additional funding will be confirmed. The request for a return of funds from NHS Highland requires consideration by the IJB and / or its Finance & Policy Committee.

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:

- Continuing impact of high inflation and service demand;
- Outcome of pay negotiations and funding for these;

- Recovery of reserves; and
- Delivery of the balance of the savings programme.

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 the first four months of the year. A relatively small overspend against budget is forecast. Additional financial sustainability and drugs funding has been announced and NHS Highland have confirmed that they wish to recover the value of this funding. It is hoped that the national work on agency staff will help manage agency staffing costs down in the coming months. It is expected that the financial position overall will require to be managed through additional funding allocations and reduced spend on controllable costs and agency staffing.

12.2 Good progress has been made with 70% of the savings programme delivered. However, there are a number of projects that still need to be completed. Detailed reporting on these is provided to the Finance & Policy Committee.

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 2023-24
- Appendix 3 – Sustainability Funding
- Appendix 4a and 4b – Savings Programme
- Appendix 5 – Earmarked Reserves

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ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP
REVENUE BUDGET MONITORING SUMMARY - YEAR TO DATE POSITION AS AT 31 AUGUST 2023

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	(221)	6	227	3783.3%	Variance due to over-recovery on vacancy savings (£203k) combined with underspends on centrally held funds.
Service Development	172	173	1	0.6%	Outwith reporting criteria.
Looked After Children	2,826	2,967	141	4.8%	Underspend is as a result of demand for fostering, kinship and adoption placements as well as additional income for provision of nursery meals. This is combined with payroll underspends due to vacancies.
Child Protection	1,153	1,261	108	8.6%	Variance is as a result of vacancies as well as underspends on travel and subsistence combined with demand for services across contact & welfare.
Children with a Disability	319	328	9	2.7%	Outwith reporting criteria.
Criminal Justice	106	169	63	37.3%	Underspend due to vacancies combined with underspends on payments to other bodies.
Children and Families Central Management Costs	1,148	1,201	53	4.4%	The YTD variance is due to timing of receipt of grant income.
Older People	16,477	15,625	(852)	(5.5%)	The YTD variance reflects increased demand within the care home placement budget and YTD overspends on employee costs due to use of agency staff in residential units and homecare.
Physical Disability	1,502	1,427	(75)	(5.3%)	The YTD overspend is due to demand driven overspends in Supported Living and Respite and an overspend on equipment purchases within the Integrated Equipment Store.
Learning Disability	6,537	6,705	168	2.5%	The YTD variance reflects reduced residential placements partially offset by demand for supported living.
Mental Health	1,235	1,226	(9)	(0.7%)	Outwith reporting criteria.
Adult Services Central Management Costs	296	302	6	2.0%	Outwith reporting criteria.
COUNCIL SERVICES TOTAL	31,550	31,390	(160)	(0.5%)	
HEALTH SERVICES:					
Explanation					
Health & Community Care Services	18,857	18,670	(187)	(1.0%)	Overspend due to agency nursing, medical & AHP costs, partly offset by vacancies
Acute & Complex Care Services	16,552	16,263	(289)	(1.8%)	Overspend due to agency nursing, medical & AHP costs in both LIH & Mental Health Services
Children & Families Services	4,142	4,212	70	1.7%	Saving due to service vacancies
Commissioned Services - NHS GG&C	30,868	30,905	37	0.1%	The YTD variance is outwith reporting criteria. There are delays in getting some cost per case data from GGC including oncology drug costs
Commissioned Services - Other	1,689	1,920	231	12.0%	The YTD variance is influenced by patients delayed on waiting lists with other NHS Scotland providers.
Primary Care Services inc Dental	11,050	11,032	(18)	(0.2%)	Outwith reporting criteria.
Other Primary Care Services	4,003	4,003	0	0.0%	Outwith reporting criteria.
Prescribing	10,620	9,079	(1,541)	(17.0%)	Increasing cost of drugs and amendments to drug tariff. National delays in prescribing data mean the majority of the costs are estimated based on prior months data and updates from the national FHS Execs Group.
Public Health	892	938	46	4.9%	Outwith reporting criteria.
Lead Nurse	687	761	74	9.7%	Saving due to service vacancies
Management Service	(99)	(86)	14	(16.2%)	Unachieved savings
Planning & Performance	1,229	1,172	(57)	(4.9%)	Unachieved savings
Budget Reserves	0	850	850	0.0%	Anticipated slippage on reserves and SG allocations.
Income	(854)	(766)	88	(11.5%)	Favourable variance due to seasonal income.
Estates	4,362	4,354	(7)	(0.2%)	Outwith reporting criteria.
HEALTH SERVICES TOTAL	103,995	103,307	(688)	(0.7%)	
GRAND TOTAL	135,545	134,697	(848)	(0.6%)	

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

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	551	75	476	86.4%	Forecast underspend is due to over-recovery on vacancy savings (£278k) combined with underspends on centrally held funds. I13
Service Development	490	481	9	1.8%	Outwith reporting criteria.
Looked After Children	7,866	7,670	196	2.5%	Forecast underspend is as a result of rreduced demand for fostering, kinship and adoption placements as well as on supporting young people leaving care. There is also an over-recovery on income from the Home Office for unaccompanied asylum seeking children. Partially offset by demand for external residential placements and payroll overspends in the children's houses.
Child Protection	3,681	3,542	139	3.8%	Underspend is as a result of demand for contact and welfare services as well as forecast underspends in the Area Teams on payroll costs, payments to other bodies, travel and subsistence.
Children with a Disability	1,001	981	20	2.0%	Outwith reporting criteria.
Criminal Justice	224	215	9	4.0%	Outwith reporting criteria.
Children and Families Central Management Costs	3,765	3,755	10	0.3%	Outwith reporting criteria.
Older People	44,251	45,448	(1,197)	(2.7%)	The forecast overspend reflects demand driven overspends within the care home placement budgets and homecare. High staff costs across HSCP residential units due to agency cover are also contributing.
Physical Disability	3,553	3,627	(74)	(2.1%)	Overspend reflects higher than budgeted demand for Supported Living (£55k), Respite (£9k) and higher than budgeted equipment purchasing in the Integrated Equipment Service (£15k).
Learning Disability	19,486	18,963	523	2.7%	The forecast underspend reflects known demand for Residential Placements partially offset by overspends on Supported Living and Respite due to demand.
Mental Health	3,624	3,754	(130)	(3.6%)	Overspend reflects higher than budgeted demand for services in Supported Living (£48k) and Residential Placements (£114k). These are partially offset by an underspend on addictions service due to vacancies.
Adult Services Central Management Costs	2,595	2,576	19	0.7%	Outwith reporting criteria.
COUNCIL SERVICES TOTAL	91,087	91,087	0	0.0%	
HEALTH SERVICES:					
Explanation					
Health & Community Care Services	44,512	44,770	(258)	(0.6%)	The adverse forecast variance is due to the cost of agency staffing in nursing and GP out of hours services
Acute & Complex Care Services	38,367	39,417	(1,050)	(2.7%)	The adverse forecast variance is due to the cost of agency staffing covering consultant and nursing vacancies and leave
Children & Families Services	10,090	9,890	200	2.0%	The favourable forecast variance is due to vacancies
Commissioned Services - NHS GG&C	73,932	73,932	0	0.0%	Outwith reporting criteria.
Commissioned Services - Other	4,409	4,409	0	0.0%	Outwith reporting criteria.
Primary Care Services inc Dental	27,131	27,131	0	0.0%	Outwith reporting criteria.
Other Primary Care Services	10,909	10,909	0	0.0%	Outwith reporting criteria.
Prescribing	21,964	24,464	(2,500)	(11.4%)	The adverse forecast variance is due to the impact of increased drug pricing & changes to the drug tariff. Due to issues with the implementation of a new national system, robust prescribing data cannot be produced and the forecast is based on limited actual data
Public Health	2,075	2,075	0	0.0%	Outwith reporting criteria.
Lead Nurse	1,826	1,696	130	7.1%	The favourable forecast variance is due to vacancies
Management Service	1,107	1,107	0	0.0%	Outwith reporting criteria.
Planning & Performance	2,717	2,917	(200)	(7.4%)	The adverse forecast variance is due to unachieved savings targets.
Budget Reserves	15,393	12,493	2,900	18.8%	The favourable forecast variance is due to expected slippage on SG allocations and use of reserve funding.
Income	(1,838)	(1,838)	0	0.0%	Outwith reporting criteria.
Estates	10,712	10,834	(122)	(1.1%)	The adverse forecast variance is due to unachieved savings targets.
HEALTH SERVICES TOTAL	263,305	264,205	(900)	(0.3%)	
GRAND TOTAL	354,392	355,292	(900)	(0.3%)	

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Territorial NHS Chief Executives

cc

Territorial NHS Directors of Finance

via email

14th June, 2023

Chief Executives

2023-24 Sustainability and New Medicines Funding

I am writing to inform you of further funding being allocated to support the 2023-24 financial position. There are two parts to this funding as set out below.

New Medicines (VPAS)

Boards should assume a further £100 million of new medicines funding in 2023-24 on a NRAC basis. This will bring the total allocation of funding to £250 million. The final amount is still to be confirmed however we wish to allocate this funding as early as possible in the financial year to allow certainty for service planning. Due to uncertainty about the replacement of the current VPAS arrangement, this increase should be assumed on a non-recurring basis.

NRAC Parity and Sustainability

The annex to this letter also sets out the additional allocation of recurring funding which will be allocated on an NRAC basis, with weighting to Boards behind NRAC parity, bringing those Boards to 0.6% from parity. We will continue to review the NRAC position and intend to make incremental reductions in parity distance in the coming years.

This funding is predicated on NHS Boards continuing to work towards delivery of 3% recurring savings in year supported by local and national Sustainability & Value arrangements. I expect this increased funding and associated benefit is fully reflected in 2023-24 forecasts. We will shortly be undertaking a detailed Quarter One review alongside Directors of Finance and teams.

Yours sincerely



Richard McCallum
Director of Health Finance and Governance

Annex: Breakdown of Additional Sustainability and NRAC Parity Funding

Figures in £ million	NRAC Allocation	NRAC Parity adjustment	Total
NHS Ayrshire & Arran	5.2	0.5	5.6
NHS Borders	1.5	1.0	2.5
NHS Dumfries & Galloway	2.1	0.0	2.1
NHS Fife	4.8	3.5	8.3
NHS Forth Valley	3.9	2.7	6.5
NHS Grampian	6.9	1.1	8.0
NHS Greater Glasgow & Clyde	15.6	0.0	15.6
NHS Highland	4.6	3.4	8.0
NHS Lanarkshire	8.7	6.3	14.9
NHS Lothian	10.6	7.7	18.4
NHS Orkney	0.4	0.3	0.6
NHS Shetland	0.3	0.0	0.3
NHS Tayside	5.5	3.1	8.6
NHS Western Isles	0.5	0.0	0.5
Total	70.5	29.5	100.0



Appendix 4a - 2023/24 Fully Complete Savings

Ref.	Savings Description	Target £' 000
Social Work		
2122-02	Carry out hostel review to achieve best value in admin and catering - declared non-recurring as contract changes required.	23
2122-11	Remove funding for all lunch clubs	7
2223-18	Increased utilisation of new housing capacity for service users.	18
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
2223 / 2324-12	MH/LD/PD High Cost Care Package Reviews	325
2324-01	Allocate centrally held growth budgets to cost pressures	1,300
2324-02	Allocate £500k of transformation budget to cost pressures	500
2324-03	Remove Programme Manager & travel budget (SIO team)	85
2324-05	Increase Income Budgets - fees and occupancy increases	268
2324-06	Uplift vacancy target by inflation	200
2324-09	Carer services budget review	320
2324-10	LD Day Services Staffing	62
2324-13	External funding for service improvement LD	30
2324-15	Income from Unaccompanied asylum seeking children	250
2324-16	Remove interim care budget as funding ended	366
2324-18	End Guardian Service for Council Staff	25
2324-17	Whole Family Wellbeing (potentially non-recurring)	120
Health		
AB2122-43a/b	Oban staff travel £10k	10
2324-19a	Reallocation of NI increase budget not required	888
2324-19b	Review of prior year reserves	200
2324-20	Remove vacant Project Manager Role	60
2324-21	Remove Depute Chief Officer Role	105
2324-23	Energy Efficiency Measures	80
2324-25	Remove Analyst Role	54
2324-27	Mental Health Package Reviews	150
AB2324-22	Revised charging policy - staff accommodation	25
AB2324-29	Public Health - general	6
AB2324-29	Public Health - grants	16
AB2324-29	Public Health - salary costs	20
2324-32	Patient Services Additional Income	50
Total Fully Complete		5,643
Declared on non-recurring basis at present:		
1920-35	Bed reduction savings : Cowal Community Hospital	150
2021-29	Dunoon Gum clinic - underspend	20
2324-31	Non-recurring saving - AHP investment	150
Non-recurring savings		320

Appendix 4b - LIVE SAVINGS PROGRAMME

Ref.	Savings Description	Target £' 000	Declared M5 £' 000	Remaining £' 000	RISK	NOTES
Social Work						
1819-33	Catering, Cleaning and other Ancillary Services	71		71		Shared service model with council now in place, project expected to progress in 23/24 under review due to requirement for contract / procurement expertise - non recurring Sustainability of providers remains a risk Sustainability of providers remains a risk Costings for recent reductions in packages underway - anticipated this can be delivered in 23/24 Expect to declare saving during year
2324-04	Remove contract & demand officer post	49	21	28		
2324-07	Care at Home / Smarter Commissioning Savings	400		400		
2324-08	Unscheduled Care Funding for cost pressures	200		200		
2324-11	Reduce sleepovers and use of TEC	80		80		
2324-14	Reduce external placement budget by 1 - C&F	160		160		
Health						
AB1920-4	Review of Service Contracts (Bute Dialysis)	20		20		Detailed review of contractual arrangements required
AB2021-19	Hotel Services redesign to reflect reduction in inpatient numbers	99		99		Shared service model with council now in place, project expected to progress in 23/24
AB2021-23	Catering & Domestic Underspends	30		30		Shared service model with council now in place, project expected to progress in 23/24
AB1819-32	General Catering & Domestic services efficiency target	20		20		Shared service model with council now in place, project expected to progress in 23/24
AB2021-4a/b	Admin & Clerical	127		127		Work underway to establish opportunities for this once 2021-20 is complete
AB2021-20	Centralised booking of medical records - reduction in admin costs	97		97		Good progress made - expect to declare in 23/24
AB2021-2	Standardise procurement of food across all sites Council Shared Service Model	69		69		Shared service model with council now in place, project expected to progress in 23/24
AB2021-3	AHP Workforce Review	11		11		Expect to declare on a non-recurring basis as a minimum
AB2021-1	Redesign of dementia services (excludes commissioned services)	60		60		Bulk of saving declared last year, remaining balance to be confirmed
AB2122-30	re-use of walking frames / improved procurement of musculo-skeletal supplies	20		20		Review of Integrated Equipment Store now underway
AB2122-33	centralise lab ordering £20k and theatre stock ordering £5	20		20		New contract in place, savings to be confirmed (NHS project)
AB2122-42	Islay: saving on local outreach clinics and accommodation	15		15		
AB2122-60	Near Me Consultant Travel £10k	2		2		
AB2223-5	Estates Staffing Structure	129		129		HR support in place, progress remains challenging
AB2223-7	P&P Switchboard Service	54		54		Project nearing completion, expect to declare
AB2223-8	1% reduction in hospital budgets	306	165	141		Work on-going in most localities
AB2223-1	Review of GP Prescribing practice - reduce volume and price	194	116	78		
AB2324-24	Review telecom lines and switchboard saving	32		32		
AB2324-26	Childrens & Families Staffing and service re-modelling	250		250		Non recurring savings being achieved
AB2324-28	Medicines / prescribing	150		150		
AB2324-30	Resuscitation Training Income	5		5		
AB2324-30	Reduction in training SLA with UWS	5		5		
AB2324-30	Marie Curie Contract underspend	10		10		
AB2021-16	Dunoon Medical Services (CCH Project)	120		120		Will not be achieved until 2025/26
AB2021-64	FME Dunoon (CCH Project)	50		50		Will not be achieved until 2025/26
AB2223-9	Forensic Service Contracts (CCH Project)	20		20		Will not be achieved until 2025/26
AB2122-66	Savings from building rationalisation (CCH Project)	72		72		Will not be achieved until 2025/26
		2,947	302	2,645		
		1,004	116	888		
		1,403	186	1,217		
		540	0	540		

Appendix 5 - Earmarked Reserves

	Reserve Balance 31 March 23 £	Allocated Month 5 £	Remaining Balance £	
Primary Care Improvement fund	609,522	334,900	274,622	
Other Primary Care Projects	108,507	21,012	87,495	
Technology Enabled Care (Near Me)	118,202		118,202	
Additional ADP Funding	430,763		430,763	
Best Start - Maternity Services (Board re-provision)	82,451	32,400	50,051	
Supporting Improvements to GP Premises	178,441	178,441	0	
Scotgem Funding	14,000		14,000	
Covid-19 support	8,356	8,356	0	
Childrens Mental Health Services (CAHMS)	645,170		645,170	
Community Living Change Fund	239,688	38,354	201,334	
Primary Care OOH Funding	139,394		139,394	
Insulin Pumps correction including VAT	69,720		69,720	
ASC Nurse Director Support IPC	61,066	48,400	12,666	
Trauma Network Tranche 1 (70%) / Tranche 2 (30%)	36,825		36,825	
PFG School Nursing Tranche 2	166,783		166,783	
District Nurse Posts	127,015		127,015	
E-health Strategy Funding	137,580	17,600	119,980	
Perinatal MH Funding	19,887		19,887	
Mental Health Officer Training	63,953		63,953	
Type 2 Diabetes Framework (70%) & (30%)	66,972		66,972	
Trauma Training Programme	90,567	21,500	69,067	
Wellbeing Funding	77,428		77,428	
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	636,213		636,213	
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 & Cancer Waiting Times Funding	190,583		190,583	
Interface Care Programme	133,032		133,032	
Medical Assisted Treatment Standards	55,052		55,052	
Psychological Therapies	55,923		55,923	
Inequalities Project	23,000	23,000	0	
Dementia Post Diagnostic Support	102,469	37,100	65,369	
Medical Equipment - Dental	84,285		84,285	
Eating Disorders	59,238	21,593	37,645	
Ventilation Improvement	29,200		29,200	
Mental Health Recovery Services	38,931		38,931	
Whole Family Wellbeing Fund	278,737		278,737	
Care at Home Funding	417,896	129,043	288,853	
Multi Disciplinary Teams	84,000		84,000	
Interim Care	229,123	25,968	203,155	
General Reserves - Service Transformation	2,225,789		2,225,789	
General Reserves - Social Work Budget Gap 2023/24	630,000	630,000	0	allocated to cover Year End SW Budget Gap
General Reserves - Estates Projects	700,000	19,035	680,965	
Social Work Workforce	103,990		103,990	
Nurse Director Support for Care Homes	62,386		62,386	
GDS element of the Public Dental Service	278,500		278,500	
Hospital at Home Project	250,000	16,500	233,500	
Learning Disability Health Checks	37,640		37,640	
Mental Health after Covid Hospitalisation - Long Covid	26,348	26,348	0	
Recovery Children's Oral Hlth & Dent(Childsmile)	10,827		10,827	
General Reserves - 23/24 Budget Gap Health	3,500,000	3,500,000	0	NHS Highland
General Reserves - Estates Projects	1,000,000		1,000,000	
General Reserves - Hospital Bed Replacement Programme	200,000	200,000	0	
General Reserves - Prevention Programme	600,000		600,000	
General Reserves - Transformation Reserve	242,172		242,172	
Total	16,990,533	5,329,550	11,660,983	
Held by NHS	11,884,231	4,457,294	7,426,937	
Held by Argyll & Bute Council	4,979,743	863,900	4,115,843	
Held by Both	126,558	8,356	118,202	
Total	16,990,533	5,329,550	11,660,983	

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Integration Joint Board

Date of Meeting: 27 September 2023

Title of Report: Budget Outlook 2024-2027

Presented by: James Gow, Chief Finance Officer

The Integration Joint Board is asked to:

- Consider the indicative financial plan for 2024-25 to 2026-27.
- Note the high level of risk and uncertainty at this point in the planning cycle.
- Note the forecast budget gap totalling £10.2m or 2.8%, and that this will form the basis for service planning.
- Note that the budget outlook will next be updated following the December 2023 publication of the Draft Scottish Budget.
- Note that the budget consultation will commence in October 2023.

1. EXECUTIVE SUMMARY

- 1.1 This report provides the IJB with an updated budget outlook and indicative medium term financial plan. The budget, value for money and savings targets for 2024/25 will be firmed up once the Scottish Budget is published in December.
- 1.2 The medium term plan aims to provide a framework for the development of the HSCP budget for 2024/25, the Scottish Government have indicated that Health and Social Care will benefit from real terms increases. However, national planning assumptions do not yet suggest that actual cash allocations will exceed inflationary pressure.
- 1.3 The local context is that the HSCP is in a relatively healthy financial position. However, funding reductions as a consequence of population decline are expected and reserves remain low relative to other IJBs. It is likely significant efficiency savings will be required to balance the budget. A medium and worst case scenario is presented for the next three years. Initial financial and service planning will be based upon the mid-range scenario which estimates the budget gap at £10.2m or 2.8%. This is similar to targets for recent years and aligns with Scottish Government expectations for Health Boards.

2. INTRODUCTION

- 2.1 The purpose of this report is to update the medium term financial plan and budget outlook covering the period through to 2026/27. It summarises the financial context facing the HSCP and aims to assist planning to operate on a 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 current strategic context is summarised below:

- The Verity House Agreement provides some improved understanding regarding the National Care Service (NCS). Timelines have been pushed back, there is still a lack of detail on the local implications.
- Recent reports by Audit Scotland on the NHS and Social Care outline a series of challenges including workforce shortages, reduced activity, increasing demand, delayed discharges, waiting times and unmet need.
- Inflation remains high at 9.0%, it is forecast to reduce during the next year but remains a risk to Government level and local financial plans. It is anticipated that the Scottish Government will set their budget and pay policy in December 2023.
- The Scottish Government's longer term financial plans are outlined in the Resource Spending Review (May 2022). This commits to real terms funding increases for Health and Social Care. The Medium Term Financial Strategy (May 23) and programme for Government (Sept 23) detail a challenging outlook for the public finances throughout the 2023/24 to 2027/28 period. These documents recognise that national demographic change require year on year real terms increases in Health and Social Care spend and budgets.

The Scottish Government's financial plans are under pressure due to the impact of inflation. Budgets were based upon a set of assumptions which seriously underestimated inflation and public sector pay rises. This has already resulted in the reallocation of funds and the future consequences of higher pay rises will become apparent as the budget is set in December.

Locally:

- The population within Argyll & Bute is decreasing which has an immediate impact upon NHS funding. For 2024/25 the estimated population reduction is around 0.6% which translates to £1m budget reduction. This does not however account for the most recent census data which presents a more positive view of the population in the area.

- Demographic data suggests that the HSCP will struggle to recruit staff and will continue to face increasing demands from the older adult population in the area.
- The implementation of the Health & Care Staffing Act in 2024 is likely to result in additional cost pressure both administratively and in direct staffing terms, subject to ability to recruit.
- NHS Highland continue to face financial pressure which is impacting on funds available for spend within Argyll & Bute. It is hard to predict at present what impact this will have in future years.

It is assumed that the HSCP will be required to make savings to remain financially sustainable. However, this should be considered in the context of expected increases in Health and Social Care budgets. NHS guidance to Boards suggests the expectation is that savings of around 3% are required. The gap in the Scottish Government’s anticipated budget is significant and there is an expectation that some previously made commitments will be de-prioritised. Current medium term financial planning documents can be accessed at the following links:

<https://www.gov.scot/publications/scottish-governments-medium-term-financial-strategy/>
<https://www.fiscalcommission.scot/>

3.2 Financial Position of the HSCP

The HSCP ended the 2022/23 financial year in a favourable position. It reported an underspend and had reserves to carry forward of £17m.

However, the lack of sufficient uplifts in the 2023/24 budget meant that £4.1m of the general reserve was earmarked to cover the budget gap. This creates an underlying shortfall in the budget for 2024/25. Some additional funding has been made available on a recurring basis during the first part of 2023/24 which reduces the gap. Key metrics are:

Reserves @ 1 April 2023	£m
General Reserve Earmarked to cover 2023/24 potential gap	4.1
Other General Reserves earmarked for investment and transformation	5.0
Other Earmarked Reserves	7.9
Total Reserves Carried Forward to 23/24	17.0
2023/24 Revenue Budget	£m
2023/24 Budgeted Spend (@M4)	351.9
2023/24 Budgeted Funding	347.8
2023/24 Additional Sustainability Allocation (NHS)	2.3
2023/24 Remaining Budget Gap	1.8

The HSCP has repaid all historical debt and has earmarked its reserves for investment in transformation and infrastructure and to address backlog maintenance. Managing performance in the current year is proving challenging as a result of high inflation, on-going reliance on agency and locum staffing and increasing demand pressures in older adult services.

The Scottish Government allocated an additional recurring uplift (sustainability) funding which is worth £2.3m to the HSCP and therefore reduces the underlying deficit. It appears to be recognised that further funding is required to enable the NHS more widely to operate on a sensible financial basis. The current baseline budget is therefore:

	NHS £m	Social Work £m	HSCP Total £m
Budgeted Spend	260.9	91.1	352.0
Recurring Funding	259.7*	90.5	350.2
Underlying Gap	1.2**	0.6	1.8

* includes NRAC share of sustainability funding

**assumes in year cost pressures are managed within budget

It is anticipated that NHS Highland will seek to recover additional sustainability funding on a one-off basis to assist with their deficit position but will allocate the funding on a fair formula (NRAC) share going forward.

3.3 Revenue Budget 2024/25 to 2027/28

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 current allocations and assumptions for future uplifts:

Funding Allocations	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
NHS Funding				
Total Allocation	259.7	266.2	272.8	279.7
Assumed uplift %		2.5	2.5	2.5
Social Work Funding				
Baseline Funding	90.5	92.8	95.1	97.5
Assumed uplift %		2.5	2.5	2.5
Total Funding	350.2	359.0	367.9	377.1
Additional Funding for Transformation	0.4	0.4	0.4	0.4

Key assumptions are:

- Additional resource will be allocated in 2023/24 to fund pay increases to the extent that they exceed budget in the current year;
- It is assumed a 2.5% NHS uplift will be applied by Scottish Government for 2023/24 and beyond with pay increases fully funded (some of this is likely to relate to specific funding eg for medicines costs); and
- The Argyll & Bute funding share (NRAC) is anticipated to reduce slightly to 28.48%. The very recent census data does however suggest that the decline may have been overstated.

The uplifts for Social Care applied in the model are assumed at 2.5%, similar to the implied increases in the May 2022 Spending Review document. It is expected that additional one-off or recurring financial support will be received to cope with increased drugs costs in particular.

3.3.2 Expenditure Budget

There is uncertainty within the expenditure budget 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. Concerns include the PFI contract for the Mid-Argyll Hospital, energy, travel and transport, the rates revaluation and drug costs.

For the majority of NHS budgets a 2% inflation uplift is assumed in line with national guidance. A 10% uplift is assumed for drugs costs, 7% for the PFI arrangements and 10% to 15% for energy costs as the impact of recent increases feeds into national contracts.

For Social Work Budgets mid-range uplifts of 2% for 2024/25 are also generally applied with adjustments made to specific budgets where this assumption is not deemed appropriate. This is in line with national guidance and ensures consistency across the Health and Social Care sector. It is assumed increases to the living wage rate for care staff (£12 per hour minimum) will be fully funded.

The baseline budget incorporates current savings targets.

3.3.3 Social Work Cost and Demand Pressures (mid range)

Social Work Cost and Demand Pressures	2024-25 £000	2025-26 £000	2026-27 £000
Pay inflation @ 2% per year	691	1396	2,115
Incremental increases	152	304	456
Non Pay Inflation	3,770	7,564	11,513
Older People Demand Growth	426	859	1,299
LD, PD and MH demand pressures	545	1,098	1,553
Continuing Care for Looked After Young People	0	250	500
Allowance for unknown cost and demand pressures / contingency	500	1,000	1,500
Total Social Work Cost and Demand Pressures	6,084	12,471	18,936

3.3.4 LD budgets in particular were re-aligned for the 2023/24 year, therefore the levels of demand pressures going forward are reduced. Further work on forecast demand for older adults and lifelong conditions is a priority as the budget for 2024/25 is developed.

3.3.5 Health Cost and Demand Pressures

NHS Cost and Demand Pressures	2024-25 £000	2025-26 £000	2026-27 £000
Recurring cost pressures – prescribing & Qfit testing	2,240	2,240	2,240
Pay Inflation Uplift 2% pa	1,891	3,817	5,780
Prescribing & Hospital Drugs Inflation	2,124	4,455	7,014
Inflation on GCCSLA	1,248	2,521	3,820
Inflation Commissioned Services & SLAs	694	1,403	2,125
Resource Transfer Inflation	283	572	866
Inflation on PFI Contract	151	312	484
Energy, Estates & Utilities Inflation	284	525	784
IFRS 16 Revenue Consequences	157	321	494
High Cost Care Packages - new	400	400	400
Demand for new Oncology drugs	500	1,000	1,500
LIH Pharmacy	45	45	45
NSD – Foxgrove / Regional Centre	436	738	989
Safe Staffing Act - Admin	70	70	70
Allowance for unknown cost and demand pressures	700	1,700	2,700
Total Health Cost and Demand Pressures	11,223	20,119	29,311

3.3.6 Summary and Budget Gap

Revenue Budget Summary	2023-24 £m	2024-25 £m	2025-26 £m	2026-27 £m
Funding Total	350.2	359.0	367.9	377.1
Baseline Spend	351.9	351.9	351.9	351.9
Social Work Cost & Demand Pressures		6.1	12.5	18.9
NHS Cost & Demand Pressures		11.2	20.1	29.3
Estimated Expenditure	351.9	369.2	384.5	400.1
Mid Range Budget Gap / Savings Target	1.8	10.2	16.6	23.0
New Savings Target as % of spend		2.8%	4.5%	6.1%

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 assumed funding increases. For 2024/25 planning purposes, the budget gap is estimated at £10.2m which is the indicative new savings target for 2024/25. However, Scottish Government are under pressure to better fund Health and Social Care. The above reflects expected costs of these impacts but there is a reasonable expectation that additional funding will be required, this may reduce the savings targets across the planning period. The Scottish Government have set an expectation of 3% efficiency savings year on 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 will be some mitigations which can be taken to reduce the impact of the funding gap on front line services as financial planning progresses. This includes anticipated funding to increase the care staff pay floor to £12 per hour and the potential allocation of remaining reserves in the event the HSCP cannot identify sufficient savings.

3.5 Transformation and Investment

The budget assumes that £400k will continue to be held to enable transformation projects to proceed. This will augment earmarked reserves budgets that have been allocated to fund service transformation, strategic business case work and infrastructure projects.

3.6 Reserves

Current financial planning does not set a target for increasing general reserves, there is pressure in the sector to reduce holding reserves and the HSCP is seeking to invest reserves it currently holds. It is intended that all resources available will be allocated to service delivery. Reserves held are intended to be spent during the period of this plan and balances will reduce. Additionally, it is likely that NHS Highland will seek to reallocate resource to assist with their overall deficit.

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.
Demographic or population changes reduce the formula funding to the HSCP.	5	4	20	Review annually and request re-assessment based upon census data publication.
One or both of the partners do not pass on anticipated funding allocated to Health and Social Care.	4	5	20	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, risk these are not realistic.

Implementation of NCS diverts attention from operational priorities and financial management	4	4	16	Seek to resource NCS / governance structure work 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.
Funding reduced or removed due to level of reserves held locally and across sector	3	4	12	Reduced as opportunity for SG to do this further is reduced as clawbacks have been implemented. Risk from partners is covered above.

Additionally, there are service and financial risks related to both partners. NHS Highland have a structural deficit to address in addition to unfunded cost and demand pressures. Argyll & Bute Council are also having to identify savings. 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:

	2024-25 £m	2025-26 £m	2026-27 £m
Mid-Range Budget Gap	10.2	16.6	23.0
Health Worst Case Additional	5.9	11.3	16.8
Social Work Worst Case Additional	2.6	5.1	7.7
Worst Case Budget Gap	18.7	33.0	47.5

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

3.7.3 Workforce

Workforce issues and risks are considered in the Workforce Plan. Labour shortages are likely to constrain the ability of the HSCP to deliver services and improvement. 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;

- demand pressures will drive additional staffing in some teams; and
- savings required to balance budget will offset the above to some extent.

3.8 Alignment with Strategic Planning

The medium term financial plan sits alongside other HSCP strategic and operational planning documents. These include the Joint Strategic Plan and Commissioning Strategy.

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 are drawn from the Scottish Government's Spending Review and Financial Strategy and will be reviewed and updated. There will be variations between the assumptions made at this stage of the budget planning process and the final funding allocations. There are also likely to be differences between assumed pay increases and actual settlements.

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 anticipated 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 a savings plan will be 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, future funding allocations and population and demographic change.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

- 11.1 Public engagement and consultation relating to the HSCP's budget is being planned at present. The HSCP is considering the use of an on-line tool to try and improve engagement with the wider public on the costs of services and the challenges of balancing the budget. Individual savings proposals will be subject to engagement as appropriate in line with the engagement framework. It is intended that the HSCP will start its budget engagement in October and that this will inform its final budget which will be developed for approval by the IJB in March 2024.

12. CONCLUSIONS

This document provides an indicative budget outlook and medium term financial plan for 2024/25 to 2026/27. It outlines the key assumptions, cost pressures and risk. 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. However, there is some expectation that additional financial support for Health and Social Care will be made available to address current underlying cost pressures, many of which are as a result of inflation exceeding funding uplifts for 2023/24. The scale of the challenge for 2024/25 is currently estimated at £10.2m or 2.8%.

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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Integration Joint Board

Date of Meeting: 27 September 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 Audit & Risk Committee in June 2023 and the Contingency, Risk and Resilience Committee in May 2023.
- Review and approve the Strategic Risk Register.
- Note that a Board Development session is planned for the 25 October 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 faced by NHS and social care services remain a concern along with on-going staffing shortages. This is resulting in increased waiting times across the Health and Social Care sector. Additionally the current socio-economic situation is now impacting directly upon funding and budgets with high inflation and the cost of living crisis continuing to be of concern. This situation has multiple strands, many of which are not within the control or influence of the HSCP. However, there is some perceived reduction in risk around resilience and contingency planning, covid 19 and the vaccination programme. Additionally the positive financial performance of the HSCP during 2022/23 has reduced short term financial risk.
- 1.3 It is intended that a Board Development Session in October will provide an opportunity for a further review of the register and the Risk Appetite Statement. This will be delivered in partnership with the Internal Audit service who have recently undertaken an audit of Risk Management processes within the HSCP.

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 risk 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 24 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
September 2023	4	13	7	24

- 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. A separate risk has been added to reflect the more favourable shorter term assessment, although this is now looking less positive as NHS Highland seek to address their financial challenges with reference to IJB resourcing. Recent work on the funding model and demographics also suggests that the Argyll and Bute IJB will face relative funding reductions due to population decline. The Financial Sustainability risk therefore remains very high despite the HSCP being in an improved financial position.

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. There are a number of service providers who have indicated that services are at risk in the relatively near term. Management are considering the implications and mitigations where there are specific issues. The national Care Home Contract has now been agreed which provides some assurance that there is a commitment to maintain the national approach to negotiating key contracts.

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. Longer term demographic analysis also indicates that the working age population is set to reduce which is likely to exacerbate this risk in coming years. The Health & Care Staffing act presents an additional new challenge in respect of managing the impact of new legislative requirements but is part of a national prioritisation of longer term workforce planning and sustainability.

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 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 fully fund inflation and cost pressures.

- 3.3 The table above also indicates that 2 risks that were previously considered to be 'very high' are downgraded in the risk register:

Business Continuity (SSR17) – this risk was increased last winter as there were a number of potential resilience and service continuity challenges. Several of these have eased slightly at present, including the risks of energy shortages and widespread industrial action.

Covid-19 (SSR18) – this risk is also perceived to have reduced, the HSCP will consider whether to recommend its removal from the Strategic Risk Register over the coming months and in consultation with NHS Highland.

- 3.4 Trend arrows have been added to the residual risk scoring to indicate the management perception in respect the risks on the register, these do not necessarily mean the overall risk categorisation has changed.
- 3.5 In respect of the National Care Service, there has not yet been any formal update which would enable detailed consideration of the risk implications of the creation of the NCS. The Verity House agreement perhaps indicates that the likelihood of very significant structural change is reducing. Argyll & Bute Council are currently considering how different models for Council and HSCP service provision Argyll and Bute may be governed going forward.
- 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.
- 3.7 A report on the recent internal audit review of risk management processes has been provided to the audit and risk committee. This report was largely positive but did highlight the need to improve the management of operational risk registers, this was highlighted as a medium grade recommendation in the audit report and action is now underway to address it.

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 continues to be perceived as being relatively high. On-going difficulties in recruiting staff to a number of roles and the service demand 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.

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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Strategic Objectives 2019-22

- A We will work to reduce health inequalities
- B We will plan and provide health and social care services in ways that keep people safe and protect them from harm
- C We will ensure children have the best possible start in life and plan services in a person centred way that benefits the person receiving the service, so they have a positive experience - right service, right place, right time.
- D We will plan for and deliver services in person centred ways that enable and support people to look after and improve their own health and well-being
- E We will prioritise community based services, with a focus on anticipatory care and prevention to reduce preventable hospital admission or long term stay in a care setting
- F We will deliver services that are integrated from the perspective of the person receiving them or represent best value with a strong focus on the well being of unpaid carers
- G We will establish "Locality Planning, Owning, Delivery" operational and management arrangements to respond to local needs
- H We will strengthen and develop our partnership with specialist health services with NHS GG & C and Community Planning Partners as well as with the third and Independent sectors
- I We will sustain, refocus and develop out partnership workforce on anticipatory care and prevention
- J We will put in place a strategic and operational management system that is focused on continuous improvement, with a clear governance and accountability framework
- K We will underpin our arrangements by putting in place a clear, communication and engagement arrangement involving our staff, users, the public and stakeholders

ARGYLL & BUTE INTEGRATION JOINT BOARD STRATEGIC RISK REGISTER UPDATED SEPTEMBER 2023

Risk Ref and xRef to Strategic Objectives	Description Of Risk	Consequence	Gross Risk			Mitigations/ Control Measures 2023/24	Residual Risk			Proposed New Control Measures	Risk Owner(s)
			Likelihood	Impact	Risk Rating /Score		Likelihood	Impact	Risk Rating /Score		
SSR01 links to B,E,F,J	Medium Term Financial Sustainability - risk of financial failure arising from costs and demand for services outstripping funding. This could be as a result of demand, cost pressures and inflation, failure to deliver savings or as a result of the level of delegated resource to the IJB from Scottish Government and / or partners being insufficient to deliver on strategic objectives.	Inability to deliver on the Strategic Plan, reduction in performance, progress not being made in respect of national priorities and targets, reputational damage to the IJB and partner bodies and the requirement to implement service changes or reductions that are not line with the strategic objectives. Possibility of intervention in management of HSCP.	4-Likely	5-Extreme	VERY HIGH 20	<ul style="list-style-type: none"> Financial information reported to Finance & Policy Ctee and IJB for current year and the budget outlook for future 3 years Review of funding allocations and settlements from government and partners and engagement with sector networks Finance & Policy Committee scrutiny financial performance, risk management, savings programme and financial planning Increased focus on delivery of the Savings Plan, project management approach to monitor and record progress Development of financial governance, integrated financial reporting, financial risk register, operational and strategic reporting along with modelling of cost pressures. Independent external audit of accounting and financial planning and reporting process of partners and HSCP Engagement with budget holders, SIO's and finance teams to ensure accurate financial forecasting is in place. Increase in general reserves due to better than expected financial performance in 2022/23 	4-Likely	5-Extreme	VERY HIGH 20	<ul style="list-style-type: none"> Detailed plans under development for use of reserves and refresh of Transformation Programme Review of medium term financial plan to be completed & NRAC funding allocations to be investigated further 	Chief Finance Officer / Chief Officer / SLT ↔
SSR01 (b)	Going Concern Status - Risk of financial failure within a 1 year time horizon due to overspending of service budgets, inflation and cost pressures or reductions in funding	Inability to deliver on the Strategic Plan, reduction in performance, progress not being made in respect of national priorities and targets, reputational damage to the IJB and partner bodies and the requirement to implement service changes or reductions that are not line with the strategic objectives. Possibility of external intervention in management.	4-Likely	5-Extreme	VERY HIGH 20	Mitigations are as above. Budget for 2023/24 has a significant gap, however the HSCP has reserves in place which will be able to fund the anticipated budget gap arising during the year.	2-Minor	4-Major	MEDIUM 8	Level of reserves currently in place mitigate this risk at present. NHS Highland continue to be under severe financial pressure which presents a short term risk to HSCP resourcing.	Chief Financial Officer / SLT ↓
SSR02 links to A,B,C,D,E,F,G,H,I,J,K	Delivery of Strategic Objectives - Lack of resources to deliver transformational change could lead to a failure to deliver on strategic outcomes and priorities in the Strategic Plan and expectations of Government. The pace of change to re-design services might not keep up with the demographic pressures of an ageing population.	Inability to engage with the workforce and communities on the need for change could lead to reputational damage and the increased fragility of health and social care services and poorer health outcomes for local people.	4-Likely	4-Major	HIGH 16	<ul style="list-style-type: none"> Locality Planning Groups with agreed terms of reference and engagement strategy guidelines Delivery of the annual Savings Plan with EQiAs produced to highlight impacts where appropriate Medium term budget planning integrated with strategy development Performance reporting - management information and transparent reporting to IJB Communications and engagement strategies Improved governance for IJB and committees SMT reporting structure and links with partner organisations, including Chief Officer representation on partner senior management teams Engagement with staff representatives Clearly articulated impact on Quality and Performance in all service redesign plans 	3-Possible	4-Major	HIGH 12	<ul style="list-style-type: none"> New Strategic Plan and Commissioning Strategy consulted widely upon and approved, this re-states and validates strategic objectives Roll out of new integrated Performance & Reporting regime in 2023/24 Locality Planning Groups Review of transformation programme structure and increased resourcing to projects 	Chief Officer ↔
SSR03 Links to B,E,G,H,I	Demographic Changes - failure to implement strategies and actions to address future demographic challenges of declining population, reduced working age population and an increase in the proportion of older people. Failure to accurately forecast the impact on services including shifting the balance of care and implementing new models of care. The population decline will reduce resources available in future.	This could lead to service failure to meet needs of service users and deliver against the Strategic Plan objectives.	4-Likely	4-Major	HIGH 16	<ul style="list-style-type: none"> Strategic Plan and role of Strategic Planning Group Incorporation of demographic forecasts into Strategic Planning and Locality Planning Locality Planning Groups to inform service re-designs in each locality in line with needs of the population Strategic Workforce Planning Group established to share data and good practice and develop 3 year workforce plans Demand pressures for services incorporated into budget process National awareness of demographic changes being driver for change in the way services are delivered Ongoing engagement with Community Planning Partners and joint planning 	4-Major	4-Major	HIGH 16	<ul style="list-style-type: none"> Resourcing and commencement of prevention agenda and co-production work Planning for future workforce demographic changes in Workforce Plan Updated Adult Health Strategic Needs Assessment Review of Transformation and change programme and re-commencement of transformation activities Establishment of Prevention Transformation Programme 	Chief Officer / SLT ↑
SSR04 links to J	Governance and Leadership - IJB arrangements are not conducive to effective working and lead to poor decision making and lack of strategic direction.	Service and reputational damage, lack of confidence in the IJB and inability to deliver on strategic objectives in a consistent manner.	3-Possible	4-Major	HIGH 12	<ul style="list-style-type: none"> Appropriate representation on the IJB. Programme of development sessions for IJB members. Integrating Scheme reviewed March 2021, Strategic Plan, Standing Orders and Code of Conduct in place. Effective sub-committee structure in place Internal Audit review of governance arrangements and recommendations implemented. External Audit review of governance and annual governance statement. Regular engagement with Standards Officer and regulatory bodies Full engagement of Board in development of Strategic Plan and Commissioning Strategy 	3-Possible	3-Moderate	MEDIUM 9	<ul style="list-style-type: none"> Development of continuous improvement to achieve an holistic approach to the overall Governance of the IJB and regular review of performance Implementation of governance improvement actions and audit recommendations Increased stability in senior leadership team New Strategic Plan approved and in place 	Chief Officer ↔

SSR05 links to G,H	Partnership Working - service delivery failure due to inadequate relationships with partners including the Council and Health Board and commissioned service providers including NHS GG&C and the third sector.	May lead to duplication of effort, poor relationships and the inability to effectively negotiate the IJB's position. The partnership may be viewed as failing or not achieving objectives, leading to reputational damage and loss of confidence in IJB and partners. It could also result in a reduction or loss of services to the community and failure to exploit opportunities for joint working, innovation and efficiencies.	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> Integration Scheme recently reviewed outlining roles and responsibilities Independent scrutiny arrangements in place and work of internal audit, including assurance mapping. Representation on IJB from partners, community representatives and third sector representatives. Clear channels of communication and information sharing protocols in place Directions are issued to partners in line with strategic direction and operational delivery of services. Strategic Planning work with Commissioned Service providers and new Commissioning Strategy Third Sector representation on the IJB & commitment to co-production Regular engagement with key partners 	3 - Possible	3 - Moderate	MEDIUM 9	<ul style="list-style-type: none"> Alignment of roles and responsibilities through the code of corporate governance and induction training for new members of the IJB Approval of Commissioning Strategy following extensive consultation with partners Shift from annual grant funding to longer term contracts to facilitate longer term security / planning Resourcing and Commencement of Prevention and Co-Production work and activities and integration of these within Transformation programme Reinvigoration of locality planning groups and engagement with the Local Area Group. Re-establishment of regular meetings with GG&CHB Improved engagement mechanisms and establishment of prevention and co-production workstreams 	Chief Officer ↓
SSR06 links to E,J	Infrastructure and Assets - Assets remain under the ownership of the Council and Health Board. Risk that these do not meet the current and future requirements due to underinvestment in maintenance, equipment and ICT or that assets are not being used or managed efficiently and effectively.	Risk assets not being maintained / replaced or being otherwise appropriate to support the IJB's strategic outcomes and do not enable efficient, safe and effective service delivery. Accommodation provided for residential and short episodes of care result in poorer outcomes. Properties will fail to meet standards required by regulators, and fail to deliver on carbon reduction commitments. Equipment will become unreliable with additional downtime and ICT infrastructure will not support Digital Transformation ambitions.	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> Progressing co-location options with Argyll & Bute Council Represented on Council and NHS Highland Asset Management Boards Partnership working to reflect joint planning approach with membership of both partner asset groups Appointing of new senior management post to increase capacity Securing of additional external resource for investment in Tires and in carbon reduction. 	3 - Possible	4 - Major	HIGH 12	<ul style="list-style-type: none"> HSCF Digital / IT strategy now complete help enable TEC / remote working Development of a strategic approach to the combined HSCF estate and the identification of priorities for investment and replacement of infrastructure assets. New Strategic Estates & Sustainability Post and establishment of new Infrastructure Transformation Board. Resourcing of key infrastructure projects to link with strategic and transformation objectives Strategic Assessment work underway to try and get replacement assets in capital pipeline at Scottish Government level. Risk reducing due to increased management capacity, additional resources available and held by HSCF, 2 recent successful bids for external funding worth over £0.5m. 	Chief Officer, Head of Strategic Planning and Performance, Head of Finance & Transformation ↓
SSR07 links to B,D,E,H	Sustainability of commissioned service providers - financial and operational sustainability of care at home and care home commissioned service providers deteriorates as a result of financial and workforce pressures.	Market failure would lead to disruption of service, the implementation of contingency plans, increased costs and an adverse impact on individuals and their families. Would also impact on the ability of the IJB to deliver on the planned shift in the balance of care.	5 - Almost Certain	5 - Extreme	VERY HIGH 25	<ul style="list-style-type: none"> Commissioning team supplier relationship and market management, including contract management and review processes and solvency checks as part of contract management Additional funding for providers to facilitate the implementation of wage increases and Fair Work Practices Engagement with national work supporting the National Contracting Contingency planning in localities for care at home during the pandemic. Care Home and Care at Home Assurance Group for Argyll and Bute to identify and manage local and short term risks. Strategically the Care Home Programme Board will assist planning ahead with forecasting demand. Engagement with national workforce planning and local training providers around promotion of the caring profession 	5 - Almost Certain	4 - Major	VERY HIGH 20	<ul style="list-style-type: none"> Continuing work with providers in partnership Ongoing engagement nationally with financial sustainability plans and flexible approach to local support where necessary Implementation of Strategic Commissioning Plan based on Joint Strategic Needs Assessment Engagement with key providers and project planning to address issues as they arise. Regular management escalation where issues arise Effective use of additional winter planning funding to try and improve sustainability of providers Positive internal audit review provides assurance risk is being managed appropriately Contingency planning where there are specific known issues 	Heads of Adult Care, Head of Strategic Planning and Performance ↔
SSR08 links to A	Equalities - services are not delivered in a way that addresses inequality or takes into account the needs of those with protected characteristics.	Service users are put at unnecessary risk of harm and people with poorer life chances may have their health and wellbeing impacted. Groups with protected characteristics may be perceived to be impacted unfairly.	4 - Likely	3 - Moderate	HIGH 12	<ul style="list-style-type: none"> Equalities Outcomes Framework in place Equalities impact considered as part of IJB decision making and service change. Communication with service users as part of implementation of service change using engagement and communication strategies. Adjustments to implementation plans are actioned where appropriate to mitigate any potential negative impact. Service changes not implemented where this would constitute unlawful discrimination. 	3 - Possible	3 - Moderate	MEDIUM 9	<ul style="list-style-type: none"> EQA process are improving but provider sustainability issues have a significant impact on those with protected characteristics Review of Equality outcomes in line with policy 	↔
SSR09 links to B,C,D,E,F,J,I	Scottish Government Policies - risk of further legislative, policy developments or change which impacts on the IJB's ability to deliver on the current Strategic Plan.	Inability to deliver SG policies alongside the Strategic Plan and IJB's agreed objectives and the impact of additional unfunded cost pressures.	5 - Almost Certain	4 - Major	VERY HIGH 20	<ul style="list-style-type: none"> Horizon scanning for policy developments through partners and SMT network groups Regular liaison with senior officers in the Scottish Government and through Cosla Groups Respond to Scottish Government information requests on impact of future policies Early impact assessment locally for national policies, including any impact in budget outlook Implement and adopt innovative ways of implementing policies Role of Elected Members and IJB members to influence Scottish Government decision making through political routes On-going monitoring of developments with NCS 	4 - Likely	3 - Moderate	HIGH 12	<ul style="list-style-type: none"> Engagement in sector developments and networks relating to the implementation of the National Care Service Engagement continuing through professional networks to respond to NCS proposals Sending Review published in May 22 outlines prioritisation for Health and Care sector Engagement with government officials including visits to area and meetings to discuss local impacts of NCS Respond to requests for evidence from parliamentary committees Positive relationships with key partners, civil servants and politicians Establish working group to consider implementation of Staffing Act 	Chief Officer, Heads of Service ↑

SSR10 links to B,C,E,H,J	Workforce Recruitment and Retention - inability to recruit and retain the required workforce because of local or national workforce shortages. This may result in increased costs, increased risk or reduced service. Applies to commissioned services as well as direct provision.	Service users needs for particular disciplines or in particular areas may not be met if workforce is not in place.	5 - Almost Certain	5 - Extreme	VERY HIGH 25	<ul style="list-style-type: none"> oJoint and integrated Workforce Plan oStrategic Workforce Planning Group to ensure overall visibility of recruitment, retention and development challenges across HSCP oApply 2b campaign framework for attracting people into area. oContingency plans for clinical posts to reduce reliance on locums oService re-designs to plan for changes to services in line with workforce capacity oTargets for new Modern Apprentices to reduce average age of workforce oSupport commissioned service providers with recruitment and retention, for example supporting implementation of Living Wage and pay rate increases. o Links with Open University assisting recruitment of students for social work and nursing o Programme for delivering SVQs for social care o Development and roll out of community team standards o Detailed data on workforce available to managers 	5 - Almost Certain	4 - Major	VERY HIGH 20	<ul style="list-style-type: none"> oStrategic Workforce Planning group to implement Workforce Strategy oHeads of Service and Managers actively engage in workforce planning oExplore further opportunities for Growing our Own including MAs in NHS oPromote ABC and NHS as employers of choice and ensure all vacancies promoted using abplace2b.com. oContinue to reduce reliance on locum and agency staff through scrutiny oEnsure on-going support for CPD utilisation of new funding to increase staffing oIdentification of options within current estate in HSCP to address housing shortages and progress key worker housing in partnership with Housing Associations, Shelter Scotland and Argyll & Bute Council. oInternal audit review oIndustrial action remains a risk and is likely to impact negatively on workforce retention and recruitment 	Head of Customer Support Services / Head of People, Planning and Reward / People Partner	↔
SSR11 links to B,E,F,J,K	Communications and Engagement with Communities - risk of inadequate arrangements in place to communicate with stakeholders, communities and partners.	Could result in failure to gain community support for service changes and ineffective partnership working with communities. Reputational damage from failure to adequately consult and engage. Could result in failure to deliver planned change and transformation projects.	5 - Almost Certain	4 - Major	VERY HIGH 20	<ul style="list-style-type: none"> oCommunication and Engagement Strategies delivered but require to monitor practice through assurance frameworks. oOpenness and transparency of publicly available information oCommunications events and information widely available to engage stakeholders in conversations about service changes and the need for change. oEngagement with politicians to ensure the Argyll and Bute position is shared and understood. oLocality Planning Groups and other forums are used to communicate with communities and explore new ways of getting the UB message across oCommunication plans developed as part of implementation of service changes 	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oSupport local ownership of communications and engagement oContinue roll out of social media use at a local level oOngoing review of Communications and Engagement Strategy and Framework. oDeliver communication and engagement plans within guidelines. Ensure conforms to SG guidance "Planning with People" and standards for community engagement. oEffective engagement on strategic plan, commissioning strategy and co-production work. oLocality Planning groups meeting regularly oSupport from Health Improvement Scotland and staff training and awareness raising 	Associate Director Public Health, Communications team	↔
SSR12 links to B,E,F,J,K	Workforce Shift - risk that there is not appropriate engagement with staff groups, particularly over the need for service changes and the requirement to work in a different way. There may be professional concerns about inter-disciplinary working and cultural barriers will prevent effective integration.	This would result in poor morale and the failure to gain staff support for the workforce shift and culture change required. Resistance from the staff group would in turn limit the flexibility required to deploy the workforce in line with changed models of care. Full integration will not be achieved and teams will be disjointed. Ultimately impacting on the service provided to communities.	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oJoint Partnership Forum and Staff side Liaison facilitate communications and information flow between management to staff side and Trade Unions oCommunications plan for each service change project, including staff as stakeholders oSupport from staff side partnership to support staff with new ways of working with an integrated partnership approach. oCompliance with terms and conditions of employment for both staff groups oIndividual staff development plans and training programmes oWorkforce Planning oStaff surveys used to inform targeted improvement work with individual teams oStrengthened communication and cascade of information from Chief Officer 	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oClarity over role and function of teams working in our communities.OD support will be offered to Area Managers to support teams. o ongoing work of the culture and staff wellbeing workstreams o development of workforce strategic plan o increased focus required on progressing with redeployments of staff who are supernumerary o development of plans and engagement with staff in respect of how to invest funds in improving staff wellbeing o staff side involvement in SLT meetings and Transformation Board 	Chief Officer	↔
SSR13 links to A,B,H,J	Safety of Services - inability to maintain the safety of services due to demographic changes, increasing need and complexity and the ability to recruit staff for direct employment and for delivery partners	May result in harm to service users or patients, the failure to provide appropriate care and reputational damage to the UB and partners.	4 - Likely	5 - Extreme	VERY HIGH 20	<ul style="list-style-type: none"> oClinical and Care Governance Committee and professional leadership oRisk Management Strategy recently updated and operational risk management arrangements oOn-going recruitment, retention and training of staff oTriggers for service re-designs including ensuring clinical safety is not compromised oPrioritisation of need frameworks in place to determine need for access to services oDevelop and implement contingency arrangements for localities and services 	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> o Increased focus on training and development of staff and improved flexibility o Increased engagement with commissioned service providers o New Contingency, Risk and Resilience group 	Lead Nurse/Chief Social Worker	↔
SSR14 links to A,B,H,J	Waiting Times - failure to meet waiting times targets and treatment times guarantees for treatment in specialities in NHS GG&C and outreach clinics in Argyll and Bute. Waiting times have already increased due to Covid-19 pandemic and disruption and pressures within the Health system continue.	This would result in a poor level of service for patients, the potential to have to travel further for appointments, and is not in line with the anticipatory and preventative approach to care.	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> o Continued engagement with NHS GG&C to agree a strategic jointly planned approach to outreach services o Monitoring and reporting of waiting times o Development of new delivery models such as specialist nurses, tele-consultation and direct or follow up referral to primary care or AHP professionals o Plans for use of Waiting List and winter planning funding 	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oInclusion in NHS Highland Remobilisation plan to request additional funding to redesign services and address backlog. Initiatives include increasing virtual clinics/services, digital and appointment modernisation, enhanced role of AHPs and waiting times initiatives additional clinics. oThe development of Near Me and Outreach Clinics needs further scoped across all sites/clinics following the pandemic. oEvidence of continuing disruption to services and staffing shortages throughout local and national healthcare system continuing to make it challenging to address increased waiting times. This is a serious national issue at present. Pass through of funding is essential to progress. 	Heads of Service	↔
SSR15 links to A,B,C,D,E,F,G,H,J,K	Support Services - risk that support services do not adequately support front line service delivery. Inability to integrate support services which are not fully delegated to the UB. Continued reliance on two systems, processes and approaches may lead to confusion and ongoing inefficiency. Risk that partners will not support changes to current arrangements.	Could adversely affect services experienced by patients and service users if support services cannot fully support front line services. Wasteful duplication and inefficient use of resource.	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oCo-location of staff oSome IT systems integrated and further plans to review this and to facilitate access to joint systems oRollout of MS Teams - IT services and remote working are much improved as a result o Committee support arrangements in place o Continuous improvement in support service provision 	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oReplacement programmes for new systems Social work (clippae), Hospital Telecoms, and portal (link systems) funded and in place. oOffice 365 implementation oDevelopment of corporate services agreement with partners oWork to improve recruitment processes on-going o Implementation of staffing act presents an additional pressure on support services, particularly HR 	Heads of Service	↑

SSR16 links to A,B,C,D,E,F, G,H,I,J,K	New General Medical Services Contract - risk that the HSCP are not in a position to support the implementation of the new GP contract as a result of availability of funding and capacity for the HSCP to deliver services transferred from GPs. Higher risk of implementation across remote and rural areas.	Could adversely affect services experienced by patients as gaps in service may arise. Potential for negative impact on relationships with Primary Care practitioners.	4-Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oOngoing collaboration between the HSCP and Primary Care to support practices oPrimary Care Modernisation Board with priorities established and Programme Manager in place oRegular updates on progress to Transformation Board and the IJB, constructive progress being made pharmacotherapy, physiotherapy and mental health workstreams 	4-Likely	4- Major	HIGH 16	<ul style="list-style-type: none"> oHead of Primary Care in place to add management capacity. oEngagement with Scottish Government in respect of funding to enable permanent workforce structures to be developed and implemented and agreement of some concessions within Argyll and Bute o Funding for Primary Care improvement reduced substantially by Scottish Government, risk therefore continues to increase at present 	Associate Medical Director ↑
SSR17 links to A,B,C,D,E,F, G,H,I,J,K	Business Continuity and resilience risks including responding to Emergencies	Adversely affecting service delivery and waiting times performance, and ability to deliver planned transformation	4-Likely	5 - Extreme	VERY HIGH 20	<ul style="list-style-type: none"> oRegular testing of emergency scenarios oResponse to Covid-19 pandemic 	4-Likely	4- Major	HIGH 16	<ul style="list-style-type: none"> oDigital / IT & Telecoms infrastructure enhanced oContingency, Risk and Resilience Management group established including representation from partners o going high demand for services combined with workforce issues 	All SLT ↓
SSR18 links to A,B,C,D,E,F, G,H,I,J,K	Covid-19 and other respiratory illnesses- risks of further waves of covid and other infections with more people becoming ill and requiring health care	Adversely affecting service delivery and waiting times performance, and ability to deliver planned transformation. Risk would result on further pressure on available workforce.	5 - Almost Certain	5 - Extreme	VERY HIGH 25	<ul style="list-style-type: none"> o there is an effective vaccination programme in place. o experience and project planning of previous mobilisation from first and second waves 	3-Possible	3 - Moderate	MEDIUM 9	oRisk perceived to be reducing at present	All SLT ↓
SSR19 links to A,B,C,D,E,F, G,H,I,J,K	Culture - risk that perception of negative culture results in increased difficulties in recruiting and retaining staff, staff wellbeing and wider reputation of the HSCP.	Adverse impact on reputation and ability to recruit. Also impacts on service delivery if teams are unhappy or short staffed as a consequence	4-Likely	5 - Extreme	VERY HIGH 20	<ul style="list-style-type: none"> o Wellbeing groups and workforce strategy group in place o Whistleblowing process in operation o Guardian Service in operation - independent and confidential o extensive roll out of courageous conversations training 	3 - Possible	3 - Moderate	MEDIUM 9	oindications of improving culture	Chief Officer ↓
SSR20	Statutory/Mandatory Training - risk that patient / service user harm could result directly from, or be attributed to, a failure to comply with statutory and mandatory training requirements. This could result in harm to an individual or group of service users, members of staff and could result in financial claims and reputational damage.	Adverse effect on quality and safety of care and service delivery. -Potential to result in Adverse Events with harm to service users and staff which could result in civil claims being made with a risk of high financial cost. -Potential for enforcement action being taken against the HSCP by the HSE with severe financial and reputational consequence	5-Almost certain	5-Extreme	VERY HIGH 25	<ul style="list-style-type: none"> o Stat/Man training policy in place. o Training programmes in place via on-line training and face to face induction programme 	3-Possible	5-Extreme	HIGH 15	<ul style="list-style-type: none"> oHead of Service/senior managers to compile service improvement plans with local delivery based on individual service position. Specific plans put in place for online training and for face to face training. oHeads of Service to ensure there is a regular forum for reviewing the plan, ensuring implementation and escalating barriers. oAll staff to receive a communication from the Chief Officer on responsibilities for undertaking mandatory training. oManagers to ensure that they are up to date with their own training. oManagers to monitor compliance, support staff to access computers and have time to bring their mandatory training up to date. oManagers to support staff who are falling behind with their compliance with mandatory training and follow up until the training has been completed. oThe Health & Safety Committee and Strategic Leadership Team will review compliance performance regularly, compliance is improving as a result. 	Chief Officer ↓
SSR21	Vaccine Delivery - Whilst responsibility for the delivery of the vaccination programme sits with NHS Highland, there is a risk that locally the vaccine programme may not be delivered as quickly as communities and government wish.	-Reputational damage may arise as a result of the local management of the vaccination programme -communities may not benefit from the impact of the vaccination programme to the maximum possible extent	4-Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oEngagement with Highland Health Board to ensure that the vaccination is programme is delivered as quickly and efficiently as possible oRecruitment of vaccination staff on a permanent basis oEffective communication with local communities 	3-Possible	3-Possible	MEDIUM 9	<ul style="list-style-type: none"> oPermanent recruitment of vaccination staff oGood local performance levels to date oExtended messaging on all vaccination programmes for all ages 	Chief Officer ↓
SSR 22	Climate Change - risk that the HSCP will not achieve the climate change decarbonisation and emissions targets set for it. This is likely to result in reputational damage at both a community and political level as well as a financial cost.	-Perception that the HSCP is not fully committed to delivering on the Scottish Government Climate Change targets as a result of lack of capital and revenue funding or management capacity to prioritise this work.	4-Likely	3 - Moderate	HIGH 12	<ul style="list-style-type: none"> oOn-going engagement and participation with A&B council, NHS Highland and Scottish Government partners in respect of all health and care areas producing CO2 emissions including procurement decisions, estate, travel and transport. Services provided by the HSCP. o Access to funding revenue and capital to undertake CO2 reduction projects e.g. zero emission NHS fleet by 2025 	4-Likely	3 - Moderate	HIGH 12	<ul style="list-style-type: none"> oSecured funding for carbon reduction consultancy oDevelopment of capital and revenue investment plans in HSCP, Argyll and Bute Council and NHS Highland oLocal projects underway, climate change report submitted and potential for case study oNew Estates and Sustainability manager now in post and funds available for investment 	Head of Strategy, Planning, Performance and Technology ↓
SSR 23	Socio-Economic Situation - multiple risks relating to the current socio economic situation. Risk is driven by direct and indirect implications of high inflation, expected increase in poverty, increasing interest rates and tightening public funding position.	Consequences may include: -increased staff and non-staff costs reducing real terms values of budget and reserves. -potential for strike action within HSCP, partners and in other services and industries. -additional service demand arising from cost of living crisis, increased poverty levels, increased pressure on mental health services may be a particular pressure. -shortages of supplies and services which could include supplies of drugs and other critical supplies and care provision.	4-Likely	5 - Extreme	VERY HIGH 20	<ul style="list-style-type: none"> o recognition that this is a national socio-economic issues and local mitigations and influence is limited o resilience and contingency planning o remobilisation of services o involvement in sector discussions in respect of strike exemptions o may need to consider prioritisation of services and resources 	4-Likely	5 - Extreme	VERY HIGH 20	<ul style="list-style-type: none"> o HSCP planning sensitive to issues facing local communities o awareness of pressures and careful financial and service planning to mitigate impact particularly on most vulnerable o largely outwith the control of the HSCP 	Chief Officer & SLT ↔

Risk Matrix

IMPACT	LIKELIHOOD				
	Risk	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)
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.



Integration Joint Board

Date of Meeting: 27th September 2023

Title of Report: Health & Social Care Partnership- Performance Report- FQ1 (April - June 2023/24)

Presented by: Kristin Gillies- Head of Strategic Planning, Performance & Technology

The Integration Joint Board is asked to:

- Acknowledge performance for FQ1 (April - June 2023/24)
- Acknowledge the summary overview of the Heads of Service Performance update for Clinical Care Governance Group
- Acknowledge performance update on the National Health & Wellbeing Outcomes and Ministerial Steering Group Integration Indicators (**Appendix 1**)
- Note System Pressure Report for August 2023 (**Appendix 2**)
- Note Delayed Discharge Sitrep for August 2023 (**Appendix 3**)

EXECUTIVE SUMMARY

This report details performance for FQ1 (April – June) 2023/24, the performance outputs are taken from the new Integrated Performance Management Framework (IPMF) reporting Dashboard with the focus on the eight key service areas. The report details performance against each of the service areas and the 93 supporting Key Performance Indicators.

Alongside this is an update from Heads of Service giving a wider context and identifying risks and mitigations. The Head of Service reporting is still under development with reports from Children & Families, Health and Community Care and Primary Care, these were discussed at the August meeting of the Clinical & Care Governance Committee. National Health & Wellbeing Indicators performance updates have been included and in addition there is a performance and trend overview with regards to System Pressures and the National Delayed Discharge Sitrep, detailing benchmarked performance against other partnerships.

The IPMF Dashboard and data for each of the KPI's is accessible via SharePoint and offers users full drill-down capability on all data indicators and associated trends. Performance reporting using the new dashboard and IPMF structure is part of the new performance reporting culture associated with the IPMF.

The collaborative development of the IPMF means that this report marks the start of a new style of performance reporting. It is expected that the new IPMF Dashboard will evolve through the course of this year and the performance team will be providing one to one support for Heads of Service and Service Leads with regards to understanding and developing their Key Performance Indicators.

The use of the new performance Dashboard within SharePoint is designed to offer a more focussed approach to the access and analysis of data, offering scope for self-service. Reporting and use of

the Dashboard for this year 2023/24 has already seen the inclusion of the previous Health & Wellbeing Outcome Indicators and Ministerial Steering Group- Integration performance measures. This means that previous reported performance is still available but reported within the new digital IPMF framework, the future of these older indicators is under scrutiny as more direct and selective performance reporting is being developed by the Scottish Government, an example of this is seen with daily and weekly Delayed Discharge and Unmet Need.

1. INTRODUCTION

The Integrated Performance Management Framework and associated Performance Dashboard has been collaboratively developed with the Strategic Leadership Team. The format of the IPMF Performance Dashboard covers all the areas previously reported to both the Clinical & Care Governance Committee and Integration Joint Board, but recognises the need to ensure that local performance and improvement activity is reported within the new digital dashboard. This report includes an overview of the previous Health & Wellbeing Outcome Indicators and Ministerial Steering Group- Integration measures.

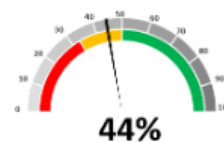
2. DETAIL OF REPORT

The report details the HSCP performance for Financial Quarter 1 (April - June 2023/24) highlighting key performance trends across the 93 Key Performance Indicators. In addition the report includes performance and risk update from Heads of Service and an update with regards to System Pressures (Appendix 2) and Delayed Discharges (Appendix 3).

3. RELEVANT DATA & INDICATORS

3.1 FQ1 23/24 Performance Summary

ARGYLL & BUTE TOTAL	
ON TRACK	41
OFF TRACK	52
Awaiting Data	0



**PERFORMANCE ACROSS
ARGYLL & BUTE**

Performance across the Dashboard Key Performance Indicators (93) notes that 41 of KPI's are scoring against target as on track with 52 scoring off track, the average percentage across all the eight services notes 44% on track.

The KPI's report performance against the target and include the target, actual and variance and is a mix of both quantitative and qualitative indicators. The use of the green, amber and red graphics within the Dashboard is used to give an overview of the total performance for each of the eight services and 93 KPI's.

The IJB is asked to note the use of only green and red for the KPI's at this stage is used to focus delivery with regards to sustaining performance on or above target.

3.2 Analysis of Key Performance

This analysis identifies performance across the 8 service reporting categories within the Integrated Performance Management Framework (IPMF) dashboard as noted below.

Children & Families

Performance on or above target:

- Increasing the number of care experienced children placed at home or in Kinship or Fostering Care is on track, noting 11% above target performance.

Areas for Improvement:

- Performance with regards to the number of children seen within 18 weeks for Child & Adolescent Mental Health Services remains off track, with FQ1 noting 62% against a 90% target.
- Performance around reducing numbers of care experience children looked after away from home has declined due to noted 9% increase this quarter.

Telecare and Digital

Performance on or above target:

- New referrals to Telecare services noted a quarterly increase for the 4th consecutive quarter, with the average number of referrals at (185) per quarter.
- In addition there has also been an increase in the number of Telecare Users with a digital device, meeting the 11.5% target.
- Performance with regards to the 20 days target response for Freedom of Information Requests notes a 100% for FQ1.

Areas for Improvement:

- Q1 noted a slight reduction to 861 (10%) in patients seen by 'Near Me' clinics.

Public Health and Primary Care

Performance on or above target:

- The enrolment of 100% of nurseries in the ChildSmile Daily Tooth-brushing programme notes an sustained increase against target
- With regards to the number of people attending training in Money Counts, Behaviour Matters, performance notes a 34% increase against target for FQ1 2023/24

Areas for Improvement:

- The qualitative KPI on establishing Community Link Workers within Primary Care settings within areas with the highest level of deprivation in A&B remains slightly off track (60%) below the target milestone.
- Performance with regards to increasing the monthly smoking quit dates set for the most deprived areas in A&B notes performance below target.

Hospital Care & Delayed Discharge

Performance on or above target:

- Occupied bed days for people delayed as a result of Adults with Incapacity (AWI) legislation notes on-track performance in Q1 with this measure shown 10% under target levels.

- Reported occupied bed days for people awaiting a care home placement notes a (26%) reduction in trend across the quarters, suggesting less people in hospital and occupying less bed time.

Areas for Improvement:

- The overall number of people delayed in hospital Q1 performance notes a slight reduction (15%) compared to previous quarter.
- Unplanned admissions to hospital for 65+ remains slightly over target (3%). Consistently high levels across this measure in the spring/summer period are of concern, as this may be early indication of systems pressures in the coming winter periods.
- Reducing total New OP Waiting Times breaches at 12 weeks notes increase in numbers above target , with Q1 54% above target and peaking at 907 as at Jun 2023.
- Reducing total New Outpatient Waits Long Waits >52 weeks has also noted an increase against target, with low numbers low across recent quarters.

Finance

Performance on or above target:

- A reduction in the hours of assessed unmet care at home resulted in a slight reduction on previous quarter performance for second consecutive quarter. On average the cost for this quarter is £8961, a 29% reduction on previous quarter average.

Areas for Improvement:

- With regards to reducing the indicative cost associated with delayed discharge stay in hospital, Q1 data notes a reduction (14%) which represents the measure is 4.7% off target.
- Pharmacy expenditure notes 13.9% over reported target for FQ1.

Carers & Allied Health Professionals (AHP's)

Performance on or above target:

- Number of Community Patient Discharges reporting on track performance with targets met consistently across previous 3 quarters. Q1 notes performance 30% above target. This measure indicates outcomes and patient flow to free up capacity to meet new patient referral demands.

Areas for Improvement:

- Increasing support to Unpaid Carers across the Carers Centres notes reduced performance with 1701 actively supported 12.3% below target and a 28% reduction from peak noted in the previous quarter. There is a similar pattern noted in the numbers of Young Carers supported.
- With regards to AHP services, the data for FQ1 notes a consistent increase in the number of new outpatient breaching at 12 weeks, with this measure reporting 39% off target.

Care at Home and Care Home

Performance on or above target:

- With regards to reducing unplanned admission to hospital from a Care Home, performance against target notes a 40% reduction

Areas for Improvement:

- Percentage of Older People receiving >15 hours Care at Home per week (2%), and also increasing the Percentage of Older People receiving nursing care home service (9%), indicating performance against these measures is close to meeting the set targets.
- Increasing the Percentage Priority Referrals completed in time (6%) and Increasing Older People with Care at Home assessed at 6 week point (31%) performance around both measures is expected to improve with the recent migration to Eclipse Care Management System

Learning Disability & Mental Health

Performance on or above target:

- The percentage of adults supported and in receipt of Option 1 Self Directed Support, notes sustained improvement across recent quarters.
- Adult Support and Protection Investigations completed within 15 working days notes an ongoing and sustained improving trend across recent quarters, with Q1 (5%) above target.
- The KPI on Reduce number of MHO Detentions has seen a 48% fall in numbers compared to previous quarter and is meeting the Q1 target.
- With regards to reducing the numbers of people waiting for psychological services more than 18 weeks, Q1 notes a slight increase from the previous quarter, but remains on track at 12.5% below the performance target.
- All 6 Alcohol & Drug Partnership MAT standards pilot milestone measures are reported as on track.

Areas for Improvement:

- Adults with Learning Disabilities 6 monthly reviews- remains off track however there is a notable increase of 34% on previous quarter's performance.

3.3 Head of Service- Update Report

The summary below identifies a snapshot of commentary given by Heads of Service with regards to Children & Families, Health & Community Care and Primary Care. Full reports were presented and discussed at the Clinical & Care Governance Committee on 3rd August 2023. Following agreement these reports will be expanded to include all areas of service going forward.

Children & Families

- We are striving to mitigate risks by implementing a learning and development framework for all social work staff. Recent discussion with Social Work Team Managers has been around developed a standard curriculum of learning to include a theory base consisting of Resilience, Attachment, Trauma Awareness and Solution Focus. Technical skills such as the compilation of chronologies would be included
- In common with other social work specialisms we are considering the developmental journey or golden thread from unqualified to newly qualified to enhanced qualifications to management & leadership training and finally onto the Chief Social Work Officers award. Offering a sense of career progression and a commitment to development at all levels
- We have increased the size of the Fostering & Adoption team within the last year to allow it to become involved in the recruitment and assessment of kinship carers. This not only fits

within the ethos of 'The Promise' but could offer a solution to pressures elsewhere in the system

- The Child Protection Advisor has had a positive impact on supporting teams and providing CP supervision - risk has been removed from risk register. However, she is covering a large geographical area risking work being reactive rather than proactive.
- There has been ongoing discussion regarding neurodevelopment diagnostic pathway within CAMHS and associated interface with colleagues in paediatrics. We are developing an integrated multi-agency model.

Health & Community Care

- Workforce challenges remain the highest level of risk, currently and in the future. There are specific gaps within professions, services and within localities. There are a range of groups and functions to address these challenges.
- The National Care Home Contract (NCHC) was agreed across Scotland in June 2023, bringing some national stability to the sector
- Care at Home unmet need is monitored and escalated weekly. The care at home contract tender contract is being developed.

Primary Care

- Work ongoing around procedures to ensure a good standard of locums. Work ongoing around Terms & Conditions/pay of staff transferred by TUPE over to Board employment
- Work ongoing to maximise available standards and improved quality through standardisation of processes across the department. Previously managed as ten discrete sites. There is a focus on Standard Operating Procedures, encouraging staff engagement and definition of roles and responsibilities within the department.
- A&B group now convened to have oversight of issues relating to Out of Hours.
- Vaccine delivery near or over Scottish average for Spring/Summer campaign. The transfer of vaccination responsibility is now complete.

4. NATIONAL HEALTH & WELLBEING OUTCOMES (HWBOI) and MINISTERIAL STEERING GROUP (MSG) INTEGRATION INDICATORS

The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. This suite of outcomes serve to focus on improving the experiences and quality of services for people using those services, carers and their families. These indicators form the basis of the annual reporting requirement for Health and Social Care Partnerships across Scotland.

The national indicators will be updated and reported within A&B HSCP's Integrated Performance Management Framework to provide the national performance position alongside the local service Key Performance Indicators suite.

The latest data in relation to 26 HWBOI and MSG Indicators reports 46% on track, with 12 on track and 14 off track. An overview of A&B HSCP's latest performance against the 26 measures is reported in Appendix 1. It should be noted that reporting periods vary across the suite of national

indicator measures, with some measures reported quarterly affected by national reporting data lag.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The monitoring and reporting against Key Performance Indicators using the Integrated Performance Management Framework and Dashboard ensures the HSCP is able to deliver against key strategic priorities. This in-turn is aligned with the Strategic Plan and key objectives.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Financial performance is evidenced within the IPMF Dashboard ensuring best value as well as evidencing the impact and performance against organisational budget savings.

6.2 Staff Governance

Key performance indicators within the IPMF ensure that staff governance requirements continue to be progressed and developed include health and safety, wellbeing and new service redesign and working practices.

6.3 Care and Clinical Governance

Clinical Governance and patient safety remains at the core of prioritised service delivery against the new IPMF Dashboard and National Health & Wellbeing Outcomes Indicators. The new governance structure supporting the IPMF ensures that the Clinical & Care Governance Committee remain central to performance improvement.

7. PROFESSIONAL ADVISORY

Data used within the performance dashboard is fully accessible in SharePoint with data trends and forecasting are identified to give wider strategic context. This provides the HSCP professional advisors with self –service performance information to inform their role in maintaining professional standards and outcomes.

8. EQUALITY & DIVERSITY IMPLICATIONS

The Integrated Performance Management Framework captures relevant indicators used to inform the HSCP E&D work.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Data use and sharing within this report and IPMF performance dashboard is covered within the Argyll and Bute Council & NHS Highland Data Sharing Agreement

10. RISK ASSESSMENT

Risks and mitigations associated with performance data sources and reporting are managed and identified within the monthly Performance & Improvement Team- Work Plan. Performance reports are used by operational management to identify service delivery risk and to inform mitigation action accordingly.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Performance reporting is available for the public is via Argyll and Bute Council and NHS Highland websites. The IPMF dashboard utilises SharePoint to support manager and staff access across the HSCP.

12. CONCLUSION

The Integration Joint Board is asked to consider and acknowledge FQ1 2023/24 performance as detailed in the IPMF Dashboard

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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Appendix 1 – HWBOI & MSG Integration Indicators – Latest Available (as at 30 Jun 2023)

National Indicator No.	Measure Type	No	Measure Detail	Target	Actual	Status
1	HWBOI Outcomes	1	% of adults able to look after their health very well or quite well	90.9%	90.8%	R
2	HWBOI Outcomes	2	% of adults supported at home who agree they are supported to live as independently	78.8%	75.0%	R
3	HWBOI Outcomes	3	% of adults supported at home who agree they had a say in how their support was provided	70.6%	66.9%	R
4	HWBOI Outcomes	4	% of adults supported at home who agree that their health & care services seemed to be well co-ordinated	66.4%	66.0%	R
5	HWBOI Outcomes	5	% of adults receiving any care or support who rate it as excellent or good	75.3%	68.6%	R
6	HWBOI Outcomes	6	% of people with positive experience of their GP practice	66.5%	77.6%	G
7	HWBOI Outcomes	7	% of adults supported at home who agree their support had impact improving/maintaining quality of life	78.1%	76.7%	R
8	HWBOI Outcomes	8	% of carers who feel supported to continue in their caring role	29.7%	38.0%	G
9	HWBOI Outcomes	9	% of adults supported at home who agree they felt safe	79.7%	76.4%	R
National Indicator No.	Measure Type	No	Measure Detail	Target	Actual	Status
11	HWBOI Data	1	Rate of premature mortality per 100,000 population	466	386	G
12	HWBOI Data	2	Rate of emergency admissions per 100,000 population for adults	11629	11916	R
13	HWBOI Data	3	Emergency Admissions bed day rate	112637	112371	G
14	HWBOI Data	4	Readmission to hospital within 28 days per 1,000 admissions	107	91	G
15	HWBOI Data	5	Proportion of last 6 months of life spent at home or in a community setting	89.8%	92.6%	G

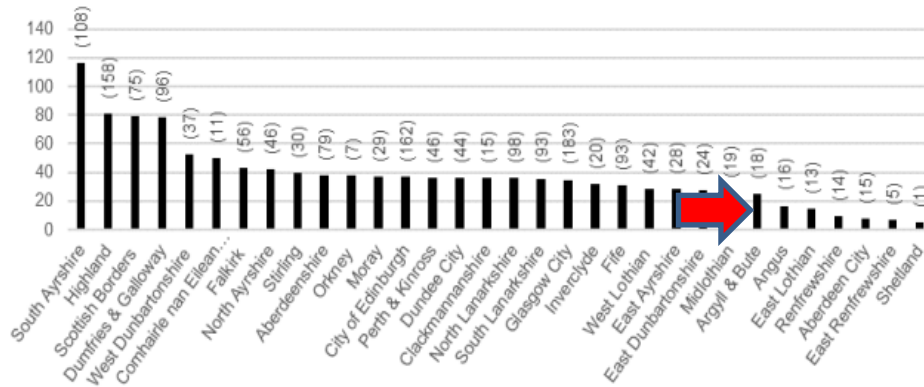
16	HWBOI Data	6	Falls rate per 1,000 population aged 65+	22.6	30	R
17	HWBOI Data	7	% of SW care services graded 'good' '4' or better in Care Inspectorate inspections	75.8%	80.0%	G
18	HWBOI Data	8	% of adults with intensive needs receiving care at home	64.6%	72.2%	G
19	HWBOI Data	9	No of days people [75+] spent in hospital when ready to be discharged, per 1,000 population	748	764	R
National Indicator No.	Measure Type	No	Measure Detail	Target	Actual	Status
19	MSG	1.1	Number of emergency admissions - A&B	8505	8386	G
20	MSG	2.1	Number of unplanned bed days acute specialties - A&B	63655	70189	R
21	MSG	2.2	Number of unplanned bed days MH specialties - A&B	12475	9344	G
22	MSG	3.1	Number of A&E attendances - A&B	16120	20285	R
23	MSG	3.2	% A&E attendances seen within 4 hours - A&B	95.0%	83.3%	R
24	MSG	4.1	Number of DD bed days occupied - A&B	7528	11098	R
25	MSG	5.1	% of last six months of life by setting community & hospital - A&B	89.8%	90.8%	G
26	MSG	6.1	% of 65+ population at Home (unsupported) - A&B	92.3%	92.6%	G

Appendix 2- System Pressures Reporting- July 2023

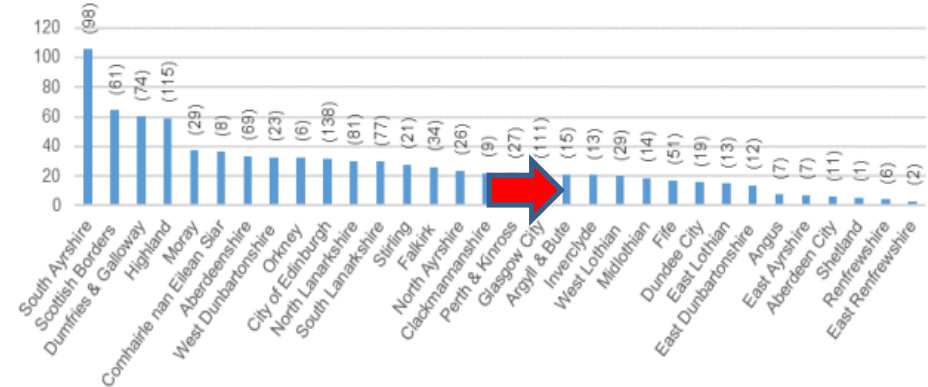
Argyll and Bute SYSTEMS PRESSURES REPORT – Jul 2023 Update										
Key Metric	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Latest @7/8	Trend	Analysis
Overall Emergency Admissions to A&E (LIH)	645	595	721	718	750	846	821	254		LIH: A&E New and Unplanned during the month. Latest as at 10 August 2023
Hospital Stays – bed occupancy	87	99	111	99	106	86	112			As at month snapshot
Hospital Stays – bed occupancy %	68%	75%	83%	75%	80.9%	67.7%	84%			
DWD – Inpatients with Planned Date of Discharge (PDD) Breaches	68.5%	52.8%	76.9%	72.9%	64.6%	70.0%	65.3%			A&B NHS Highland data A&B GGC data may be available due to new submission process Jul 23 Last week of month
Number of Inpatients with PDD recorded	108	125	130	129	127	90	124			
DWD - Inpatients Discharged without Delay	93	88	106	83	89	75	91			A&B NHS Highland data A&B GGC data may be available due to new submission process Jul 23. Last week of month
DWD- Inpatients discharged from Delay	8	9	4	5	8	5	5			
DWD – Inpatients added to Delays	7	5	5	4	8	1	2			
Delayed Discharges – Total Delays	47	36	27	29	39	35	40	36		As at monthly Census Point – Latest as at weekly Census Point 10 Aug 2023.
Delayed Discharge – Total Bed Days Lost	1663	1613	1074	956	1340	1560	1966	2119		
Care Home – Bed Occupancy	81%	82%	83%	82%	81%	81%	81%	81%		% occupancy static, impacted more when vacant CH beds unavailable
Care Home Bed Vacancies Available	33	31	20	24	34	39	29	29		
Unmet Need – People Assessed and Waiting	70	63	45	42	43	49	53	55		Stabilising as per normal seasonal profile, but unmet hours <u>avg</u> 16% down on 2022
Unmet Need – hours of care	716	639	507	370	344	338	460	420		

Delayed Discharge SitRep – Local Authority Comparisons – 26 June 2023

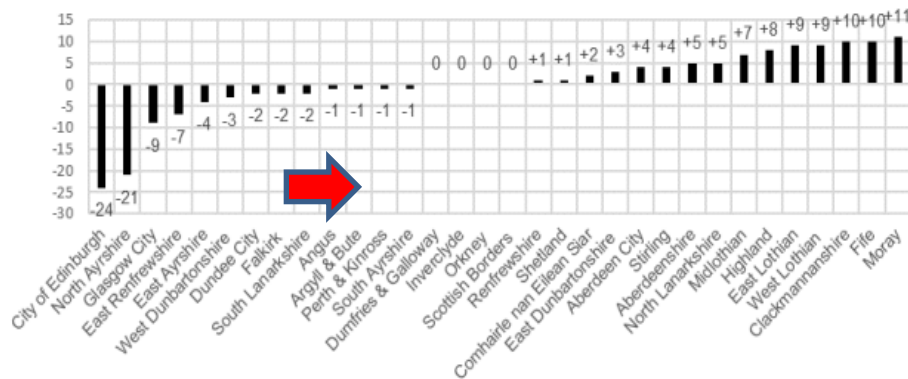
Total Delays by Local Authority, Rate per 100,000 18+ population,
(Number of delays shown in brackets)



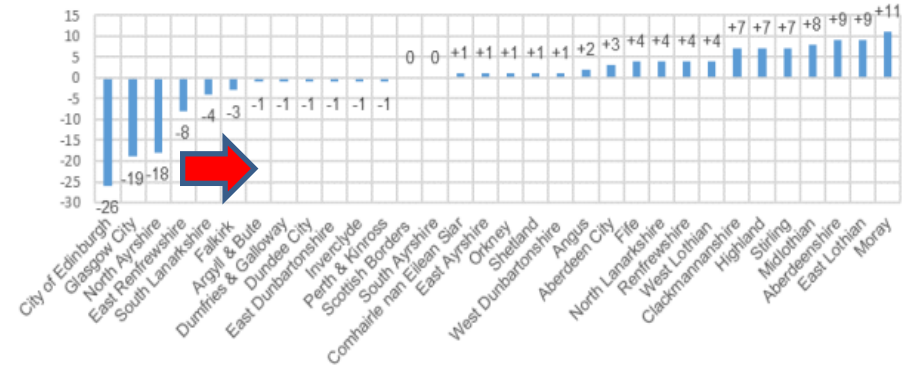
Standard Delays by Local Authority, Rate per 100,000 18+ population,
(Number of delays shown in brackets)



Change in total delays over last four weeks
Scotland changed from 1,670 to 1,681 over this period



Change in standard delays over last four weeks
Scotland changed from 1,207 to 1,207 over this period



4 week period runs from 29 May to 26 June 2023



Date of Meeting: 26th September 2023

Title of Report: Culture and Wellbeing Update

Presented by: Geraldine Collier

The IJB is asked to:

- Note the content of the report and the progress being made in the Culture and Wellbeing environment
- Discuss and ask questions on any element of the paper

1. EXECUTIVE SUMMARY

- 1.1 This paper outlines the progress in the Culture and Wellbeing environment for A&B HSCP and assures the committee of the positive developments being made and the direction of travel for the coming year.

2. INTRODUCTION

- 2.1 The culture and wellbeing Group continue to meet bi-monthly to focus on and develop an action plan of activity. The action plan focuses on; employee engagement, culture monitoring, learning and development, management development, statutory compliance, wellbeing promotion, communication, systems and processes and improving data capture to inform decisions.
- 2.2 The action plan being developed by the group has a clear focus on developing an integrated approach across the partnership, sharing learning and resources across employers where possible and appropriate.

3 DETAIL OF REPORT

- 3.1 This report focuses on the activity of the group over the last 6-12 months and updates the committee on progress and data indicators that relate to Culture and Wellbeing.

4 RELEVANT DATA AND INDICATORS

4.1 Membership

In recent months there has been an increase in Council representatives on the Culture and Wellbeing group which provides a more proportionate representation across employers.

Previously this group was considered to be very much NHS led. While there is still room for increased council representation this is a positive

development, with things moving in the right direction and council partners feeling more involved.

The council wellbeing team are a key contributor to this group and stronger links are being forged between council and NHS wellbeing teams and resources. This will support the development of the HSCP people strategy which will commence in the latter half of this year.

There is also improved linkage with the wider NHS Highland Culture working group. The HSCP people partner will chair this working group going forward feeding into the board and allowing for improved information flow and connectivity between both working groups and action plans.

4.2 Employee engagement

4.2.1 Strong employee engagement is a priority for the HSCP and there has been focused work over the last year. Initially having dedicated employee engagement meetings /discussions with all Heads of Service and now directing this activity through the Culture and Wellbeing group.

4.2.2 As a direct result of the feedback received through I matter and other related employment surveys.

- The chief officer vlog and staff communication was created ,
- A focus on wider sharing of information from SLT and IJB and committees to allow for wider awareness of decisions and developments. This is included in the Chief Officer communication A 'You said we did' document to inform staff of the actions generated from their feedback (attached as appendix 1)
- Development of improved communication channels, at individual, team, and service level allowing for improved, 2 way communication through the service.
- Creation of working groups and wider communication and encouragement to participate in these to inform change
- Development of data rich performance information to support continuous improvement and rolling out policy training of the National Once for Scotland policies

I matter survey Results

4.2.3 Last year's work on improving employee engagement and communications was evident in this years I-matter survey (summary reports in appendix 2). This year there was a 48% response rate, an excellent improvement on last years figure of 31%. While still lower than the board wide figure (50%) this is a 17% improvement on last year. The NHS Scotland Figure is not available as yet, but last year it was 55%.

	2018	2019	2021	2022	2023
AB HSCP	49%	55%	46%	31%	48%
NHS Highland	51%	50%	51%	46%	50%

- 4.2.4 Alongside the increased response rates, the employee engagement index (EEI) also increased marginally from last year (77-78) which is positive. This shows a consistency in feeling across the responding workforce.
- 4.2.5 Other HSCP reported response rates of between 52% and 67% and EEI of between 74-78. So while response rates could still improve the EEI figure is at the higher end of that of our counterparts.
- 4.2.6 All response were in the green (67-100- strive to celebrate) or yellow (51-66 monitor to improve) categories. The majority of scores either remained the same or improved from last year which shows that the activity to date is making incremental positive impact. The one area that saw a slight dip was involvement in decision making and being listened to in this regard. This is reflected in the amber categories shown below
- 4.2.7 As in previous years the amber category has 4 areas which are consistently reported as lower than the others. This is consistent with the wider Board and replicate those reported over the last 4 years. In comparison to wider board results A&B HSCP score higher in all these areas. Extract below for 2019, 2021, 2022, 2023 and board figure to the right for comparison

I am confident performance is managed well within my organisation	Performance management	59	60	62	63	59
I have confidence and trust in Board members who are responsible for my organisation	Confidence and trust in management	57	57	61	61	57
I feel that board members who are responsible for my organisation are sufficiently visible	Visible and consistent leadership	56	53	57	57	53
I feel sufficiently involved in decisions relating to my organisation	Partnership working	53	54	58	57	52

- 4.2.8 These general findings have been fed back to SLT and into the Culture and wellbeing group and will inform action plans and continuous improvement. In early September, there was an SLT development day to specifically focus on improvement in decision making to support positive developments in this area.
- 4.2.9 The Year ahead

This year, building on the feedback from the group and the recent I matter results we will be focusing on the following areas

- Continue to improve communications and the involvement in and awareness of decision making
- Develop a HSCP approach / people strategy that employee can align to
- Improve visibility and trust in the board
- As an organisation improve how performance is managed
- Keep developing a psychologically safe environment
- Further Improve confidence in action being taken on employee concerns

- 4.2.10 These actions are contained within the Culture and Wellbeing action plan and are areas for discussion with SLT. The listening and learning sessions intended for October this year will also further inform actions

that support an improved employee engagement experience and the people strategy.

Project Wingman

4.2.11 The [Project wingman](#) bus visited A&B in July and had 118 attendance at Mid Argyll and 84 in Dunoon. A highland Board wide report is being collated and will inform activities across the Board and HSCP culture and wellbeing groups.

Early indications from those who attended were positive and the bus appears to have been well received and appreciated. Employees report enjoying the opportunity to take a break, enjoy the facilities available and discuss their wellbeing requirements with the volunteers. The feedback gathered will inform wellbeing initiatives going forward.

4.3 Communication / wellbeing promotion

4.3.1 Communication is an area of continual improvement and monitoring. We must ensure that employees are aware of the supports available to them and these are easily accessible. Both employers promote a wide variety of wellbeing resources through the councils wellbeing circulars and NHS wellbeing hub. Feedback through the group indicates that there could be more awareness raising in this area and somewhere to easily find historical communications. We are seeking to develop a HSCP web page to support with this and easily direct employees and managers to useful resources.

4.3.2 There is also an appetite to review the team supports and communication approaches to see if these could be improved. This is being taken forward with SLT.

Guardian Service

4.3.4 Guardian service usage this quarter has reduced overall compared to the same period last year with 13 contacts across the partnership.

Year	Q1 2021/22	Q1 2022/23	Q1 2023/24
Council	5	4	4
NHS	15	11	9
A&B HSCP	20	15	13

4.3.5 There are regular meetings with Guardian service and people services on a quarterly basis to pick up any issues and ensure that themes are addressed through appropriate support from HR and OD. This information informs wider actions and is useful as one of our culture and wellbeing indicators.

4.4 Statutory and Mandatory Compliance

- 4.4.1 Statutory Mandatory Compliance and absence statistics are reported in the workforce report but are considered in Culture and wellbeing discussions as an indicator of the overall culture. They are provided in Appendix 3 for ease
- 4.4.2 The Council have been working on a new process on [LEON](#) to make it easier for employees to stay on top of their mandatory training. From **Thursday 13th July** LEON notifies employees when their training is due and sends them and their managers reminders. This is the first time this has been in place for council employees and it is hoped it will improve the overall compliance rates going forward.

4.5 Systems and Processes

- 4.5.1 An identified action to support improved culture and wellbeing relates to the streamlining and integration of systems and processes across the partnership.
- 4.5.2 365 Federation has assisted with systems access across the partnership and this will continue to be developed and improved. SSTS is currently rolled out across the partnership with over 50% complete and an estimated completion date of Summer 2024.
- 4.5.3 More focus has been given to the role of cross over managers and the challenges they face managing employees across two sets of policies and terms and conditions. There is a commitment to focus more on their needs and ensure they are appropriately trained and supported in their roles.
- 4.5.4 As part of this there is also a commitment to maximise the resources across the partnership and not allow the provider of training or resources become a barrier to development and improvement.

4.6 Learning and Development

- 4.6.1 Both the council and NHS are reviewing their recruitment, on boarding and induction processes. This activity is supporting an improved employee experience as employees embed within the partnership.

NHS Highland induction

- 4.6.2 The NHS induction pilot commenced in February and the feedback from this is currently being collated and reviewed.
- 4.6.3 The new approach offers a weekly half day session to new employees enabling sessions to be booked through Turas Learn. The half day session includes introductions and welcomes from Executive

speakers, including Fiona Davies who provides information about the HSCP and a warm welcome to new employees. The session covers:

- What services NHS Highland delivers, where they are delivered and where new employees fit in the wider organisation
- Introduces the NHS strategy and the A&B HSCP strategic plan 2022-25
- Details the importance of Staff Governance Standards, Partnership working
- Provides new employees with an Opportunity to connect with others
- Introduce our approach to Culture, Values, Wellbeing and Equality and Diversity
- Provides awareness of Communications and Engagement Team and provides information about where to access information to ensure employees settle quickly into their new role with us.

Management Development

- 4.6.4 Both council and NHS provide e-learn courses supporting managers and employees to have effective conversations.
- 4.6.5 The NHS run Courageous Conversations and Enabling Courageous and Considerate Conversations. These are mandatory for all those in supervisory, management and leadership roles, but both the eLearning and online workshop are available to all colleagues across the organisation and participation by all is encouraged.
- 4.6.6 Similarly the council run a Constructive Conversations course for all employees that focuses on the different types of constructive conversations, how to handle them, influencing, coaching and working constructively with resistance
- 4.6.7 There is also a conflict resolution course for line managers to teach the knowledge and skills on how to resolve conflict, be able to have assertive conversations and identify potential areas of conflict and prevent escalation within a team.
- 4.6.8 Recently NHS have introduced Half day face to face workshops for managers 'Facilitating Supportive Conversations'. Earlier this summer there was a A&B specific workshop that attracted excellent attendance and was received well by managers.
- 4.6.9 The Courageous Conversations e-learn has also be supplemented by a 3 ½ hours practical workshop that supports the knowledge and understanding gained from the eLearning module and implements this into a workshop to develop practical skills in a workshop environment.
- 4.6.10 Leadership and management courses continue to be delivered focusing on:
- essentials in management
 - Coaching conversations
 - Decision making

- Managing change
- PRD workshop for reviewers

4.6.11 The council management and leadership development programmes are all currently under review and an update will be provided when available.

4.6.12 One of the requests from the culture and wellbeing group this year has been about more detailed reporting on learning and development, one for Scotland training and management development courses. There is a feeling that more visibility and management in this area will greater support the culture and values of the HSCP. This data is being provided to the group and the SLT to provide oversight and closer scrutiny and management.

4.7 PDP's and Quality Conversations

4.7.1 An area of improvement for the year ahead is the PRD/Appraisal compliance for NHS employees. NHS appraisal compliance for non medical staff remains low at only 25%. At the end of June only 326 of 1305 staff had an appraisal recorded for them.

4.7.2 Council staff do not have PDP's recorded in the same manner. This changed to quality conversation in response to the employee ask for a less formal, more continuous approach to personal development. A Quality Conversations survey was carried out and analysis is being undertaken. This will be reported once complete.

4.8 Improving data capture

4.8.1 This year has seen an improvement in data capture and reporting with the data matrix for the workforce reports and the culture and wellbeing indicators. Feedback from this committee and staff governance committee has influenced the development of agreed data matrix and this has been supported by both partners to achieve integrated data sets where possible.

4.8.2 This baseline work will allow for more detailed reporting on:

- How the HSCP is performing,
- how it is progressing over time and in comparison to others (where available)
- How it is developing as an integrated partnership

5 CONTRIBUTION TO STRATEGIC PRIORITIES

This paper provides details of work towards the staff governance standards and strategic priorities of the HSCP with particular relevance to care and compassion, leadership & development and nurturing the workforce aligning to the vision and values of HSCP and wider NHS and Council.

HSCP Values - **C**ompassion, Integrity, **R**espect, **C**ontinuous learning, **L**eadership, **E**xcellence (CIRCLE)

6 GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Encouraging a positive organisational culture and prioritising staff wellbeing while not driven by financial gain will support an improved financial position. Organisations that focus a positive workforce culture and priorities the wellbeing of their workforce experience improved staff retention, reduced sickness absence and improved productivity.

6.1 Staff Governance

This report provides an overview of work that contributes to staff governance commitments

6.2 Clinical Governance

None

7 PROFESSIONAL ADVISORY

The content of this report has been discussed at SLT which ensures oversight and input from both Heads of Service and Professional advisors.

There are staff side/ trade representatives involved in the working group and involved at SLT.

8 EQUALITY & DIVERSITY IMPLICATIONS

Equality and Diversity implications are considered within the NHS People and Change and Council HROD teams as appropriate when policies and strategies are developed. Equality and Diversity has been included in the action plan and is a regular feature on the working group agenda. As this area of focus expands and there is more data collated this will be further reported.

9 CONCLUSIONS

10 DIRECTIONS

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

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NHS Highland



Meeting: Board Meeting

Meeting date: 26 September 2023

Title: Whistleblowing Annual Report 22/23

Responsible Executive/Non-Executive: Gareth Adkins, Director of People & Culture

Report Author: Gaye Boyd, Deputy Director of People

1 Purpose

This is presented to the Forum for:

- Assurance

This report relates to a:

- Government policy/directive

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well	Thrive Well		Stay Well		Anchor Well	
Grow Well	Listen Well	X	Nurture Well	X	Plan Well	
Care Well	Live Well		Respond Well		Treat Well	
Journey Well	Age Well		End Well		Value Well	
Perform well	Progress well					

2 Report summary

2.1 Situation

Since the introduction of the Whistleblowing Standards NHS Highland have reported quarterly and annually with details of concerns raised to the following: Area Partnership Forum, Staff Governance Committee, Argyll & Bute Integrated Joint Board and the Board. There has also been regular discussion at the Executive Directors Group. This year the Annual Report details the information required by the Independent National

Whistleblowing Officer (INWO) including the 10 mandatory Key Performance Indicators.

2.2 Background

The National Whistleblowing Standards were implemented in April 2021. This is the second annual report that has been developed and presented to the Area Partnership Forum.

2.3 Assessment

The report provides detail on concerns raised through the financial year April 2022 to March 2023. In total 5 concerns were closed in this period all relating to Patient Safety and Quality; 1 was upheld, 2 partially upheld and 2 not upheld. It is important however that as an organisation we continue to learn from all concerns raised

Areas for consideration and improvement within the report include:-

- Refinement of our administration and support processes. This will provide coordination and oversight of all stages of the process and ensure a consistency with our responses and record keeping
- Ensure a robust process is in place for tracking and monitoring actions. This would provide assurance on recommendations and actions being progressed and completed
- Review of routes for concerns to be raised and the role of confidential contacts

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

It is proposed this report provides moderate assurance due to the improvements to be progressed

3 Impact Analysis

3.1 Quality/ Patient Care

All concerns raised in this period were in relation to patient safety and quality.

3.2 Workforce

Our workforce has additional protection in place under these standards.

3.3 Financial

None identified

3.4 Risk Assessment/Management

The risks that have been identified are regarding timescales and compliance with the National Standards

3.5 Data Protection

This report does not include personally identifiable information

3.6 Equality and Diversity, including health inequalities

None identified

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

The annual report was presented to the Area Partnership Forum on 18th August 2023 and Staff Governance Committee on 6th September, it will also be brought to the Integrated Joint Board on 27th September.

3.9 Route to the Meeting

The Annual report has been considered by the Executive Directors Group on 14th August.

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 – Annual Whistleblowing Report



Annual Whistleblowing Report

1 April 2022 to 31 March 2023

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Executive Summary

NHS Highland is presenting the Annual Whistleblowing Report for the period April 2022 to March 2023. This is the second annual report, since the launch of the Whistleblowing Standards in April 2021 and sets out the mandatory information required by the INWO, including the 10 mandatory KPI's, along with additional context where appropriate.

Significant activity has occurred across the year to promote speaking up, raising concerns and the Whistleblowing Standards across the Board area, including active participation in October's Speak Up week, Guardian Service and Whistleblowing Champion visits along with leadership training, and our new Induction events. We also contributed to the development of new INWO guidance, using our insights and experience to date.

Our Quarterly reports are shared with the Board, the Argyll & Bute IJB, the Area Partnership Forum and the Staff Governance Committee and there is regular focus and discussion in our Executive Directors and Board Development meetings.

Of the cases raised in this period, all of the concerns raised relate to patient safety and quality issues, and in Q4 we updated the categories of reporting to further break this down.

Of the 5 concerns closed in the reporting period, 2 were not upheld, 1 was upheld, and 2 were partially upheld. Where partially upheld, both cases had learning and improvement actions but the main substance of the concern was not upheld. All were Stage 2 concerns and our average time to close was 20 weeks and 3 days.

We continue to learn from all of the concerns raised, whatever the outcome and engage proactively and positively with the INWO to ensure we are handling concerns in the best possible way. There is a growing trend of INWO referral when concerns are not upheld, but the process helps us understand if we could do better and to make improvements.

Timescales for final outcomes are an area for improvement, although progress has been made, further action is still needed in this. Further refinement of our administration and support processes will take place, to ensure that there is oversight of all stages of the process, and a consistency in our responses and recording keeping, as well as central tracking of any actions agreed.

KPI 1: Learnings, Changes and Improvements as a result of considering Whistleblowing concerns

Whilst there are still a small number of cases being raised, there are always learnings, both from the cases that are raised, but also the experience of the process and the opportunities to make change and refinement.

INWO reviews

A number of our cases are currently being reviewed by the INWO and once these have concluded, their observations will be helpful in giving further opportunity for improvement to be made.

In the case that was referred back to NHS Highland following a Stage 1 concern that was closed, this helped us to clarify about the extent to which we should be considering whether someone delivered services on behalf of NHS Highland. Our processes now ensure that careful consideration is given to third party, contractor and support status, which has been useful. In this case it related to third party cleaning, in an external training facility, that was not commissioned by the NHS. The fact that patients attended the facility for NHS Highland treatment and could be impacted by issues, meant that it was potentially in scope, although the concern was not upheld on review.

Administration and support

Further refinement of our administration and support processes for Whistleblowing will take place in the coming months, to ensure that there is central coordination and oversight of all stages of the process, and a consistency in our responses and recording keeping, as well as central tracking of any actions agreed. Our current process includes the contracted Guardian Service as a confidential point of contact for our staff and provides support for onward referral to our whistleblowing process. Staff can also contact staffside representatives to discuss concerns and receive support to refer to our whistleblowing process. We will work in partnership with our staff and with our Guardian Service to review the effectiveness of our approach to providing confidential contacts and the whistleblowing referral process, in order to identify any improvements we can make.

Whilst it is important that individual investigators who we appoint are able to carry their work out in an impartial and appropriate manner, the format and content of the final responses needs to be consistent, compliant with the standards and be written with the appropriate tone and style. thatand, Executive oversight of the process is in place to provide this assurance. We will review the training and support available to investigators and report writers and identify any opportunities for 'getting it right first time' and reducing any rework required.

Consideration will also be given to whether sharing draft reports with the Whistleblower and any respondents ahead of the final Stage 2 response would be helpful, allowing them to highlight any confidentiality or accuracy concerns, whilst not impacting the findings or recommendations.

Action tracking

Whilst there has only been one finding fully upheld, it has highlighted that we do need to ensure that actions are centrally tracked and monitored through an agreed governance process with appropriate visibility and escalation options if not progressing. There are two elements required for monitoring and action tracking:

- during the whistleblowing process to conclusion and outcome to ensure a timely and effective process

- following closure of the whistleblowing investigation to ensure any recommendations or actions are followed through and completed.

We kept our longest standing case open after formal closure of the investigation in order to allow ongoing monitoring of the actions resulting from the investigation. We could have formally closed the case shortly after our response if we had chosen to separately track the actions resulting from the outcome of the whistleblowing case. We will review options for adopting a separate tracking approach for subsequent recommendations from whistleblowing cases so there is clarity on the efficiency and effectiveness of the whistleblowing process and we have assurance that actions which may take a period of time to implement are monitored through to completion.

Data

As all of our cases this year have been categorised as related to patient safety and quality we have decided to add further subcategories to provide greater clarity and better understanding of the themes arising from whistleblowing cases. As a result, with effect from the Q4 report, we included 5 subcategories within this category. Our categories are now:

- Patient Safety & Quality
 - Staffing and Resources
 - Poor Practice / Capability
 - Health and Safety
 - Waiting / Treatment Times
 - Behaviours
- Fraud
- Changing or falsifying information
- Breaking Legal Obligation
- Abusing Authority

We will continue to review reporting to ensure it is as robust and insightful as possible, over the coming year.

Investigation resource

With delays in responding and pressures on resources we are also giving consideration to how we assign investigators, so they have both the skills and experience as well as the capacity to address the matter effectively but rapidly.

As outlined above we will also review the processes and support we have in place for coordinating and managing cases so that we make the most efficient use of the time our senior managers and executives contribute to whistleblowing. We also need to ensure that the investigation process is as timely as possible through effective scheduling and tracking of progress.

Confidentiality

We haven't had any issues related to confidentiality with the small number and specific nature of concerns raised to date. Our approach to confidential contacts, including the Guardian Service, has worked well to protect anonymity and encourage staff to raise concerns confidentially. It has also enabled staff to remain anonymous whilst deciding if they wish to formally raise a whistleblowing case, at which point their identity must be disclosed to those involved in the whistleblowing process who are duty bound to protect that confidentiality. This has enabled contacts to be recorded and queries dealt with through alternatives to the whistleblowing process. This is in keeping with the

standards in relation to dealing with issues raised through business as usual processes where possible.

This anonymous data may be useful to the organisation to identify improvements we may need to make in staff knowledge, awareness and understanding of 'business as usual' process they could be accessing as an alternative or in addition to the confidential contacts system.

KPI 2 - Experiences of all those involved in the whistleblowing procedure

Our approach

Our approach to whistleblowing is one where concerns received are welcomed as an opportunity to learn and improve in terms of colleague safety and wellbeing, as well as patient care and patient safety. There is a genuine desire to encourage colleagues to speak up about concerns and for leaders to listen and hear what is being raised and effectively address it. This is a core element of our culture, as well as being embedded in our Together We Care Board strategy and our Annual Delivery Plan.

Of those whose cases were concluded in this period, feedback on the experience of the process was mixed and we continue to learn and improve as a result.

Support for those who wish to raise a concern

NHS Highland has a dedicated whistleblowing support line, which is run by our confidential contacts, the Guardian Service. This ensures that independent support can be given to anyone involved in a Whistleblowing concern and this support has been well received. That support is available to both those who raise concerns and those who are involved as respondents or witnesses.

Timescales

In one case, the length of time to conclude the case was a cause for concern, and learnings have been taken in terms of getting the balance between a thorough investigation led by a senior colleague and getting to the core issues quickly. Their case took 170 days (34 weeks) to conclude and key learnings were taken from this, although their concerns were upheld.

Improving our time to resolve concerns is a key priority, however, we will always balance the need for a thorough and impartial investigation with careful consideration of the concern by someone appropriately skilled and experienced, who is in a position to make findings and recommend actions.

Escalations to INWO

The other main feedback we receive is when the outcome does not uphold a concern, colleagues are unhappy and this leads to an escalation to the INWO. Of the 5 cases closed in this period, 3 of these were cases then raised with the INWO as they were unhappy with the outcome.

Another 1 of the 5 cases was an escalation of a previous case, that was reopened at the request of the INWO, although the outcome of the INWO process was that the claim was not upheld.

Out of the 5 cases closed this period the one that was not escalated to the INWO was the case that was upheld. This may reflect that the whistleblower was satisfied with the response, whilst those escalated to the INWO may reflect those whistleblowers wished a further independent review. It is particularly important for us to learn from any cases that are subsequently upheld by INWO.

We have recognised that we need to support investigating managers to agree clear terms of reference and a format of reporting, without compromising the pace of getting to the root of the issues and coming up with actions to address these.

Support to raise concerns

On a positive note, our Executive Lead for Whistleblowing gave support and advice to a member of staff from another organisation which delivers services on behalf of NHS Highland, after becoming aware of their situation through their union representative.

This advice, support and engagement with the employer was much appreciated, and whilst ultimately the colleague had to go to the INWO to progress things, our willingness to take this seriously and to try to encourage the following of the Standards was appreciated.

As a result we need to ensure we continue to work with partners, suppliers and contractors to ensure they know their responsibilities under the Standards and where to seek further support and guidance, as well as to report any concerns they deal with, to NHS Highland.

KPI 3: Levels of staff perceptions, awareness and training

Induction

In February 2023, NHS Highland launched its Welcome to NHS Highland Induction event, a half day online session where all new colleagues are updated on a range of information about NHS Highland, our services, our strategy, our values and our leadership. Colleagues who have not previously had a corporate induction, who have changed role or who wish to find out more can also attend.

The first hour of the session is hosted by one of the NHS Highland Executive Team. Within the key information discussed, support channels, how to raise concerns, Speaking up, the Guardian Service and the Whistleblowing Standards are all covered, to ensure from the start of their career with us, colleagues know how to have their concerns heard and addressed.

As part of the wider induction process, we signpost colleagues to the Whistleblowing training modules available on Turas.

Involvement, Training and Engagement

In August 2022, the Executive Lead for Whistleblowing held a workshop for our executives and senior managers, to remind them of the details of the Whistleblowing Standards and the requirements they place upon the organisation, as well as the processes, support and guidance that is available to support them in managing concerns. We shared learnings and case studies and tested their understanding of the standards, as well as ensuring that key contacts and resources were shared. There was excellent engagement from the senior leadership and the slides were made available for them to share with their teams.

We continue to signpost the online learning to colleagues, that is available on TURAS whenever we are talking about Speaking Up and Whistleblowing. We also signpost investigating managers to this, at the start of any new concern, to ensure they are up to date.

The promotion and ongoing development of our whistleblowing, listening and speak up services is a core element of the Together We Care Strategy and Annual Delivery Plan.

INWO engagement

We also promote and recommend colleagues and managers make themselves familiar with the INWO webpages and resources, which have recently been added to, as these are hugely valuable sources of information.

The Executive Lead for Whistleblowing was part of the national group developing additional guides and resources with the INWO, which went live on 1 April 2023. This has allowed us to share our insights and learning from some complex cases, to ensure lessons are learned and continuous improvement is a focus.

As part of this work, we've paid particular attention to working with our People team, in understanding how Whistleblowing cases can interact with our Once for Scotland processes and to ensure that the appropriate considerations are given on how to best proceed, to ensure the most appropriate route is used and the concern is addressed as rapidly as possible.

Speak Up Week

From the 3rd to the 7th October 2023, NHS Highland actively participated in the National Speak Up Week, led by the INWO.

Our Guardians, who act as our Whistleblowing Confidential Contacts, travelled extensively across the Board area promoting Speaking Up and the Whistleblowing Standards. Our Executive Lead held daily sessions and recorded these as well as sharing live, on key topics such as Speaking Up, Praising and Positive feedback, Listening and Responding to concerns, Quality, Care and Safety concerns and a round up of all the weeks key messages and activity. There was also a series of local and national resources, press releases and social media postings shared.

Non-Executive Whistleblowing Champion visits

In addition to the Speak Up week events, our Non-Executive Whistleblowing Champion carries out regular visits throughout the year to key locations and sites across the Board area and carried out around 21 days of visits in this year, listening to colleagues and reporting back on his experiences and insights.

KPI 4: The total number of concerns received

During the period April 2022 to March 2023, NHS Highland received 5 Whistleblowing Concerns. Of these 2 were raised in Q1, 2 in Q2 and 1 in Q4.

There was 1 further Whistleblowing concern raised in Q1 in relation to our activity, but it was raised through NHS Education Scotland (NES) who carried out the investigation and will report on the

concern. This is because it related to medical trainees, who are overseen by NES. However, NHS Highland management are fully engaged with the actions agreed to address the concern, but are not reporting the outcome of the concern, as it will be reported by NES.

This means 5 Whistleblowing concerns were received in this year.

One of these 5 cases was a previous case, which the INWO asked us to reopen, following our initial decision that the majority of the concern was not within the scope of the standards. Following investigation under Stage 2, the concern was not upheld.

Another point to note, as it raised some interesting questions, was the concern raised towards the end of Q4, as it related to a complaint about an organisation which is funded to deliver services on behalf of NHS . Their employee felt they were not addressing their complaint in line with the Standards. This was a complex case and NHS Highland through the Exec Lead attempted to support the organisation to understand and work with the Standards, however, this was challenging.

The employee was given advice and support by the Exec Lead and o the Confidential contacts. Advice was taken from the INWO as to whether NHS Highland should take on the investigation. INWO confirmed that the colleague should contact them directly with concerns and this is now with the INWO. We will ensure appropriate reporting of the outcome is shared with NHS Highland.

There were also 2 active Whistleblowing concerns which were received in the previous year and had not concluded by the end of March 2022, 1 of these was resolved in October 2022 the other remained open to allow ongoing long term actions with management, colleagues and the community around service planning and monitoring of relationships to continue.

KPI 5: Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed

In the period April 2022 to March 2023, there were 5 concerns closed, 4 from this year and 1 from the previous year.

Of these, all 5 concerns were at Stage 2, i.e 100% of all concerns closed were Stage 2 concerns.

KPI 6: Concerns upheld, partially upheld, and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage

Of the 5 concerns closed in this period, 2 were not upheld (40%), 2 were partially upheld (40%) and 1 was upheld (20%).

For both those concerns partially upheld, the main substance of the concern was not upheld, but improvements to some related practices and processes were recommended in the investigation report.

KPI 7: The average time in working days for a full response to concerns at each stage of the whistleblowing procedure

All of the concerns were Stage 2 concerns.

In terms of the 5 concerns that were closed in this period. They took 57 days, 69 days, 82 days, 129 days and 170 days respectively.

This gave an average of 102 days, or 20 weeks and 3 days for each Stage 2 concern to be closed.

KPI 8: The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days

There were no Stage 1 concerns raised in this period.

There were 5 Stage 2 concerns raised in this period, and none were closed within the 20 days (4 week) deadline.

KPI 9: The number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1

There were no Stage 1 concerns raised in this period.

KPI 10: The number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2

There were 5 concerns resolved at Stage 2 in this period, 100% of these had extensions authorised beyond the initial 20 days / 4 weeks.

Reporting processes

Quarterly Reporting

NHS Highland Executive WB Lead presents the quarterly Whistleblowing reports to the following formal governance committees:

- NHS Highland Board

- Argyll & Bute Integrated Joint Board
- NHS Highland Staff Governance Committee
- NHS Highland Area Partnership Forum

The reports are also discussed at the Executive Directors Group and Senior Leadership Teams.

All efforts are made to ensure that reporting is timely and prompt, however, it has to be noted that meetings of governance committees are bi-monthly and so often there will be some lag. However, all committees are given time and space to scrutinise the reports and discuss.

In addition, there is dynamic discussion and reporting via the Executive Lead into the Executive Directors Group as well as to specific leaders, to ensure the any urgent matters are rapidly addressed.

2022 / 2023 reporting

Quarter	Period covered	Area Partnership Forum	Staff Governance Committee	NHS Highland Board	Argyll & Bute IJB
Q1 22-23	1 April – 30 June 2022	28 Oct 2022	9 November 2022	27 Sept 2022	24 Nov 2022
Q2 22-23	1 July – 30 September 2022	28 Oct 2022	9 November 2022	29 Nov 2022	24 Nov 2022
Q3 22-23	1 October – 31 December 2022	21 April 2023	8 March 2023	28 March 2023	29 March 2023
Q4 22-23	1 January - 31 March 2023	18 Aug 2023	28 June 2023	27 September 2023	30 August 2023
Annual Report 22-23	1 April 2022 - 31 March 2023	18 Aug 2023	6 September 2023	27 Sept 2023	30 September 2023

NHS Highland



Meeting: Board Meeting

Meeting date: 26 September 2023

Title: Q1 Whistleblowing Report

Responsible Executive/Non-Executive: Gareth Adkins, Director of People & Culture

Report Author: Gaye Boyd, Deputy Director of People

1 Purpose

This is presented to the Forum for:

- Assurance

This report relates to a:

- Legal Requirement

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well	Thrive Well		Stay Well		Anchor Well	
Grow Well	Listen Well	X	Nurture Well	X	Plan Well	
Care Well	Live Well		Respond Well		Treat Well	
Journey Well	Age Well		End Well		Value Well	
Perform well	Progress well					

2 Report summary

2.1 Situation

Attached is the Whistleblowing Standards report for Quarter 1 covering the period April - June 2023. This is provided to give assurance to the Board of our performance against the Whistleblowing Standards which have been in place since April 2021. During the months May and June Heledd Cooper, Director of Finance, provided Executive leadership.

2.2 Background

All NHS Scotland organisations including Health and Social Care Partnerships are required to follow the National Whistleblowing Principles and Standards which came into effect from 1 April 2021. Any organisation providing an NHS service should have procedures in place that enable their staff, students, volunteers, and others delivering health services, to access the National Whistleblowing Standards. As part of the requirements, reports are required to be presented to the Board and relevant Committees and IJBs, on an annual basis, in addition to quarterly reports.

2.3 Assessment

The Board plays a critical role in ensuring the Whistleblowing Standards are adhered to in respect of any service delivered on behalf of NHS Highland. Both quarterly and annual reports are presented at the meetings and robust challenge and interrogation of the content takes place.

The Guardian Service, as our Whistleblowing Standards confidential contacts, undertakes the recording and reporting of concerns and have compiled the attached report in Appendix 1.

The Guardian Service will ensure:

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

Work continues through the Guardian Service and our Whistleblowing Non-Executive Director to promote the standards and discuss with staff on their visits to locations within the organisation.

Information is also included in the NHS Highland Induction, with training modules

still available on Turas. The promotion and ongoing development of our whistleblowing, listening and speak up services is a core element of the Together We Care Strategy and Annual Delivery Plan.

In the Q1 Whistleblowing report for the period 1 April to 30 June 2023:

- 2 new contacts were made
- 1 new case was progressed
- 1 case was closed
- 1 case remained in investigation (however not investigated by NHSH)

We continue to focus on improving our timescales to resolve cases and ensuring the 20 day updates are complied with.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

This report proposes moderate assurance is taken. It is recognised that further work is needed to implement the final audit action, continue with promotion of awareness and training as well as enhanced reporting and to continue progress made to ensure cases are progressed in a timely manner.

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

Our workforce has additional protection in place under these standards.

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 Data Protection

This report does not include personally identifiable information.

3.6 Equality and Diversity, including health inequalities

None identified

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

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

3.9 Route to the Meeting

This is the first presentation of this report which has been presented to the Area Partnership Forum on 18th August 2023 and the Staff Governance Committee on the 6th September 2023.

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 – Q1 Whistleblowing Report



Whistleblowing Report
Quarter 1 - 1st April 2023 to 30th June 2023

Guardians / Confidential Contacts
Julie McAndrew and Derek McIlroy

INWO Liaison and Lead Executive
Fiona Hogg/Heledd Cooper

Whistleblowing Champion
Albert Donald

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1. Introduction

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

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

Reports are produced quarterly; this is Quarter 1 (Q1) report for 2023/24 covering the period from 1 April 2023 to 30 June 2023.

The Quarter 1 report of 2021 provided further detail on legislation, the National Whistleblowing Standards and implementation of these standards in NHS Highland. The Q1 of 2021 report also provides information on the role of the Confidential Contact.

2. Roles and Responsibilities for National Whistleblowing Standards

Everyone in the organisation has a responsibility under the Standards and we have set out the Board level roles and responsibilities, as a reminder, within NHS Highland in respect of the Whistleblowing Standards. The others are set out in the Q1 2021 report.

NHS Highland Board

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

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

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

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

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

Board Non-Executive Whistleblowing Champion

This role is taken on by **Albert Donald**, who has been in place since February 2020.

The role monitors and supports the effective delivery of the organisation's whistleblowing policy and is predominantly an assurance role which helps NHS boards comply with their responsibilities in relation to whistleblowing. The whistleblowing champion is also expected to raise any issues of concern with the board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases.

INWO Liaison Officer

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

3. Governance, Decisions and Oversight

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

The Director Finance is the key contact point for oversight of all possible and ongoing Whistleblowing cases for NHS Highland. When the details of a case come through, the Guardian Service, in their role as Confidential Contact (see sections 4 and 5 below and sections 5, 7 and 8 in the Q1 2021 report) contact the Director of Finance who reviews the information. NHS Highland have agreed contact points, to input to a decision on whether something is a whistleblowing complaint. This includes senior Operational Leadership (Chief Officers, Senior Management) Professional Leadership (Board Nurse Director, Board Medical Director), Clinical Governance Leads, senior Finance and HR professionals, the Fraud Liaison Officer, Deputy Chief Executive, Chief Executive, and the Head of Occupational Health & Safety. The Guardian Service and Director of Finance coordinate this process.

The criteria for the decision are as set out in the National Whistleblowing Standards [Definitions: What is whistleblowing? | INWO \(spsa.org.uk\)](#). If the complaint is not Whistleblowing, a response is drafted with clear reasons why it is not Whistleblowing, this is drafted by the Director of Finance and sent to the complainant by the Guardian Service, who keep a record of this. If there is another process or route for their concern, this is signposted. This senior level of oversight of the decision making is critical to ensure consistency, compliance with the standards and visibility of concerns.

During Q2 in 2021, one of our decisions was reviewed by the INWO following an appeal and was found to be in line with the Standards.

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

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

4. Raising a Whistleblowing Concerns in NHS Highland

Managers and employees can raise a concern:

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

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

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

5. The Role of the Guardian Service

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

The Guardian Service will ensure:

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

- that the information recorded will form part of the quarterly and annual board reporting requirements for NHS Highland.

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

6. KPI Table

The KPI data is taken as of 30th June 2023 for Quarter 1 2023/4.

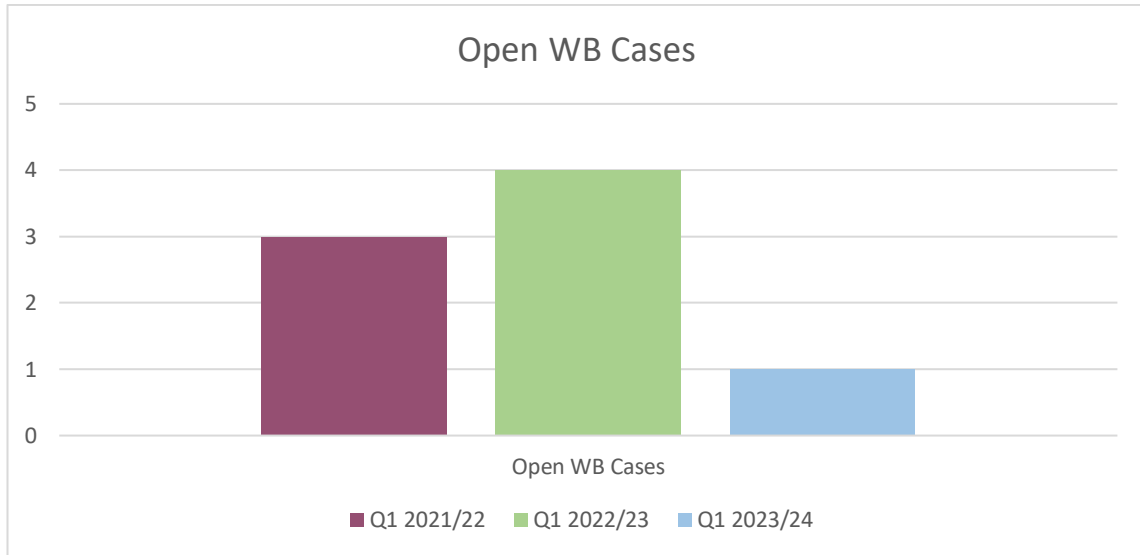
KPI	Qtr. 1		YTD	TOTAL
Concerns Received	2		2	2
Concerns confirmed as WB concerns	1		1	2
OPEN Concerns under investigation	0			
Stage 1 concerns closed in full within 5 working days				
Stage 1 concerns closed in full later than 5 working days				
Stage 2 concerns closed in full within 20 working days				
Stage 2 concerns closed later than 20 working days	1		1	1
Stage 2 concerns still open from prior reports	1		1	1
Closed calls upheld Stage 1				
Closed calls partially upheld Stage 1				
Closed calls not upheld Stage 1				
Closed calls upheld Stage 2				
Closed calls partially upheld Stage 2				1
Closed calls not upheld Stage 2				
Closed calls not WB	1		1	1
Closed calls where Whistleblower chose not to pursue.				
Closed calls which were for another Board to pursue				
Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1				
Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.				
Number of concerns which weren't Whistleblowing but were passed to Guardian services for resolution (as a percentage of non-Whistleblowing cases raised)				

7. Statistical Graphs

The following graphs relate to the Quarter 1 reporting period 1 April 2023 to 30 June 2023.

There were 2 concerns raised in Q1. One was classed as WB and the other as a concern. The WB concern was investigated under stage 2 of the WB process and closed in the same quarter. At the end of Q1 there was one case open from the previous quarter open and under investigation under stage 2 of the process.

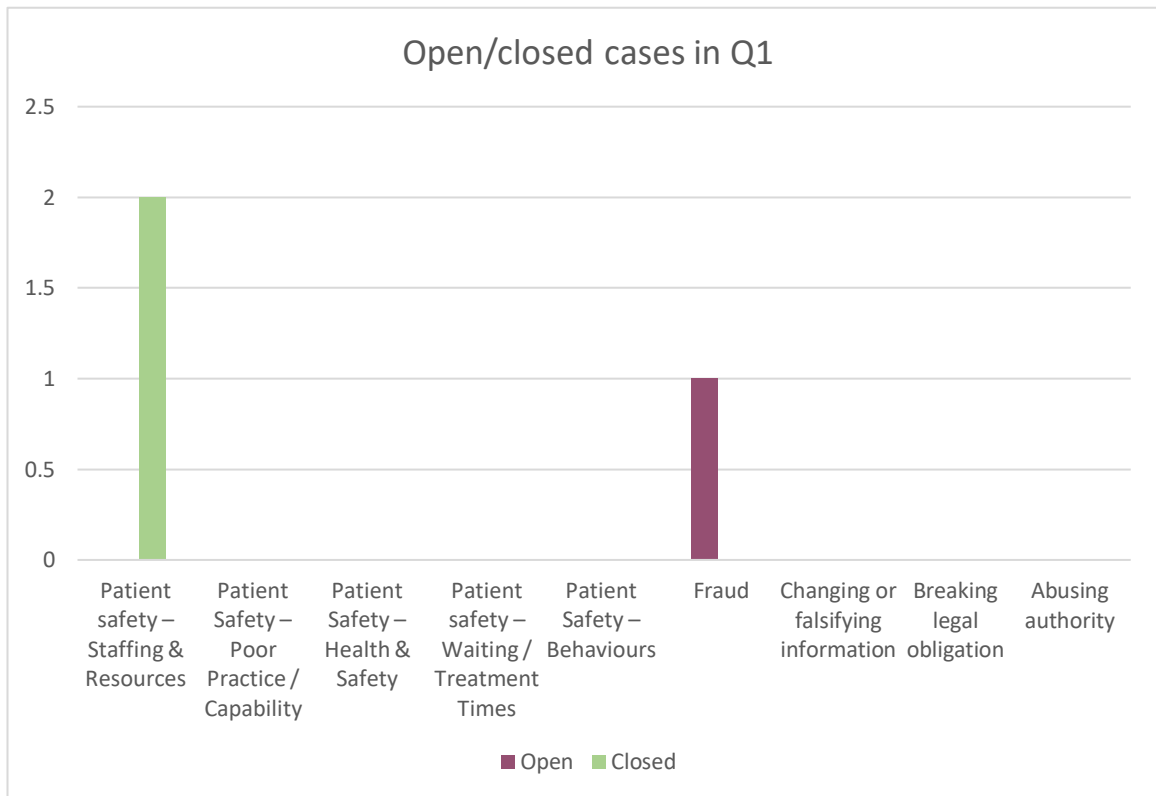
Graph 1



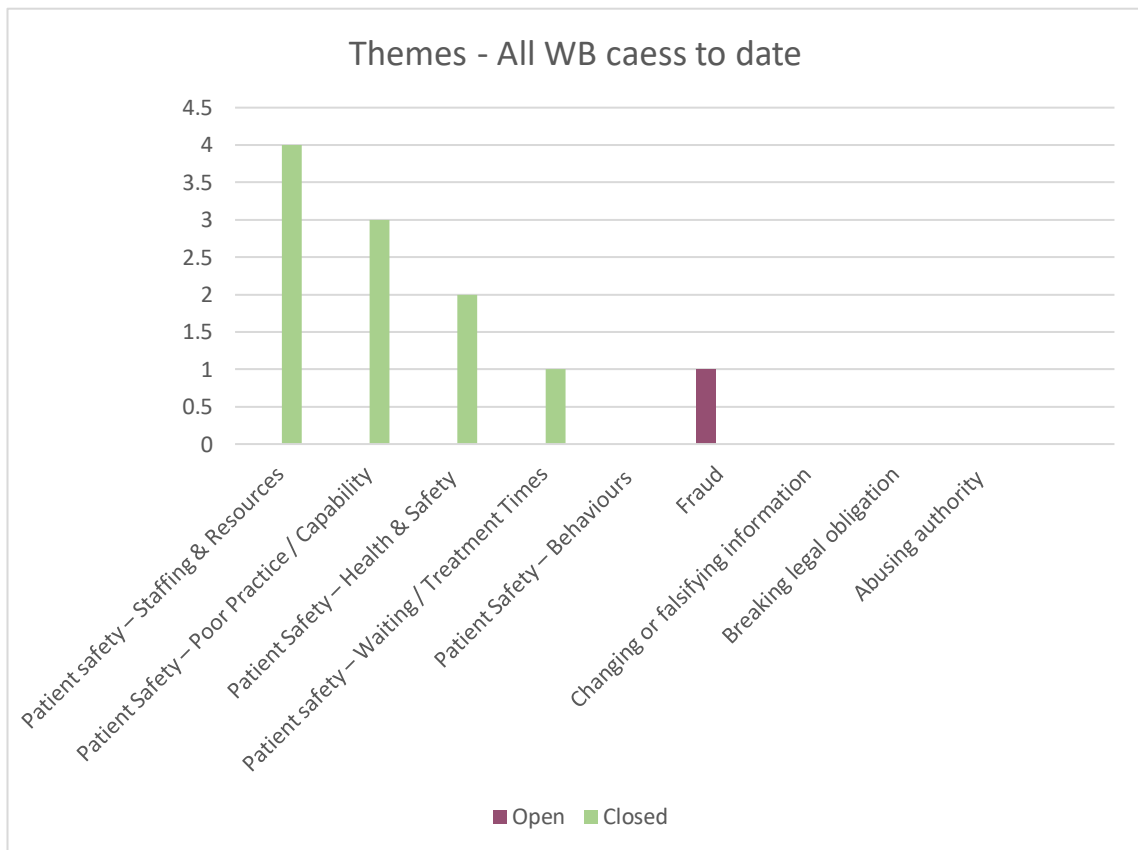
Graph 3



Graph 4



Graph 5



8. Detriment as a result of raising a concern.

No concerns have been raised to date with NHS Highland, the Confidential Contact. Any concern will be taken seriously and addressed and reported through our future reports.

9. Concerns Received - Average time for a full response

Further data on timescales will be provided for all concerns when more data becomes available.

10. Lessons learned, changes to service or improvements

Learnings from the previous year are detailed in the NHS Highland Annual Whistleblowing Report.

In respect of the cases concluded in Q3, there have been specific learnings identified and passed to management for Action.

In Case 14, the Head of Operations for Medical will take forward recommendations and a summary of progress will be included in the Annual report for 2022/3.

In Case 16, the Head of Operations for Clinical Support will take forward recommendations and a summary of progress will be included in the Annual report for 2022/3.

There were no learnings specifically identified from Case 17, although the complainant has made a referral to the INWO which is being progressed and any actions or finding will be shared in future reports.

The Director of People and Culture has been part of a national group, working with the INWO, to develop additional resources to support the process, including specific guidance for HR teams, individuals, managers and colleagues. These will be available from April onwards.

11. Colleague and manager experience of the Whistleblowing procedures

The Confidential Contacts make contact with all individuals who have completed the WB process and offer to meet with them to talk about their experience. The Director of Finance also collates feedback from those who engage in the process, both colleagues and managers, and this is used to ensure the process works as well as possible.

The WB Champion has also been meeting with senior managers who have had involvement in the process and highlighted that there is a need for further engagement and awareness raising about how the process should work and who is responsible.

We have to date had senior managers running the investigations, to ensure these were given proper attention, but this may not be the best approach going forward as the capacity leads to delays in moving forward. There has also been variability in the approach and quality of the investigating and reporting, and now we have run several cases, some anonymised templates and approaches will be shared in future cases.

There is also need for awareness raising with managers and leaders that they must own the process, it is not owned by the confidential contacts or the liaison, they are providing oversight and assurance and reporting, as well as advice and guidance.

A session will be developed and run in the coming months to pick all of this up and will be combined with the launch of the new guidance and a focus on raising and handling all concerns, not just Whistleblowing.

12. Colleague awareness and training

Our Guardians and Whistleblowing non-executive Director continues to visit across the Board area and promote their roles and speak with colleagues as well as internal and external communications and media.

This has been of great value to the Board and has given the Standards good visibility in some of our more remote and rural areas. Reports have been provided on the findings of the visits. Details of the extent of the visits is also included in the annual report from the WB and Guardians.

There is an opportunity to run further awareness sessions as set out above, aligned to the launch of the new support materials nationally and also our own local guidance.

13. Audit of Whistleblowing Standards Implementation

There is still one action, regarding the documentation of the process, which has been paused until the national guidance is issued in April 2023.

14. Annual report

The first annual Whistleblowing Standards report for NHS Highland was presented to the Board on 26 September 2022 and can be accessed here.

[Microsoft PowerPoint - Annual report 2021 2022 Final Draft.pptx \(scot.nhs.uk\)](#)

This report was circulated, including in a summary form, and was sent to the INWO following the Board meeting. The report was also widely referenced during Speak Up Week, from 3rd to 7th October 2022.

Summary open/closed whistleblowing cases

Q1 2023/2024

Case 20 CLOSED

This is a stage 2 WB concern raised by staff in Rosebank Ward, Caithness General Hospital, Wick. This is about patient safety, the availability of staffing and the impact this had on the quality of patient care. The concerns were raised internally by staff and then anonymously through the Guardian Service initially in March 2023. The employee asked for the concerns to be progressed to an investigation in line with the whistleblowing standards in April 2023. The concern was investigated and concluded within the reporting period with recommendations made for improvements to mitigate risk and minimise impact of similar repeat conditions.

Open Cases from previous years

Case 19 OPEN (Q4 2022/2023)

This is a concern from an employee who works for an external service provider, Centred, a mental health charity who provide services to NHS Highland. The employee raised concerns internally which were dealt with locally however the employee does not feel the concerns were progressed in line with the whistleblowing standards. The SPSO have advised Centred that the outcome should be communicated to the employee who must also be signposted to the INWO rather than NHS Highland to escalate any further issues. For reporting purposes, it has been included in the Q4 2022/2023 reporting cycle as the concerns were initially raised in March 2023.

Closed cases from pervious years

Case 13 CLOSED

This is a stage 2 WB concern opened in October 2021 where an extension has been authorised beyond 20 days. The concern is actively under investigation with the individual raising the concern kept aware of the investigation process. This complaint relates to provision of services and staffing in a remote location in Argyll & Bute and is being overseen by the Chief Officer for the A&B HSCP, Fiona Davies and the Director of People & Culture, Fiona Hogg. Significant progress has been made and regular meetings and engagement are in place, addressing service provision, governance, and relationship concerns, the WB complaint concluded in Q1 2023/24.



Integration Joint Board

Date of Meeting: 27th September 2023

Title of Report: Chief Social Work Officer Report 2022/2023

Presented by: David Gibson

The IJB is asked to:

- Note the content of the CSWO Report 2022/2023

1. EXECUTIVE SUMMARY

The Chief Social Work Officer (CSWO) for each of Scotland's 32 local authorities provides an annual report for Scottish Government. It is due in the autumn and relates to the previous financial year.

The full CSWO report is attached.

2. INTRODUCTION

The requirement for every local authority in Scotland to appoint a professionally qualified CSWO is set out in Section 3 of the Social Work (Scotland) Act 1968.

In Argyll & Bute the role of CSWO is held by the Head of Children, Families & Justice.

There is a requirement to send a CSWO Report to Scottish Government each autumn covering the previous financial year.

Attached in the CSWO Report for the financial year 2022/2023. It is acknowledged that there have been significant changes since the period relevant to the report, most saliently the volatile economic background resulting in a 'cost of living crisis'.

3. DETAIL OF REPORT

The full CSWO Report 2022/2023 is attached.

4. RELEVANT DATA AND INDICATORS

Contained within the attached report.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Social Work is key to a significant number of strategic priorities. Reference to these are contained in the attached report

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

It is clear from the attached report that maintaining social work services during a period of stretched and constricting finances is becoming increasingly more difficult. The full impact of the 'cost of living crisis' and higher inflationary pressures is predicted to increase these difficulties however is out with the timescales of this report. There are on going discussions between Scottish Government and COSLA on the formation of a National Social Work Agency which could lead to national pay and conditions for the profession.

It could be argued that finances are now not the main hurdle in maintaining and developing services. Staff recruitment and retention is perhaps now of greater note.

6.2 Staff Governance

The full report sets out significant staffing challenges. This is beyond problems with recruitment and retention. For example in the case of social workers it is recognised there are simply not enough qualified social workers nationally and all local authorities are vying to recruit from an insufficient pool of potential employees. One or two authorities are dealing with this by increasing wages which can worsen the situation for other areas.

As mentioned above staff recruitment and retention is now perhaps the biggest restrictive factor in the maintenance and development of services

6.3 Clinical and Care Governance

The CSWO Report is a key element of Clinical and Care Governance at both local and national level.

7. PROFESSIONAL ADVISORY

The CSWO is the main professional advisor to the local authority on all social work matters. Through the scheme of delegation, is also the main social work advisor to the IJB.

8. EQUALITY & DIVERSITY IMPLICATIONS

None

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

None

10. RISK ASSESSMENT

None

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

There is no public or user involvement as such in the compilation of the CSWO, however the report does evidence significant involvement and engagement activity throughout social work and social care.

12. CONCLUSIONS

The IJB is asked to:

- Note the key activities outlined in the CSWO Report.
- Acknowledge the commitment of social work and social care staff throughout the period of the pandemic.
- Note the report will be submitted to the Office of the Chief Social Work Advisor

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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**Argyll and Bute
Chief Social Work Officer
Annual Report 2022/23**



Daibhidh MacGileabairt
Àrd-Oifigear Obair Shòisealta
Earra Ghàidheal is Bhòid

David Gibson
Chief Social Work Officer
Argyll and Bute

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Chief Social Work Officers Report

1. Introduction

This is the annual Chief Social Work Officer (CSWO) report for Argyll and Bute for the period from 1st April 2022 to 31st March 2023.

Over this period we have seen the last of the public health restrictions on people's lives, associated with the pandemic, being removed and the response to people becoming ill with Covid mirroring that of other viruses and illnesses. Only in health care settings does the wearing of masks linger on. Superficially we have seen a return to 'normality'.

The pandemic period positively challenged how we worked with people and each other. At the start of the pandemic in spring 2020 it was hard to imagine the amount of routine work we are now able to undertake via the use of technology and particularly Microsoft Teams, Skype and Near Me. This is clearly of advantage to practitioners covering the vast geography of Argyll and Bute. It is important we harness these developments: the question is now not what can we do remotely, but what do we have to do face to face? Of course for those of us steeped in relational practice this is particularly challenging, however a challenge we must face in the current context.

For those of us practicing on the geographic periphery of the nation continued remote working has also allowed more regular participation in national meetings and developments. We have been able to influence in a way we have not enjoyed in the past. In central belt local authorities a drift back to mainly face to face practice is well under way, however for those of us in remote and island practice such a drift will see us again marginalised. For now we remain at the centre of professional development and debate. It is important we stay there.

It feels in social work terms, we are now experiencing the impact of the pandemic, rather than during the period when the virus was at its peak. The public health responses have had obvious impacts. For example; increases in Speech and Language Therapy referrals for young children through to the social and emotional impacts on those in adolescence. Care home sustainability is a growing concern as the 'cost of living crisis' deepens. It is now we are seeing the increasing need.

The pandemic period and, probably more, the associated responses masked significant chronic issues. Services were stood down and emergency finances made available. Now demands for new initiatives feel to be accelerating at a pace outstripping financial and human resources. We are having to plan financial savings in core services. Short term focussed grant allocations are stifling attempts to meet local needs with local solutions. Inspection models are not taking consideration of the critical context practitioners are facing.

Recruitment is increasingly difficult, particularly in our remote and island areas. This is not simply about a dearth of affordable housing or the expense of living in remote and island areas. It is about demographic changes. In Argyll and Bute we continue to have a shrinking working age population and increasing numbers of older people.

During the period of this CSWO report Social Work Scotland published the 'Setting the Bar' research. It is clear from 'Setting the Bar' that there are not enough social workers in Scotland to meet the national demand. In response Argyll & Bute, like many other local authorities, are developing plans to 'grow our own' work force through support for existing staff to gain qualifications. We are engaged in international recruitment. We are enhancing support to Newly Qualified Social Workers. Yet we still have significant vacancy levels and our earnest efforts won't produce benefits for a number of years.

As a local authority, indeed as a nation, we require to address the questions: What do we keep doing? What do we do differently? What do we stop doing? Local and national government require to engage in this dialogue. As a profession we cannot meet all the current demands. An inspection model, developed in a pre-pandemic and pre-brexit world, which takes no account of the current crises requires to be changed or lose credibility.

Since writing last year's report the 'cost of living crisis' has deepened, with increasing numbers of people, including staff members, being adversely affected. This has most acutely impacted our most vulnerable. Partnership work such as the Child Poverty Action Group has become increasingly vital in protecting people from the worst effects of this crisis. The 'cost of living crisis' has also seen industrial strife surrounding pay and conditions for staff. Many in the social work and social care community would see themselves, in common with others in local government, not being treated as fairly as other professional groups. It is welcomed that through this pay settlement Scottish Government now pay the SSSC registration fees for Local Authority Social Work and Social Care staff.

Despite the current socio-economic challenges and the eternal difficulties of geography, Social Work and Social Care staff have continued to offer services which positively impact on the lives of the people living in the communities spread across Argyll & Bute. This has often seen staff going above and beyond core duties and working long hours. Our staff are without doubt our main resource. As always in the CSWO report I take this opportunity to thank all of our Social Work and Social Care staff for their steadfast service over the course of the last year.

This year's report will be in the format shared by the Office of the Chief Social Work Advisor. The report will cover:

- Governance & Accountability
- Service Quality & Performance
- Resources
- Workforce

2. Governance and Accountability

Role of the Chief Social Work Officer

As Chief Social Work Officer for Argyll and Bute, I am also Head of Children, Families and Justice. This portfolio clearly includes direct responsibility for all social work services for Children, Families and Justice as well as all associated resources such as Children's Houses. Within the scheme of delegation deployed in Argyll & Bute my responsibilities also include health services ranging across CAMHS, Maternity, School Nursing, paediatric AHPs and Health Visiting.

As CSWO I am a member of the Senior Leadership Team (SLT) of the Argyll and Bute Health and Social Care Partnership (HSCP) and have specific accountability for the delivery of social work and social care services ensuring that the statutory duties of the profession are delivered across children's, adult's and justice services.

Partnership working takes place with a wide range of multi-agency professionals including; the Chief Officer, Chief Executive, Elected Members, health and social care managers and practitioners. There are regular meetings with the Chief Executive of Argyll and Bute Council and the Chief Officer of the HSCP.

I am a member of various key groups and committees within the organisation. Clear governance and reporting arrangements are in place. The CSWO provides professional advice and guidance on all social work matters and provides assurance that social work services are being delivered to the best standards and within the required statutory and policy guidelines. Regular performance reporting around risk management is also provided with the CSWO specifically reporting through the Chief Officers Group for Public Protection. The CSWO is the MAPP (Multi-agency public protection arrangements) lead officer and is a member of the Adult Support and Protection and Child Protection Committees. The CSWO continues to have input into NHS Highlands Care Home oversight group which covers both Argyll and Bute and Highland Council areas, although there are plans to develop a local Argyll and Bute structure to this area of practice. The CSWO further reports to the IJB on key changes and developments regarding the social work profession.

Over the period of this report a key issue for the IJB, Council and NHS Highland continued to be consultation on and development of the National Care Service. As was reported last year the impact on staff from the two employers could well be different and the democratic process could lead to different views of the National Care Service being taken by the employing parent bodies. As I write there is a continued hiatus in the plans for the NCS and while it is proper that this planning is progressed with the utmost care it does leave a sense of limbo particularly for Justice and Children's Services. This is a level of complexity which requires careful consideration.

It is recognised, in Argyll and Bute, in terms of governance that the CSWO is working as Head of Service to two employing parent bodies, NHS Highland and Argyll & Bute Council, as well the HSCP. There is a complexity in the relationship with NHS Highland. NHS Highland are involved in different integrated arrangements in Argyll and Bute, an Integrated Joint Board, compared to Highland which uniquely follows a Lead Agency model. This is particularly obvious in Children's Services which are not part of NHS Highland's remit in Highland. This is over laid with a further level of complexity given that nearly all specialist services, such as for example CAMHS inpatient, are provided by NHS Greater Glasgow and Clyde. Ensuring that in relation to governance we have integration rather than complication or duplication is a constant effort.

As CSWO I am also involved in a number of national groups. These include: chairing Social Work Scotland's (SWS) Workforce and Resources Standing Committee and as such I am a member of the SWS Board, 'sponsoring' one of Scottish Government's national groups on children's mental health, membership of the national steering group for the Scottish Child Interview Model, and membership of the Remote and Island CSWOs group. Importantly, and as touched on in the introduction, these allow the issues of remote and island practice to be brought to bear on the national stage.

3. Service Quality and Performance

Service quality and performance is managed on an ongoing basis and in several ways. This is in line with the discharge arrangements of the CSWO and the requirement to manage the performance and quality of social work services being delivered.

The CSWO is an active participant in the key service performance and improvement meetings including Clinical and Care Governance, the Chief Officers Group for Public Protection, Child Protection Committee, Adult Support and Protection Committee and the Care Home Oversight Group etc.

A 'daily huddle' in relation to delayed discharges was stepped up and down a number of times over the course of the pandemic period. Often this huddle focused on the interface between acute hospital care and care home / care at home. This huddle has evolved through a period of winter planning to become a regular group considering issues of delayed discharge – monitoring overall data, but due to the size of Argyll & Bute being able to become involved in individual complex cases. Where necessary, with particular complex situations, the group can ensure senior management involvement to facilitate responsive decision making. Unsurprisingly, given staffing shortages, securing the human resource can be a significant part of these discussions.

During the period covered by this report there have been further developments in the Clinical & Care Governance structures within the IJB / HSCP. For example clearer expectations of written reporting and reflection on how this assurance tool dovetails with other partnership functions such as CPC, APC & COGPP. The CSWO has had an active role in the development of the IJB's Clinical and Care Governance Framework. This was an ambitious exercise in mapping regulated services, best practice and ensuring reporting methodologies and supported appropriate oversight across multiple governance routes. Our partners involve not just NHS Highland but also NHS Greater Glasgow and Clyde. This is an ongoing development and is linked to partners across the integrated arrangements delivering in urban, remote and island contexts. There requires to be constant scrutiny in such complex arrangements to avoid duplication and repetition.

Within Argyll and Bute HSCP there is an attempt to deal with health, social work and social care complaints and incidents within an integrated process. There are regular Quality and People Safety (QPS) meetings involving all professional leads and senior managers. There tends to be a concentration on the Datix risk management system reports which Social Work and Social Care staff do not have access to therefore there can be a subsequent over emphasis on health related issues. The evolution of this QPS system is a priority for the HSCP.

Performance monitoring has also been thorough and we have contributed to all statistical data requests from the Scottish Government. Variations between localities within Argyll and Bute have been recognised and reflected on. Data within an authority with a small population must always be treated carefully. A small variation in numbers can look significant when presented as percentages. Significant percentage falls or increases must be examined to uncover the complex human narratives which often lie behind the numbers.

Quality assurance necessarily requires the buy in of all our staff and service users and a move to self-evaluation and truly reflective practice. As was noted last year we must continue to free our staff from the 'fear' of current audit and inspection models, support them to have a positive developmental experience and releasing their innovative potential.

Care Inspectorate activity has been challenging in this respect as the feedback is very much that people feel 'done to' by the current inspection model rather than 'worked with'. The current model of inspection is not taking the context of a national staffing crisis, nor the aftermath of social problems associated with the pandemic or the UK's exit from the EU into consideration. Such inspection experiences can be demotivating with people feeling blamed without the context within which they are practicing being fully acknowledged, understood and reflected through inspection reports.

Adult Services

Adult services have two Heads of Service responsible for different aspects of Argyll & Bute's services. This covers practice team social work and specialist teams such as Adult Support & Protection and mental health. There are 7 internal care homes and 10 which are externally commissioned. Care at home services are also both internal and externally commissioned. These Heads of Service are also responsible for all general and specialist health services ranging from community hospitals to mental health teams and community nursing.

Older People

The drive to deliver a comprehensive strategy for older people continues and work is progressing against the following areas:

- Care Homes and Housing
- Care at Home
- Palliative and end of life care
- Dementia Care
- Right Care, Right Time (which includes a Short Life Working Group on Adult Social Work and a focus on community services and standards)

Care Homes

It was notable that during 2022/2023 our local social work teams successfully negotiated full reviews and placement of residents within a care home that closed.

Also during this period, completed in March 2022/23 after a year of partnership working, the Health and Social Care Partnership took over the running of Kintyre Care Centre from HC-One: a 40 bedded nursing home in Campbeltown. Argyll and Bute Council bought the facility. This embeds the nursing home as part of the care facilities in the west of Argyll and Bute and protects the level of provision within the West of the area.

During the winter of 2022/23 Argyll & Bute did deploy extra funding for interim care home beds. This allowed us to manage hospital discharges, however whether these placements were in fact interim is doubtful with many becoming long term destinations for older people.

Care at Home

Over the past year demands for care at home have changed to focus more on personal care and hospital discharge as priorities.

The total number of people receiving care has reduced from 1149 to 1085. The monthly hours delivered has reduced from 51,550 to 50,216. This however masks an average increase per person from 44 hours per month to 46 hours per month.

Over the past 12 months, more people required two members of staff to deliver safe and effective care in their own homes.

In July 2022 the Scottish Government allocated funding through the Urgent and Unscheduled Care programme with a requirement to expand care at home capacity and to ensure the right care was available in the right place and at the right time. While this money was welcomed recruitment and retention of staff remains the key challenge to the service rather than finance. This has resulted in the increased use of agency staff and the introduction of a collaborative model of commissioning of service. This involves daily meetings of providers to ensure service is delivered as easily and economically as possible in each area.

In response to the staffing crisis additional funding was given by the HSCP to care at home providers to increase pay to frontline staff by 52 pence per hour and also to pay staff for time between service users where there was a gap in time and no work to fill it. This ensures staff are paid for the time they are out working, even when there is down time. Even with this additional resource, there continues to be unmet need, where people have had their needs assessed but service is unavailable. There are regular discussions with providers who are considering 'handing back' services to the HSCP. There is no confidence the HSCP would be any more successful in sourcing the necessary staff.

In April 2022, 22 people had an assessed need for care but no care was available and a further 14 people required an addition to their care package where this was not available. This figure has increased in April 2023 to 35 people awaiting a care package and 11 people awaiting an increase in their existing care package.

A care at home strategy is being developed and a tender process for the service will be undertaken during 2023-24.

Adult Social Work

Recurring funding was received from the Scottish Government during 2022/23 to provide additional capacity to the Adult Social Work workforce.

A short life working group was established to look at prioritising how we spent the additional funds. Key areas of transformation and priority have been:

- Evaluation of a centralised Adult Support & Protection team and a recommendation on the outcome of the preferred model of delivery of ASP.
- Review and evaluation of the current model of Adult Social Work delivery across generic / specialist teams and make recommendations on the preferred model of delivery of Adult Social Work.
- Agree the reviewing function of Adult Social Work and recommend a required staffing resource to enable reviews to be conducted within an agreed schedule.
- Develop the workforce/ learning and development plan to ensure sustainability of Social Workers by use of different models such as Grow Your Own / Traineeship programmes etc.

Teams included in the scope of the group have been Operations (area teams), Integrated Care and Assessment Team (ICAT) (Helensburgh and Lomond), Dementia Social Workers, Learning Disability Social Work Teams, Sensory Impairment, Addictions Social Workers and the interim Adult Support and Protection Central Team.

To date, an options appraisal relating the centralisation of the Adult Support and Protection function has been considered by the group and agreement was reached in March 2023 on a preferred option of a specialist team to manage and coordinate Adult Support and Protection activity. This option continues to be developed and will be presented to the Senior Leadership Team for ratification.

Work is ongoing to streamline the reviewing function of Adult Social Work whilst ensuring all statutory duties are met. This work will also take into consideration the use of technologies now available to us such as Near Me, Teams etc.

There has been a huge focus on the development of a learning and development strategy for all staff in Adult services with particular attention to the harder to recruit to roles and localities. Given the national shortages of Social workers and the added complexity of being a remote and rural authority, our focus has been on creating a strategy to offer a graduated career pathway to existing staff through programmes such as Grow your Own and traineeship. A Social Work Assistant learning and development forum is now in place.

Additional funding was provided by Scottish Government to the Open University and Robert Gordon University to match fund trainee social workers. A bid was made to access this match funding with £8,516 being awarded, some of which has been used to sponsor one Social Work assistant to complete their social work degree. The remaining funds will be carried over to sponsor additional places for either Post Graduate Diploma Social Work or BA Honours Degree Social Work in years 23/24.

The action plan for Adult services continues to progress with the next transformation action looking at a review and evaluation of the current model of Adult Social Work delivery across generic/specialist teams.

There were other successes in attracting funding for Adult Social Work and Adult Social Care during 2022/23. The Scottish Government in partnership with Inspiring Scotland launched a Wellbeing fund for Adult Social Work and Social Care. A small group of representatives from social work and social care got together to submit a bid to create wellbeing packs. The bid was successful for the maximum award of £10,000. Work is ongoing to ensure that all roles within Adult Social Work and Social Care receive their packs.

The number of Adult referrals received from 1st April 2022 – 31st March 2023 have increased to 12,402 where in contrast the number of referrals last year was 12,336. The number of initial contact referrals this year has shown a decline of 695 – down from 6,798 initial contacts to 6003.

The number of universal adult assessments completed has also reduced this year to 2,555. The application of shorter initial assessments, not captured on Carefirst as an assessment but instead counted as a referral, have contributed to the reduction of universal adult assessments.

We have recognised the difficulties faced across Adult Social work teams in relation to the shortages of staffing as noted earlier and the consequent impact such as delays in completing reviews. The key priority from the Adult Social Work SLWG of streamlining reviews will contribute to continued

improvement both to ensure best outcomes of the adult and improved performance if completing full assessments.

Adult Support and Protection

The focus of Adult Support and Protection (ASP) through 2022/23 has been on continuing to ensure effective support and protection, for people at risk of harm in Argyll and Bute in the post Covid period. We have seen the number of ASP Referrals increase significantly from 336 recorded between April 2021 and 31st March 2022 to 413 recorded between April 2022 and March 31st 2023.

Operational activities have mostly returned to face to face intervention for client interviews and meetings. However some meetings/conferences have continued online, where requested by the Adult at risk, or indeed particularly to bring multidisciplinary professionals together promptly, for information sharing and risk assessment, when required.

The Adult Protection Committee (APC), fully supported by the Chief Officers Group for Public Protection, and cognisant of revised guidance for APC's, has been charged this year with considering a range of developments in relation to the wider public protection agenda. Emphasis on assessment for people requiring support from a number of services and the consideration of preventative options, to avoid an adult's situation escalating, is very much at the forefront of ASP services. The APC ensures that local procedures support assessment of need, consideration of other relevant legislation or alternative services to respond to a person's need.

Particularly challenging has been consideration of the approach we take to those adults with complex presentations. People who do not quite fit the remit of any service, yet clearly need to be supported and at some points protected. We are taking the approach that 'it's everybody's job until such time that it's somebody's job.' This simple approach as led to more a more cohesive interdisciplinary working and support.

Workforce challenges saw the development of a trial centralised ASP Team in Argyll and Bute in June 2022. Working alongside locality social work teams the ASP Action Team completed a significant proportion of inquiry, investigation and case conferences. It is proposed that a centralised ASP service will continue to operate particularly in localities encountering workforce limitations.

The new revised Code of Practice was launched in July 2022 and promotion of this revised guidance has been essential to ensure best practice, recognising more recently the number of policy, legislative and practice development in the overall context of adult support and protection.

Our joined up agenda of public protection continues with liaison work with the Alcohol and Drug Partnership, and the Child Protection Committee, focussing on areas of joint concerns, drug deaths, and young people in transition and locality approaches.

Lomond and Argyll Advocacy Services has increasingly played a positive and constructive role in relation to service user support in investigations, case conferences and monitoring of outcomes. We have been exploring with our Advocacy colleagues how best we might work together in ensuring the voice of the Adult is heard and that their contribution is prioritised in our future service development.

The commencement of dedicated and regular meetings with Police Scotland hub staff through Multi-Agency Forums (MAF) meetings has had a marked impact on developing shared understanding and support in relation to referral activity and ensuring targeted activity on referral information sharing.

Over this last year we have noted particularly the support we receive from The Scottish Fire and Rescue Service in effective collaborative practice, be that in the undertaking of fire home safety checks, at the request of HSCP workers, or invaluable officer representation at ASP case conferences.

Ongoing development work on Health engagement in adult protection has resulted in much greater understanding of activity and promotion. Training events have assisted in this improvement. ASP training from, regularly delivered Level 1 awareness sessions through to the continuous inputs on Council Officer activity, Defensible Decision making, financial harm and case conference chairing, has been a priority activity. Of note has been the 'joining up' with a neighbouring authority in the provision of shared Council Officer training and development using MS Teams approaches. This approach has encouraged the sharing of practice, policy and procedures and cross fertilisation of ideas for future practice.

The Lead Officer has continued to meet with Council Officers and with locality teams on practice development. Quarterly Council Officer Forum events have taken place over the year, ensuring opportunities for information sharing, both formally and informally, and case presentation and discussion. Staff are invited to share case examples at ASP Committee meetings.

The Lead Officer has been able to contribute to the West of Scotland Lead Officers Group and the National Lead Officer group in developing the national agenda priorities for ASP in Scotland. A member also of the ASP National Implementation Group, formed to undertake detailed implementation planning on engagement with the revised Code, the Lead Officer has focused on the Chronology subgroup. Development of effective joint agency ASP chronologies is a priority activity for ASP into 2023, particularly as the new Eclipse IT recording system is rolled out across the HSCP.

Mental Health and Addictions

Services within Argyll and Bute HSCP continue to work collaboratively across our integrated Mental Health and Addictions services. The service map described in last year's CSWO remains in place although recruitment and retention of staff is a constant challenge throughout all that we do. As a small authority service continuity can be vulnerable where teams consist of one or two staff. Vacancies are present at all levels from front line staff through to managers. Notwithstanding this context we still have 11 MHOs available throughout the Local Authority area and as a consequence the MHO rota continues to run well across Argyll and Bute with one MHO on call at any time.

Argyll and Bute were successful in securing Scottish Government funding to support social workers in achieving the MHO award, 2 staff are nearing completion of the MHO programme this year.

In 2020/2021 41 people were detained under an Emergency Detention Certificate and 62 people detained under a Short Term Detention Certificate.

In 2021/2022 30 people were detained under an Emergency Detention Certificate and 50 people detained under a Short Term Detention Certificate

(Figures for 22/23 are not available at the time of writing however are expected to match if not exceed those of the previous year.)

Appropriate Adult information sessions were rolled out, delivered by COSLA and Carrgomm. They have been received well. Further training has been completed throughout the Local Authority on habitual and ordinary residence and delivered by our Legal Department

A Tracker for Adults with Incapacity and who are delayed in discharge has been developed to ensure an up to date overview, support progression and decrease delays for those in hospital and to maximise our community hospital flow. This has provided more oversight to ensure timeous progress. Information from mental health is reported into the weekly delayed discharge overview meetings in collaboration with home care/care at home.

We are continuing to progress Access to funds/DWP Corporate appointeeship processes. This is a significant piece of work to ensure that there is an appropriate legal framework to manage clients' money when they lack capacity and no other person is available to assist. All standard operating procedures have been developed, ratified and added to SharePoint, two finance colleagues have been recruited and five training sessions were delivered to HSCP colleagues, one of which was recorded to ensure further access if needed. Following DWP roll out, access to funds and financial intervention orders will require to be developed with the HSCP applying to the Office of the Public Guardian to access a client's funds.

A new Care Programme Approach (CPA) coordinator has also now been recruited. CPA guidance has been developed and training available to be rolled out to teams

Within health, staff recruitment continues to challenge service delivery, particularly around our sole Inpatient ward and crisis team. Focussed work continues to attract suitable candidates to ensure robust services for future delivery of services and this is starting to positively impact on the number of applicants. Initiatives developed include a recruitment and retention premium for band 5 nurses in Succoth Ward, earn to learn / grow our own pilots and promoting Argyll and Bute HSCP widely across career fayres and media platforms

We continue to work with our Scottish Government colleagues to develop and roll out Medication Assisted Treatment Standards to those at high risk of drug-related harm to ensure they are proactively identified and offered support to commence, re-commence or continue MAT and to make an informed choice on what medication to use for MAT, and the appropriate dose. This is piloting in Cowal and Bute, however are working collaboratively to ascertain how to ensure this is rolled out across Argyll and Bute

There is also a significant focus on Alcohol Brain Injury with the recommendations from "Ending the Exclusion". This report will also have implications for our mental health officer colleagues in relation to AWI and Mental Health Act legislation and will also challenge our pathways across our alcohol and mental health services in how we support and engage those affected

Adults with Incapacity (Scotland) Act 2000

There is no waiting list for the completion of MHO reports requested for private or local authority guardianship orders.

Due to the pandemic, "Stop the clock" legislation was introduced as the courts were only hearing urgent interim guardianship cases due to staffing challenges with doctors, MHO's, court staff among others. Therefore, to avoid guardianships that would have been renewed during that period expiring, 176 days were added to the expiry of guardianship orders, and this was subsequently passed as law and continues.

Argyll and Bute presently have 174 private welfare guardianship orders and 41 Public welfare guardianship orders. This equates to almost no change from the previous year.

Under section 10 (1) (a) of the AWI act, the local authority has a duty to supervise welfare guardians. Assurance meetings with CSWO oversight have been established with the priority being to improve and monitor the supervision of guardians and ensure time renewals.

Learning Disability, Autism and Transitions, Sensory Impairment Services.

Long term work continues on the repatriation of individuals who are currently placed out with the Argyll and Bute area. As has been reported over the last few years this is challenging as it brings with it the requirement for additional local specialist resources and provision which can take some years to develop. Key partners from the housing and third sectors include Affinity, Enable, Key Housing, Scottish Autism Cornerstone, The Priory Group, Hub North and NHS Greater Glasgow & Clyde.

Staffing pressures across the care sector have been undoubtedly the greatest barrier to full implementation of our Accommodation with Support proposals. Recently there has been some improvement and we will move to full occupancy at the 6 person Dunbeg service and 5 person Sawmill site in Helensburgh by the end of September 2023.

It had also been hoped to advance a new specialist 6 person service in Rothesay, Bute with commitments given for completion by May/June 2024 but sadly the preferred developer has now withdrawn from this and no alternative is currently available for that locality. We continue to work with the Argyll and Bute Council Housing Options Group and are planning to develop a new-build service in Helensburgh. All our efforts and considerations for service developments take full account of our ambitions with regards to the Coming Home report recommendations and we remain committed to endeavouring to support individual's safe and appropriate return from out of area placements as our new options become available. Skilled staff recruitment and retention will remain a major challenge.

Between October 2021 and June 2022 we undertook a root and branch review and redesign of our 5 in-house Learning Disability day services and 1 internal Supported Living unit. This has been fully embraced by our staff, the people we support, carers and families. It is hoped in the course of the year to July 2023 we will have consolidated the service redesigns, successfully recruited to almost all our posts, and begun to extend the service to increasing numbers. It is still early days but it is already clear that we have a new dynamic and ambitions within the services and great foundations for meeting new and additional challenges.

Throughout 2022 and 2023 to date we have experienced significant staffing issues within our Sensory Impairment Team however we have recently appointed to the 2 Rehabilitation Officer for the Visually Impaired posts and are currently seeking to appoint to the Hearing Impaired post and would anticipate moving to full staffing by Oct 2023.

In the last CSWOs report it was noted that there was local debate about having an Autism Strategy for Argyll & Bute. After much debate it was settled that there should be a much wider perspective taken both in terms of looking at a wider neurodevelopment approach and also about looking at solutions for people across the lifespan, as opposed to having different approaches to children and adults. At the end of the period covered by this report it was decided to recruit someone with a deep understanding of the subject area to develop this work for us.

Children & Families and Justice Social Work

The Children & Families Service includes Social Work, Youth Justice, Children's Resources, Child Poverty, Child Health, Paediatric Allied Health Professionals, Child and Adolescent Mental Health (CAMHS) and Maternity Services. Within the organisational structures of the Argyll and Bute's HSCP, Justice Services, Community Justice and Violence Women and Girls also sit within this same department.

Justice Services

Justice Social Work continues to provide statutory supervision to offenders via Community Payback Orders (CPO) and assists community reintegration and rehabilitation from prison via post release supervision. The service also provides assessment reports to the Courts and Parole Board and participates in the Multi Agency Public Protection Arrangements (MAPPA) which aim to manage the risk posed by violent and sexual offenders. The service works with other agencies, both within the HSCP and beyond, including Police Scotland, the Scottish Prison Service, NHS Highland, NHS Greater Glasgow & Clyde and a range of third sector providers.

There has been an increase in workload in all areas of Justice Social Work over the past year. Whilst this was not unexpected due to the Covid backlog in the Justice System, the increase has placed increased pressure on the workforce. As well as an increase in the volume of work, there has also been a change in the nature of the work. As can be evidenced from the table below, the number of Community Payback Orders has increased overall, however there has also been a change in the types of orders received. The number of Community Payback Orders with a requirement of supervision is now on a par with unpaid work. This has placed an increased demand on the work of social workers within the team. It also reflects the increased focus that the team has had on improving assessment skills and the resultant identification of areas of risk and complexity within cases and subsequent increase in supervision and conduct requirements imposed by the courts. The rise in high risk complex cases would appear to be the result of the Courts prioritising serious cases for prosecution in dealing with the backlogs created by the pandemic. This is also evident in the increase in MAPPA cases managed in the community by Justice Social Work.

Diversion is another area where a change can be evidenced in both the volume and nature of the work. The complexity of the referrals received from the Procurator Fiscal are changing with an increase in those charged with sexual and domestic abuse offences. Historically Diversion from Prosecution was used for very low level offending and for those who had a high level of welfare needs who required a short intervention of 12 weeks. These cases were overseen by paraprofessional staff. The change in offence type and risk profile of cases being referred has necessitated an increase in resource allocation both from time taken to complete interventions, in some cases up to 9-12 months, and case allocation to a social worker rather than a paraprofessional. This trend has been highlighted nationally in the Joint Review of Diversion from Prosecution published by the Scottish Government on 21 February 2023. This report further highlights Argyll & Bute as having the highest percentage increase (+203%) in the number of Diversion cases commenced per 10,000 population.

Annual New:	2021/22	2022/23*
Criminal Justice Social Work Report submitted	208	246
Prison Reports submitted	36	44
Community Payback Orders court reviews	111	115
Community Payback Order	95	145
Statutory Throughcare	10	18
Voluntary Throughcare	3	4
Drug Treatment and Testing Order	0	3
Structured Deferred Sentence	6	20
Diversion from Prosecution	57	75
MAPPA (managed by JSW as at 31 st March	18	29
Total	544	699

*figures still to be ratified in Annual Aggregate Return

The national change of ViSOR use by Justice Social Work has presented a number of challenges over this reporting period with Police Scotland no longer able to input Justice Social Work information onto ViSOR. The level of vetting social work staff require in order to use the shared IT system remains unresolved nationally, however we now have a small number of staff vetted and procedures in place to input a revised data set for MAPPA managed offenders. Whilst the changes brought about by the Chief Constables instruction have impacted working practices, relationships between key personnel in Argyll & Bute Justice Services and L Division, Police Scotland have remained strong.

A key area of work over this reporting period has been embedding new national policy initiatives, i.e. supervised bail, electronic monitoring, structured deferred sentences and Throughcare, Aftercare and Release Licence (TARL) processes. The implementation of bail supervision including electronic monitoring bail within Argyll & Bute has not been without its challenges mainly due to the remote, rural and island communities that we serve. The majority of assessments to date have been for individual's appearing at Courts out with Argyll & Bute (Paisley, Greenock and Dumbarton) due to our Courts not being full time. Special arrangements have had to be put in place to allow Justice Social Work staff to interview individuals by telephone in order for us to be able to provide the service. As with other local authority areas, Argyll & Bute has experienced a low conversion rate for bail supervision orders from assessments undertaken. The reasons for this are under constant review and scrutiny but the majority are from Courts having already dealt with cases prior to reports being submitted.

Argyll & Bute Justice Services continue to develop practice and improve assessment and interventions for perpetrators of domestic abuse. This links with the Equally Safe and Violence against Women and Girls strategies which outline the requirement to deliver robust, high quality and evidence based interventions for perpetrators of domestic abuse. It is hoped that this will act as preparatory work for the national rollout of Caledonian Programme by Scottish Government. Justice Social Work remains a key partner in Argyll & Bute's Violence against Women and Girls Partnership, with the responsibility for this area of work being in the portfolio of the Senior Manager, Justice. MARAC continues to be embedded as a practice model within Argyll & Bute and the Senior Manager, Justice attends Police Scotland L Division MATAAC meetings. The service is also involved in local Decision Making Forums around DSDAS referrals. The work undertaken in Justice Social Work around gender based violence is a key element of Argyll and Bute's Transforming Responses to Violence Against Women and Girls Project which aims to implement the Safe and Together Model across the local authority.

Capacity within the Justice Social Work Team is challenging with vacancies hard to fill, particularly in West Argyll. The increase in overall workload, combined with the changing nature of the work, including an increase in complex cases which require additional contact levels alongside the ever increasing impact on service users facing poverty is placing increased demands on the small workforce.

Community Justice

In Argyll and Bute Community Justice works very closely and harmoniously with Justice Social Work services. For the period 2022 to 2023 we recruited a full-time coordinator, previously a shared post with a neighbouring local authority.

During 2022 to 2023, community justice activity focussed on six main areas: Development of the refreshed local Community Justice Outcome Improvement Plan; finalising Justice Social Work (community justice) delivery plan; Aligning community justice and violence against women and girls planning and activity; Prison Custody to Community Pathway; Aligning Alcohol and Drugs planning and activity; and, Strengthening the Community Justice Partnership.

Key areas of progress include:

- Argyll & Bute Justice Social Work Service draft community justice delivery plan developed and is now aligned to the Scottish Government National Community Justice Strategy and Outcomes, Performance Framework, Community Justice Scotland Improvement Tool and the Care Inspectorate draft Self-Evaluation Framework
- Argyll & Bute Community Justice Partnership committed funding, with a small contribution from Delivering Equally Safe monies, to ensure a 2 year research project, associated with the roll out of Safe and Together, could be commissioned and delivered. The research project is managed and coordinated through our Violence Against Women and Girls Partnership. The Equally Safe Standards Priority 4 focus on perpetrator interventions and staff development will be included in Community Justice Partnership strategic planning and delivery considerations. The final draft of Phase 1 of the research focussing on victims, survivors and various staff groups is now complete, findings and recommendations will be considered. Phase 2 will begin during 2023 to 2024 with the research focus on the individuals who have been convicted of domestic abuse crimes.
- Argyll & Bute pathway for citizens returning to communities from prisons located across Scotland has undergone a review. During 2022 to 2023, combining funding from the Corra Foundation and Justice Social Work has facilitated discussions to commission a third sector partner, for a 1 year pilot, to provide human-rights based advocacy to those leaving prison and some people on Community Payback Orders. The service is expected to be operational in the second half of 2023 -2024.
- Argyll & Bute Alcohol and Drugs Partnership response to the refreshed approach to the Rights, Respect and Recovery and to the work of the Drugs Death Taskforce continues to examine and develop the relationship with justice settings. Cross cutting themes including access to services and rehabilitation, reducing drug deaths and services to young people and the links to the justice system are key areas of focus in the development of our new local Community Justice Outcome Improvement Plan. This will include collaboration to deliver on MAT Standards 3 and 8 specifically. During 2022 to 2023, improved collaboration has resulted in community justice representation on both the drug death review and residential rehabilitation groups.
- Argyll and Bute Community Justice Partnership representatives changed significantly and as a result have been revisiting the key statutory duties, considering focus and priorities, and, governance arrangements in preparation for the revised National Community Justice Strategy (published June 2022), National Outcomes and Performance Improvement

Framework and Community Justice Scotland Improvement Tool (published March 2023). The development of our new local Community Justice Outcome Improvement Plan is now underway, expected publication October/November 2023.

Challenges:

- The current national Community Justice Strategy takes a general approach to populations however does not reflect the needs of delivering to remote, rural and island communities. Cognisance should be given to the Islands Act and the requirement for an Island Community Impact Assessment to ensure national policy and initiatives do not inadvertently adversely affect those communities.
- The delivery of the significant community justice improvements expected, alongside core funding and workforce challenges, is an area of concern that will be closely monitored by the Community Justice Partnership. Whilst there is undoubtedly a strong commitment to continuous improvement, how many we can deliver within the current landscape challenges remains uncertain.

Children & Families

The Children and Families Management Team model aligns management, professional and clinical leadership and strengthens oversight of the services and the accountability of managers and staff. The service is underpinned and delivered in line with the Getting it Right for Every Child (GIRFEC) Framework and The Promise. There has been considerable investment in promoting a trauma informed approach.

As in 2021 – 2022 this year has seen a great deal of consolidation and development work. A focus this year has been on reviewing the Children & Young People's Service Plan and publish a new plan for 2023 – 2026. This has been achieved with the new plan very much building on the success of the previous one. Meeting the challenge of 'The Promise' remains central to this and to other efforts such as the Corporate Parenting Plan.

Linked to the Promise the past year has seen us continue to move away from institutional and stigmatising language in how we write and talk about care experienced children and young people and we continue our commitment to ending the using words or phrases our care experienced children and young people dislike.

Over the course of the year we have been piloting a revised model for children's reviews, which responds to feedback from families and children and is based on trauma informed principles. Initial feedback indicates that families find the approach more inclusive and less threatening, the model will be rolled out more widely over the next year.

Strong progress continues to be made in developing a trauma informed workforce. Building on work as part of the national trauma training pilot we have continued to embed Trauma Awareness Training across the workforce, have delivered Dyadic Developmental Psychotherapy training to over 60 practitioners across integrated children's services, and PACE training to foster and kinship Carers and to residential staff.

Staff from Argyll and Bute have been heavily involved in national and local debate on the efficacy of the Scottish Child Interview Model (SCIM) within remote and island communities. During the period of this report one Social Worker began the training for SCIM along with Police Scotland colleagues from L Division. It has been a challenge to get Social Work staff to volunteer for this training. Feedback

would suggest a significant factor in this reluctance is the length of time the training requires people to be away from home.

Recruitment to Children & Families Social Work posts has been somewhat more successful than other specialisms in Argyll & Bute. There have been international recruits and a number of Newly Qualified Social Workers have joined us. Developing the programme of support for NQSWs has been a key focus through the year. There has been a flexibility in recruitment with, for example, final year students being appointed into Social Work Assistant roles until such time as they pass their qualification.

There has been a review of the Social Work Assistant job description which resulted in a final document which is common to all Social Work Assistants employed by the Council and also an upgrading. There is a similar exercise on going for Social Work Team Leaders / Practice Leads.

Feedback from Social Workers has suggested that attendance at Children's Hearings is being perceived as increasingly stressful and in some cases traumatic for them. This has particularly been the case for less experienced workers. There has been a sense of the Social Worker being on trial especially when lawyers have dominated proceedings. Work has begun with SCRA and Children's Hearing Scotland to ensure the professionalism of Social Workers is respected and our staff feel safe in the tribunal setting.

Within our Children's Houses and in line with the Promise commitment to strive to not use restraint with children in care and ensure the workforce is supported to provide a caring, relational and trauma-informed response to challenging behaviour. We have reviewed our approach to managing behaviours within our children's houses and trained staff in the "Safety Intervention" model in partnership with the Crisis Prevention Institute. There were again no recorded incidents of the use of restraint with children in our residential care services this year

Our Care Experienced Champions Groups continue to grow from strength to strength, groups are meeting across localities and starting to shape and inform the work of the Corporate Parenting Board. We are pleased to welcome our two Care Experienced co-chairs to the Corporate Parenting Board alongside regular representation from the Champs groups. The Champs groups have also co-produced a new online tool to collect their views for meetings and have had a key role in shaping information about the new Care Experienced CAMHS service and a redesign of our approach to children's Reviews.

Within this reporting period there was a very challenging Inspection of one of the Children's Houses. This has usefully allowed us to reshape many of the practices with for example a leap forward in care planning for the young people. Equally the impact of the inspection was significantly negative on staff morale with many expressing their disquiet that the Care Inspectorate did not recognise the context in which they were practicing. A context which included chronic numbers of staffing vacancies and the number of young people placed through the National Transfer Scheme for Unaccompanied Asylum Seeking Children. Recruitment and retention is a challenge throughout the residential estate.

We continue our work to changing the balance of care in Argyll and Bute. We have successfully reduced the number of children, admitted to care from within Argyll and Bute, who are growing up in residential care and continue to increase the numbers of children in family care arrangements and reducing those living in residential care.

When we started work on shifting the balance of care from external and internal residential care to family based care we did not envisage the significant impact of the National Transfer Scheme (NTS) for Unaccompanied Asylum Seeking Children. (UASC) The implementation of the mandated National Transfer Scheme has created a challenge for our services as we have had to adapt to a 3 fold increase in the number of transfers, from that anticipated last year. While we were able to welcome

and accommodate 6 asylum seeking children this now represents one third of all our children living in our children's houses. The Home Office do not consider that we will have taken our share of asylum seeking children until we have taken 14 under the age of 18 years old. The successes in changing the balance of care and the intention to invest in prevention in the community have been largely negated by the National Transfer Scheme. This has been a steep learning curve for our staff in understanding and meeting these children and young people's needs.

With the shifting balance of care, anticipated ongoing pressures on placement sufficiency from the National Transfer Scheme, ongoing difficulties in foster care recruitment and wider staff recruitment across residential care we will shortly be commencing a review of our models of care to help embed of trauma responsive practices and meet anticipated need. It is without doubt we will have to meet some needs differently.

We have increased our support for Kinship Carer with an expansion in our Family Placement Team, who now undertake all kinship assessment, provide a named worker for each carer and have established kinship support groups. The family placement team have continued to support the work of the Fostering & Adoption panel, however we are finding fostering placements at a premium. A number of carers have given up fostering. Each having their own reasons for doing so, however it would appear many have re-evaluated their priorities during and following the pandemic and the cost of living crisis has added to the cost of caring. We have increased the financial support to foster carers and remain one of the higher paying areas of the country. We are intending recruitment campaigns however there is a sense that some who may have come forward have channelled their caring through one of the other schemes, such as 'Homes for Ukraine'. It is an exceptional complex system of caring in Scotland just now.

Aftercare services continue to support around 100 care experienced young people and adults living in or moving into independence. More young people are choosing continuing care and delaying plans to move towards more independent living, this has enabled many to consolidate their skills and have begun to feel ready to step into independence. Whilst this is good practice there has been no additional central funding to support this expansion. For example a youngster choosing to remain in continuing in an external residential school placement could cost upwards of £300k a year. We have increased capacity within the Through, After & Continuing Care team to enable us to engage earlier in transitions planning process with more young people and are completing an update to our joint housing protocols. We continue to see an increase in young people moving on from school to positive destinations and a growing number moving to and sustaining higher and further education.

Child Protection

The after effects of the pandemic continue to impact on service delivery and practice. During 2022 the multi-agency operational management groups met to ensure oversight of core child protection services as agencies reviewed the impact of the pandemic on service delivery. This group continues to meet and oversees practice developments across the authority area.

During 2022 and into early 2023 child protection meetings continued to be online and families have continued to indicate that online meetings can be less intimidating, however, the Child Protection Committee has recently agreed that child protection meetings should once again revert to in-person with the potential for hybrid meetings where absolutely necessary. The use of technology greatly assisted the continuation of core child protection work during the pandemic and during the early stages of recovery.

Child Protection data continues to be monitored on a regular basis. As with all data in relation to services covering a small population there requires to be caution in interpreting percentage rises and

falls as the number of young people actually involved can be small. While numbers dropped in all aspects of child protection activity during the pandemic period, it does appear there is a gradual return to pre-pandemic levels. As yet our relatively small numbers make it hard to state any definitive pattern.

Towards the second half of 2022 the Child Protection Committee moved to face-to-face meetings and a development session took place to allow CPC members to reflect on the work of the CPC and to agree priorities going forward.

Training continued to be delivered online with core training for managers and designated CP officers delivered in person. All training modules that could be converted to online training were adapted and delivered by the training officer with very positive feedback from staff and a marked increase in attendance for those practitioners living in remote and island communities. Going forward training will be delivered using different mediums and will include face-to-face training and online. Towards the end of 2022 training was suspended when the training officer left, but with the recent appointment of a new officer the CPC training calendar will commence shortly.

The CPC Inter-Agency Referral Discussion audit group continued to meet bi-monthly review the quality of IRD decision making and interim safety plans. The group have a robust cycle of learning attached to the process with feedback to practitioners and managers. Processes have evolved through practice experience and the group have undertaken local training for support practitioner learning. The majority of IRD's continue to score "good" or above and this is very encouraging and we roll out new local and national child protection guidance.

The CPC monthly "chat" sessions continued during 2022 and were well received by practitioners with attendance from all partner agencies and the third sector. The CPC chat has continued with the appointment of a new CPC lead officer. The sessions have identified potential thematic topics for further exploration such as child sexual abuse/exploitation.

Significant work has taken place to improve the quality of child protection data available to the CPC and agencies. With the introduction of the National Data Set work was undertaken to develop a local data set that supported national and local understanding. In addition, significant work was undertaken by Education, Health and Police Scotland to create systems to provide agency specific data which is incorporated into the CPC management information report. This enhanced information has given a greater understanding of local child protection activity.

Within Argyll and Bute staff are afforded the opportunity to reflect on a particular piece of practice which is presenting a challenge to the multi-agency Team Around the Child. Guidance has been developed and agreed by the Child Protection Committee and sits within Argyll & Bute's Learning Review framework and has been positively used by practitioners to support learning.

During 2022 one learning review was completed and learning disseminated across partner agencies. Work has been ongoing to develop local learning review guidance which incorporates child and adult protection. National guidance has informed recent learning review processes.

With the launch of the National Child Protection Guidance (2021) a multi-agency implementation group was established to develop local multi agency child protection procedures. The work has progressed well and Argyll & Bute have developed online procedures that are accessible for all partner agencies and third sector partners. Locality training is underway and the procedures are due to go live in mid-September 2023. This work has supported the review of existing policies and guidance ensuring they are compliant with local and national guidance.

Argyll & Bute live has gone live with the Scottish Child Interview Model (SCIM). Discussions continue with the SCIM national team as to how the model can be applied to remote and island communities and how the competency of workers can be demonstrated due to the relatively small number of joint interviews undertaken. A local SCIM implementation team will continue to monitor the process and a dual operation model of the current Joint Interview Model and the SCIM model will be required.

Parallel discussions continue around the development of the national Bairns Hoose initiative and how the model can be delivered across a large geographical area and remote and island population. Children requiring specialist services in Argyll & Bute may have to travel significant distances for services such as attendance at the Children's Hospital in Glasgow. In developing a local Bairns Hoose model consideration needs to be given to geography and how ethos of the Bairns Hoose standards can be delivered within local communities to prevent children having to travel long distances for interview. Discussions are ongoing to identify potential locations across the locality that could be adapted to provide child centred accommodation with a view to developing a hub and spoke model of practice.

The Age of Criminal Responsibility (ACRi) processes are now embedded in local procedures and ACRi investigations will be undertaken by the SCIM team.

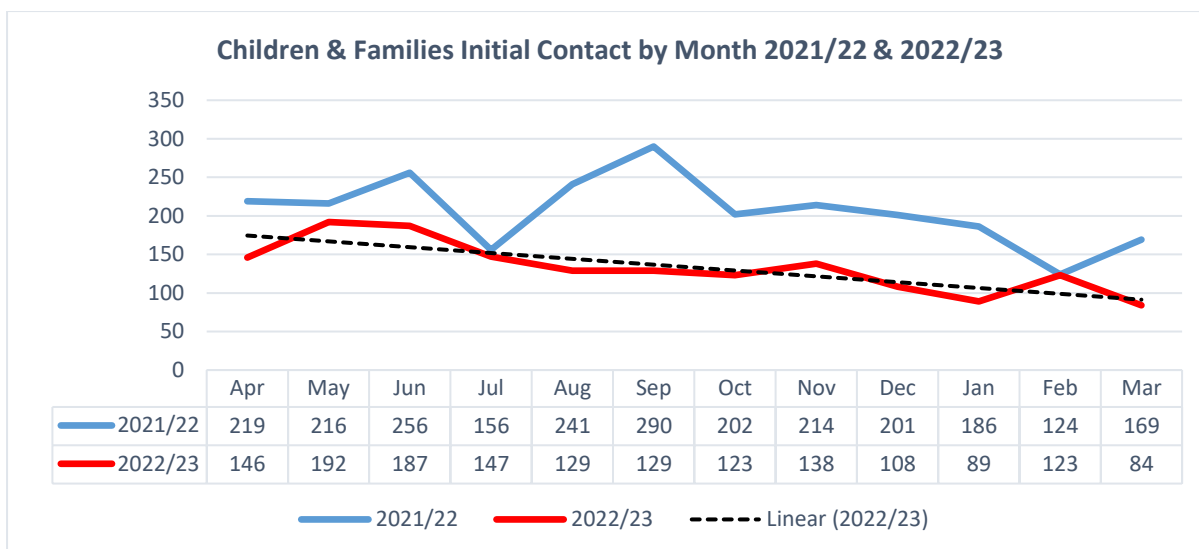
Service Quality and Performance Statistical Data 2022/23 Update– including delivery of statutory services

I offer a sample of the available data to give a sense of the social work and social care activity over the reporting period of 2022/2023, this is compared with the previous year to give context for performance and activity trends. As mentioned elsewhere caution is required when interpreting trends within the context of a geographic area with a small population. Other data is offered at other points in the report.

Children & Families Services

Social Work Contacts

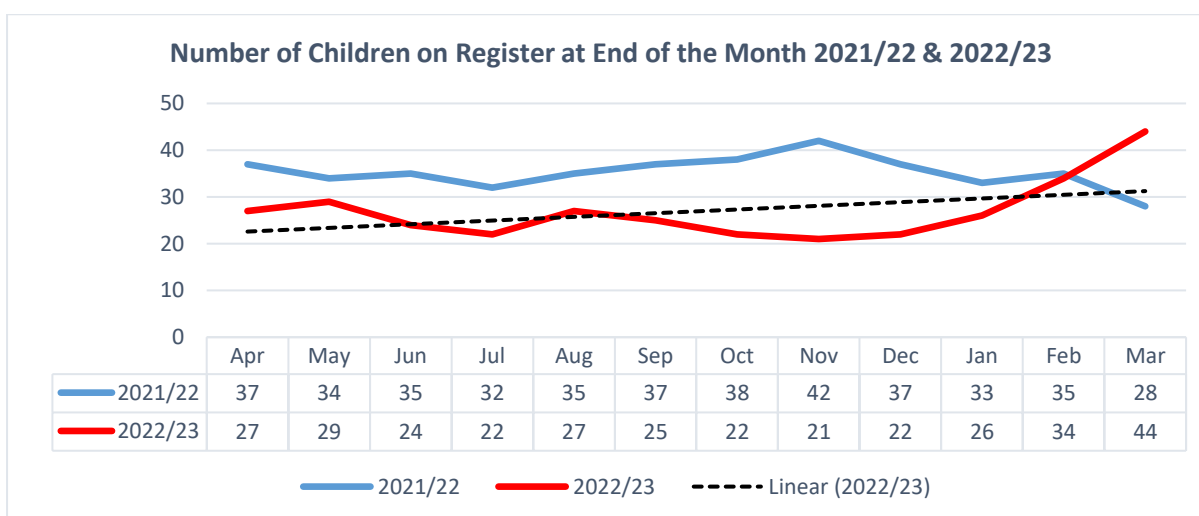
Average initial contacts for 2022/23 (132) notes a 36% average reduction against the previous year, (206) for 2021/22. The data for 2022/23 notes a flatter trend across the year with less volatility across July to October against performance noted in 2021/22. There is a shift in performance across January to March 2022/23 with a slight upward trend in February returning to baseline in March. Peak number of initial referrals are identified for May (192), this is a 34% reduction against the previous year peak of (290) in September.



(Data Dashboards 2021/22 & 2022/23)

Child Protection

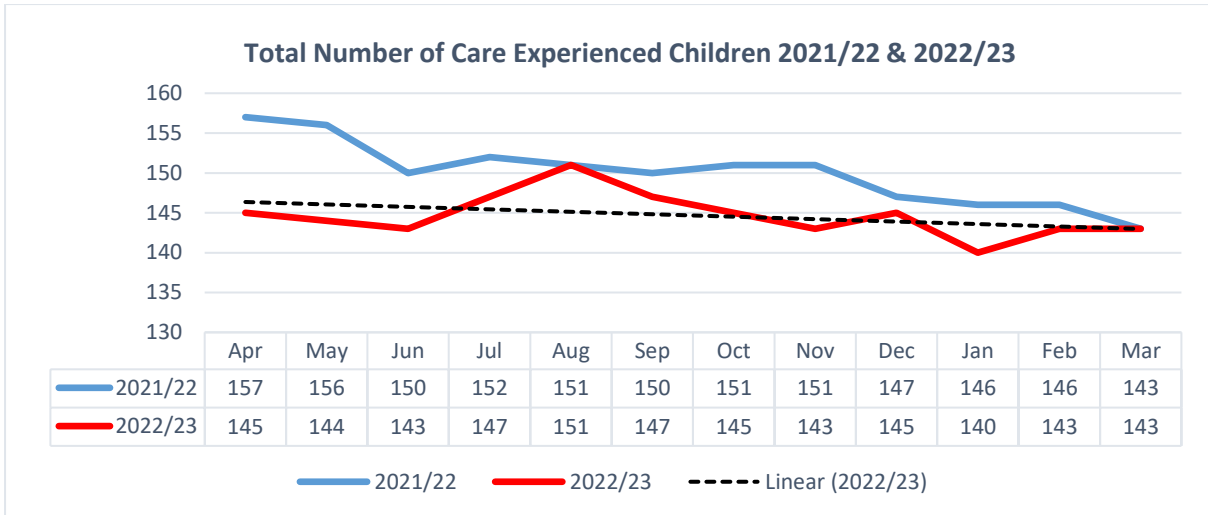
Monthly numbers of children on the Child Protection Register for 2022/23 notes an increasing trend against the previous year 2021/22. This is increasing monthly trend is offset with a reduction of 23% for 2022/23 (27) against (35) for 2021/22 with regards to average monthly numbers of children on the register. A data shift for 2022/23 is noted from December to March, with (44) children on the register, this is against the highest number reported for the previous year (42) in November 2021/22.



(Data Dashboards 2021/22 & 2022/23)

Care Experienced Children

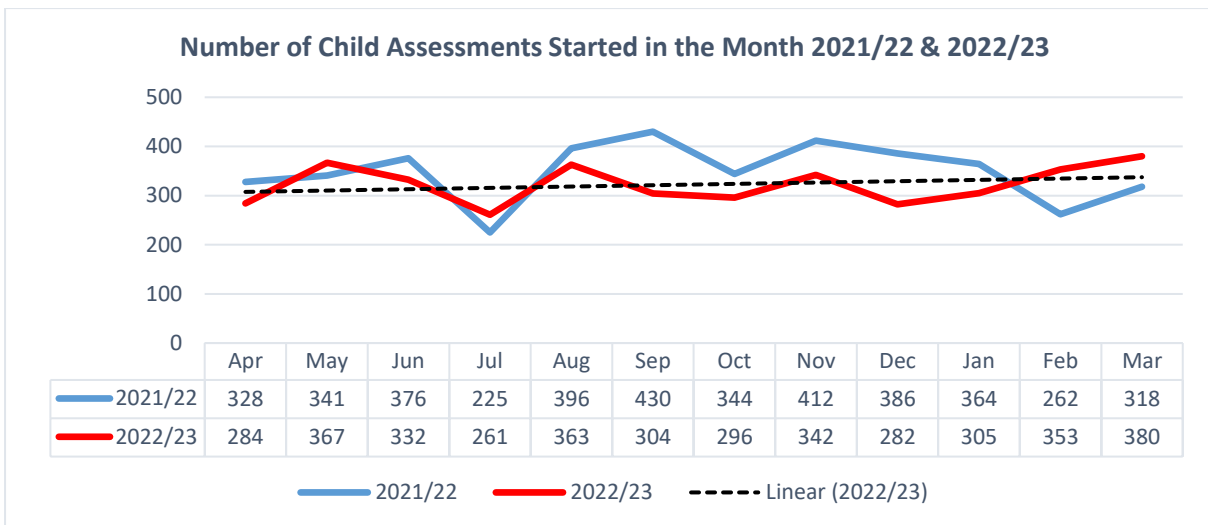
Wider trend analysis across the year identifies a continued reducing trend for 2022/23. Overall average monthly numbers of care experienced children notes a 3% reduction for 2022/23 (148) against (153) for 2021/22. It is to be noted that the increasing numbers of children who come through the National Transfer Scheme for UASC are incorporated in these figures and could skew underlying trends.



(Data Dashboards 2021/22 & 2022/23)

Child Assessments

The number of child assessments started in the month for 2022/23 notes a slight reduction in monthly numbers against the previous year. Against the overall average for both years 2021/22 (349) and (322) for 2022/23, this equates to an 8% reduction. Overall trend across 2022/23 notes a slight increasing trend, with data peaks following closely the trend of the previous years. Peak activity for 2022/23 (380) in March is noted against (430) in September 2021/22, this equates to a 12% reduction.



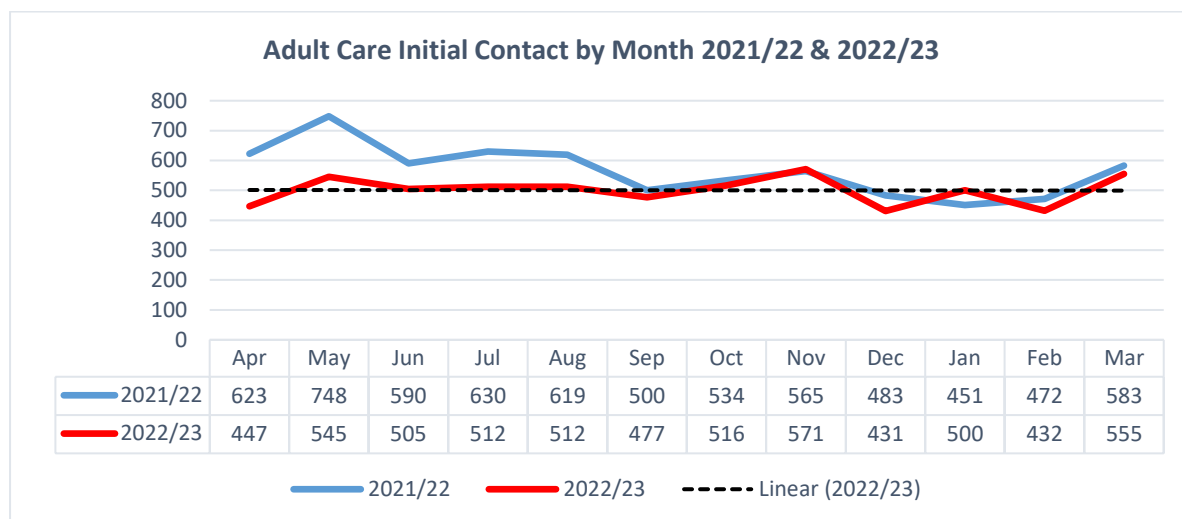
(Data Dashboards 2021/22 & 2022/23)

Adult Services

Social Work Contacts

Trends across both years note a 12% reduction in overall yearly average number of monthly initial contacts with (500) in 2022/23 against (567) for 2021/22. The overall linear trend for 2022/23 notes a reducing trajectory, for April to September with similar initial contact trend activity noted for both

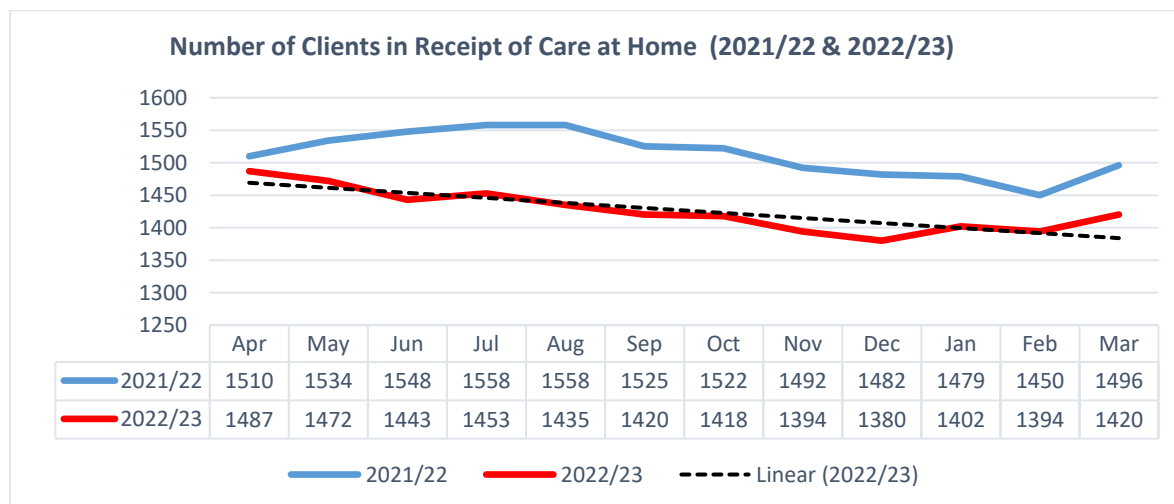
years from September to March. The highest contact activity for 2022/23 was in November (571), this is a 24% reduction against (748) in May the previous year.



(Data Dashboards 2021/22 & 2022/23)

Care at Home

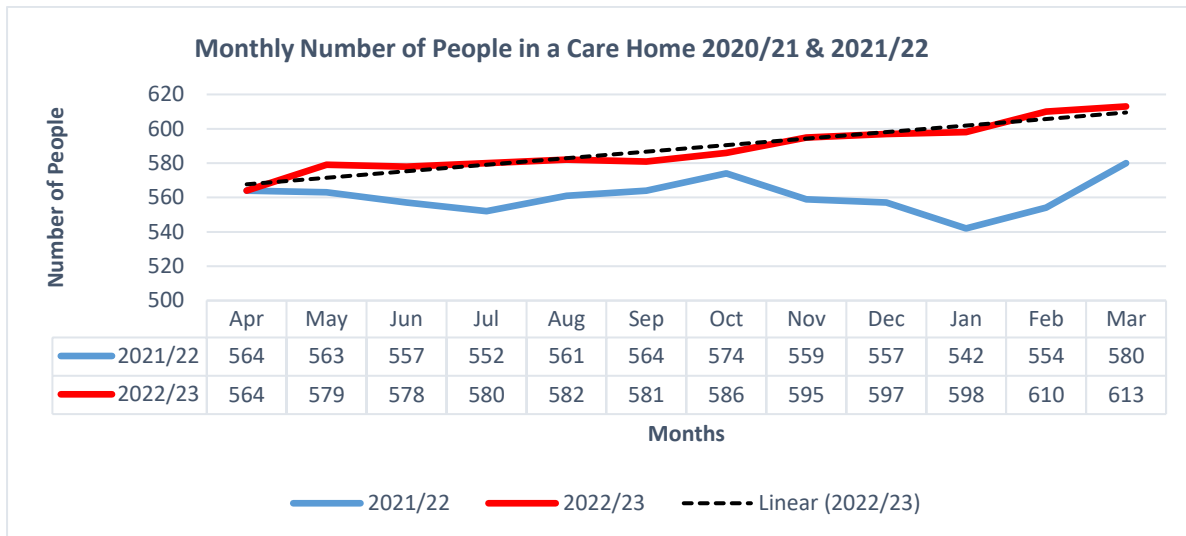
Average monthly number of clients in receipt of care at home notes a 6% reduction for 2022/23 (1427) against the previous year 2021/22 (1513). The trend across both year data notes similar monthly activity, with only a slight variation noted with regards to activity across June to August. For both years there is an identifiable trend in increased activity from December to March this could be attributable to winter pressures and local service response.



(Data Dashboards 2020/21 & 2021/22)

Residential Care

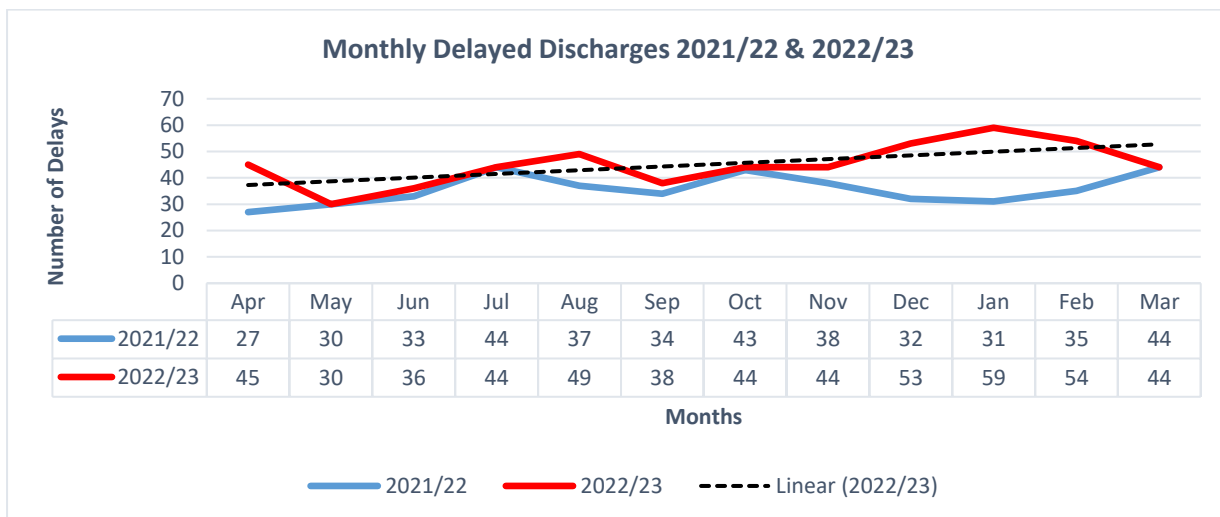
With regards to the average number of people in residential care for 2022/23 (589), against the previous year 2021/22 (561), there has been a 5% increase. Trend analysis for 2022/23 notes consistently increasing monthly data apart from a slight reduction in June (578). The utilisation of interim care home placements across October to March as part of the management of winter pressures may have contributed in part to the sustained monthly increases.



(Data Dashboards 2020/21 & 2021/22)

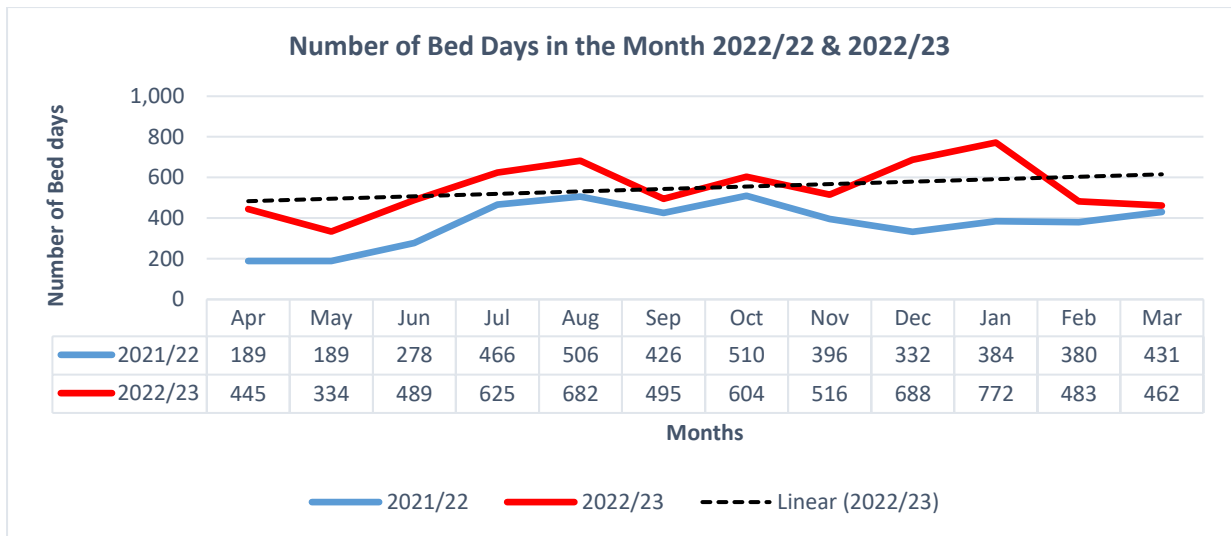
Delayed Discharge

Delayed discharge data for April to March 2022/23 notes a 25% monthly average increase against data for the previous year 2021/22. The yearly average for 2021/22 notes (36) delays this is against (45) for 2022/23. The highest number of delays is noted in 2022/23 in January (59), this is against (44) delays for both July and March 2021/22. An overall increase of 20% and increased activity for 2022/23 from October onwards is suggestive of increasing winter pressures.



(Data Dashboards 2021/22 & 2022/23)

Bed day data across both years notes an overall year average increase of 47% with (550) in 2022/23 against previous year (374). For the most part the increase bed day trends for 2022/23 is associated with an increase in the numbers of delays in the month. January 2022/23 notes the highest number of bed days (772), this is a 51% increase against (510) noted for October 2021/22.



(Data Dashboards 2021/22 & 2022/23)

4. Resources

The financial resources for Social Work and Social Care are intrinsically intertwined with the overall HSCP position. The financial year 2022/2023 saw a balanced budget for the HSCP as a whole and indeed we reported a significant underspend of just over £9M.

Service	Actual £000	Budget £000	Variance £000	%Variance
Council total	89,184	92,740	3,556	3.8%
Health Services Total	242,496	248,038	5,542	2.2%
Grand Total	331,680	340,778	9,098	2.7%

A number of factors led to this position, however it is significant 'non-recurring savings' were the major contributor. Unfilled vacancies accounting for the bulk of the eventual underspend. In reality only 68% of planned savings were achieved across Health, Social Work and Social Care - £4.1M out of a plan for £6M.

In Social Work Learning Disability, Mental Health and Physical Disability budgets finished the year with a £1.2M overspend. However this was actually £0.3M better than originally forecast.

There have been a number of better than anticipated financial outcomes across many service areas. For example, the older adults budget ended the year £0.9m better than forecast (total budget £43.9m). This was due to costs associated with the smarter commissioning model, implemented towards the end of the year, being less than expected and income in council owned care homes increasing towards the end of the year.

The Provisional Year End report to the IJB noted:

“Overall the favourable outturn does mask underlying cost pressures and overspending on some services. Financial year 2022/23 was unusual due to higher than expected pay increases and inflation. The delays in securing pay settlements and the unexpected strain this placed on government finances throughout the year meant that many of the NHS funding streams in particular were confirmed very late. The outcome is extremely positive and provides the HSCP with the ability to manage its financial position in 2023/24 in a better way than had been expected. It is acknowledged that forecasting processes require to be reviewed to ensure that they are not unduly prudent or risk averse throughout the year. Developmental work will need to consider how service management engage with the finance teams as well as technical financial reporting and contract management processes.”

The over-all underspend is retained by the HSCP within reserves and will allow for a closing of the budget gap in the next financial year. Any funds not swallowed by the budget gap will be available for targeted investment and transformation.

In the last financial year reserves were deployed to, among other things:

- Purchase the Kintyre Care Centre including fees £330k
- The Learning Disabilities service restructure £220k

Scottish Government 'clawed back' £6M relating to the Covid 19 reserve.

As will be expanded on in the next section of the report the main restriction in service delivery and development is not money, but people. In almost all specialisms and geographic areas there are vacancies.

In Children's Services sourcing residential placements has been a significant resource pressure. External placements remain hugely expensive with some placements costing the equivalent of a third of a million pounds per child per year. Internal residential resources have been severely stretched due to the mandated Home Office National Transfer Scheme for Unaccompanied Asylum Seeking Children. One third of the children and young adults cared for in our own residential units have come through that scheme. The scheme funding while adequate to cover costs for those young people under 18 years old is wholly inadequate for any young people still in our care over that age.

5. Workforce

The major pressure in preserving and evolving current service has without doubt been the available workforce. We know from research, such as Social Work Scotland's 'Setting the Bar' report, there are simply not enough suitably qualified and experienced Social Workers and Social Care workers at a national level. The problem is probably amplified for those authorities outside the central belt. At times the shortage has been acute in certain teams, in certain geographic areas. This year recruitment in the Oban area has been particularly challenging. We have had to respond by taking action such as centralising Adult Support and Protection activity into one team covering the whole of Argyll and Bute.

Successful recruitment in one part of the organisation can simply mean a new gap in another part. It will certainly mean a gap in another authority. Posts are often being filled by Newly Qualified Social Workers who have completed courses during the pandemic and many have not had statutory social work experience. Given the right context and nurturing support these people will develop into valued and competent staff. Nevertheless that still leaves an immediate issue. As vacancy levels rise the load increases on remaining staff and in particular experienced staff.

We are dealing with this pro-actively. Developing a 'grow your own' programme to allow non-social work qualified staff to have a supported route to progress their careers in the profession. We have recruited from abroad. We have examined how to enhance our support for Newly Qualified Social Workers. As was indicated in the introduction we are hopeful these efforts will offer solutions in the medium to longer run. It still leaves us with a significant staffing shortages in the short term. What do we keep doing? What do we do differently? What do we stop doing?

In the last year there has been a move to review the job descriptions for both Social Work Assistants and Social Work Team Managers. Ensuring a consistency of expectations across service areas both in terms of practice but also in terms of learning and development. Both reviews resulted in an upgrading of the roles.

Modest rises in the hourly rate of pay for social care staff have been quickly outstripped by rises in the hospitality and other industries. It pays more to clean the hotels and distilleries of Argyll and Bute than it does to care for people in the county.

There has been continued evolution of the Social Work Training Board. There is the development of a career 'golden thread' from unqualified to qualified to advanced qualifications to management & leadership and onto the CSWO training. Increasing the expectation of everyone being involved in professional development activity. Recent discussions with Children & Families Social Work Team Managers have revolved around a consistent curriculum of training and developing an Argyll & Bute theory base – attachment, resilience, solution focussed, trauma informed.

We have had one social worker begin the Scottish Child Interview Model training. This has proved challenging due to the demands of training away from home over a number of weeks. These challenges are mirrored by our Police colleagues. Once we are running with this one worker we will review our approach.

Concerns remain among Justice Social Workers about the demands for enhanced vetting for ViSOR and, in time, MAPPs. There is a sense the demands to vet the individual more deeply and to vet their wider family and loved ones is unacceptably intrusive on their right to privacy. The Home Office's view on the introduction of MAPPs has heightened these concerns rather than lessened them. This could affect recruitment and retention into Justice roles.

Elements of Scottish Government funding are exacerbating these problems. Short term ring fenced grants leave us attempting to recruit to fixed term contracts and in some case part time fixed term contracts. These remain problematic to fill. This, for example, continues to be the case with funding for The Promise where relatively small discrete grants are being made, yet the aim is for systemic change. Even the Whole Family Wellbeing Fund is not clearly long term / permanent funding. We have had discussions with Scottish Government about the basis of funding for Care Home Assurance – despite Argyll & Bute having more inhabited islands than Orkney, Shetland or the Western Isles we did not receive the island weighting the other organisations did. Systemic change is going to require long term investment in core services.

In Argyll and Bute there are the added complications of a lack of affordable housing and a relatively expensive cost of living particularly in our most remote and island areas. Fuel poverty is high in our area. For those living on islands the unreliability of ferry links are adding to the uncertainty of life in general and the inconsistency of services.

Argyll and Bute Social Work and Social Care staff have been involved in the work which stemmed from the Sturrock Report into bullying within NHS Highland. A decision was made that all staff involved in HSCP services should have the same mechanisms and supports whether their parent employer was NHS Highland or Argyll and Bute Council. While the Guardian's Service was available to all staff there was very little uptake by Social Work or Social Care staff. As such it is intended to withdraw this service in the coming year.

The NHS iMatters on line staffing survey has been rolled out to all staff in HSCP services no matter the employing organisation. The levels of returns have been improving over the last year and appear to demonstrate a reasonable level of satisfaction with the HSCP as an organisation. One piece of consistent feedback is a feeling that 'Board' members are distant from services. As this was a tool developed by the NHS questions on 'Board' are somewhat alien to Social Work and Social Care staff. Nevertheless, over the coming year, we will be considering the connection with the IJB members and our staff.

6. CONCLUSION

The year 2022 to 2023 has seen us emerge from the period where public health measures designed to stem the Covid virus had dominated our lives. This did not herald a more settled period for Social Work and Social Care services. Demands on services have felt relentless. Finances have remained extremely stretched. There have been increased demands from new policy initiatives. Recruitment and retention of staff has become more challenging.

Over the period covered by this report the 'cost of living crisis' was coming increasingly to the fore. The Child Poverty work within Argyll & Bute has been pivotal in warding off the excesses of this crisis. We cannot rest on our laurels satisfied that our poverty levels have not risen as fast as in other areas. It is heartening that we are looking to plan for the eradication of the need for food banks rather than plan for more or better food banks.

In the midst of this tumultuous period staff in Argyll & Bute have managed significant service developments. We have taken over the running of a care home for older people from the private sector. We are on the cusp of implementing the use of a new IT system Eclipse – having developed ground breaking modules for Justice Services and including for the first time Health colleagues in an integrated system. We have reviewed and published the Children & Young Peoples Services Plan. Managing developmental activity on top of consolidating and preserving services has been a near miraculous achievement within the current context.

As always I recognise that this narrative is written some 6 months beyond the point of the report. At the end of the last financial year I don't think we fully appreciated that 10% inflation and rocketing mortgage and rent costs would have been the reality it is.

Over the coming year we look forward to ensuring Argyll & Bute Social Work and Social Care staff continue to be supported to serve the communities of our area. To further developments already in motion and begin work on new initiatives. Searching for imaginative solution on how we offer our services differently to meet the challenges of the human and financial resource context. Ensuring Argyll & Bute's local needs are addressed in discussions about a National Care Service and National Social Work Agency.

David Gibson – Daibhidh MacGileabairt

Chief Social Work Officer - Àrd-Oifigear Obair shòisealta

Head of Children, Families & Justice - Ceannard Cloinne, Theaghlaichean & Ceartais

Argyll & Bute Health and Social Care Partnership - Com-pàirteachas Slàinte agus Cùram Sòisealta

Earra Ghàidheal is Bhòid

Kilmory - Chille Mhoire

Lochgilphead - Ceann Loch Gilb

Argyll - Earra Gàidheal

PA31 8RT



Integration Joint Board

Date of Meeting: 27 September 2023
Title of Report: Engagement Framework Refresh
Presented by: Alison McGrory, Associate Director Public Health

The Integration Joint Board is asked to:

- Note the new HSCP's Engagement Framework and strategic approach.
- Agree sign-off and ratification so the Framework and supporting documents can be published on-line.

1. EXECUTIVE SUMMARY

This paper outlines the steps taken to refresh and update Argyll and Bute HSCP's Engagement Framework first published in 2019. The latest iteration has been prepared in-line with the Scottish Government's guidance Planning with People¹. This paper is the final oversight step by the IJB prior to publication.

2. INTRODUCTION

The HSCP's previous Engagement Framework² was developed in 2019 to meet the requirements of effective community engagement set out in CEL4:2010. This required health boards to ensure the views of all stakeholders were incorporated into health service decision making. Since 2021, the Scottish Government's guidance Planning with People guidance requires HSCPs to conduct effective engagement across all health and social care services. The 2019 Framework has been updated in-line with the national guidance.

3. DETAIL OF REPORT

3.1 Strategic Engagement Reference Group

A short life working group was formed in August 2022 to oversee and inform the refresh of the Engagement Framework. This was led by the Public Health Team and other members comprised the HSCP Business Manager, Healthcare Improvement Scotland engagement lead, community representation and the TSI Chief Officer. The group met monthly and in May 2023 the Strategic Planning Group advised the group to constitute as a permanent sub group.

3.2 Timeline and outputs

The Strategic Engagement Reference Group has delivered the following:

- Monthly meetings – ongoing since August 2022
- IJB development session – October 2022
- Presentation to four Locality Planning Groups (LPGs) – November 2022
- Paper to Strategic Planning Group – December 2022
- Survey with HSCP managers delivering engagement – March 2023
- Training for HSCP engagement leads with HIS Engage Team – June 2023

¹ [Part 1 – Planning with People - Health and social care - Planning with People: community engagement and participation guidance - gov.scot \(www.gov.scot\)](#)

² [Public engagement | NHS Highland \(scot.nhs.uk\)](#)

- Drafting of updated Framework – July - August 2023
- Refresh of supporting documentation (Engagement Tracker, Engagement Specification and Engagement Quality Standards) – June - August 2023
- Update and engagement on new Framework with the four LPGs – August 2023
- Oversight by HSCP Senior Leadership Team – February, June, August 2023
- Final progress reporting to SPG – September 2023
- Paper for ratification to IJB – September 2023

3.3 Supporting Documentation

- Engagement Framework 2023

This document outlines the strategic approach to how the HSCP will carry out effective engagement with stakeholders, including staff, partners, unpaid carers and the wider community.

- Engagement Tracker

An annual tracker lists the planned engagement activity carried out each year. This is an iterative document and may not capture all the activity underway, particularly ad hoc or opportunistic feedback that often takes place alongside service delivery.

- Engagement Quality Standards

Progress review of engagement activity reported to IJB for assurance purposes.

- Engagement Specification (referenced only)

A planning tool to enable engagement leads to document how the engagement exercise will be conducted and reported.

3.4 Next Steps

Following this meeting, the documentation will be published on the HSCP page of the NHS Highland website.

The Strategic Engagement Reference Group will revert to meeting every two months and will refocus delivery on the following two priorities:

- Carrying out the self-assessment process as recommended in Planning with People guidance (April 2023).
- Reviewing the HSCP's approach to gathering routing service feedback.

4. RELEVANT DATA AND INDICATORS

No relevant information to report.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The activity in this paper supports delivery of the following strategic objective for the HSCP set out originally in the 2016 – 2019 Strategic Plan and reinforced in the later iterations:

We will underpin our arrangements by putting in place a clear, communication and engagement arrangements involving our staff, users, the public and stakeholders.

6. GOVERNANCE IMPLICATIONS

Governance of engagement activity takes place by annual tabling of a prospective action tracker to the IJB and retrospective reporting of activity via the HSCP's Annual Performance Report.

6.1 Financial Impact

There are no financial impacts inherent in the activity in this paper.

6.2 Staff Governance

Health and social care staff are supported to deliver engagement processes outlined in the Engagement Framework by the Public Health Team. Effective engagement is a core competency of the Public Health workforce as set out in the UK Public Health Skills and Knowledge Framework.

6.3 Clinical Governance

There are no clinical governance issues in this paper.

7. EQUALITY & DIVERSITY IMPLICATIONS

The strategic approach to engagement has been written from the perspective of inclusion, fairness and equity. The Framework recognises the importance of using a range of techniques and approaches in order to ensure everyone has the opportunity to access information and take part in engagement activities. There is specific attention to “seldom heard voices”; accessible methods; and ensuring findings from engagement activities are fed back to the people who contributed –“*you said, we did.*”

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

There are no GDPR issues within this paper.

9. RISK ASSESSMENT

There are no risks from implementing the actions in this paper. Community engagement has been identified as a risk in the HSCP risk register and the strategic approach seeks to mitigate these organisational risks.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The purpose of this engagement activity is to achieve improved public, service user, carer, staff and partner involvement. The working group has ensured appropriate engagement goes to the heart of this work, for example, partners on the working group and reporting to the LPGs.

11. CONCLUSIONS

The HSCP recognises the importance of effective community engagement and has developed and implemented improved approaches to achieve this objective. This paper outlines how the existing Framework has been updated in line with Scottish Government guidance.

12. DIRECTIONS

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

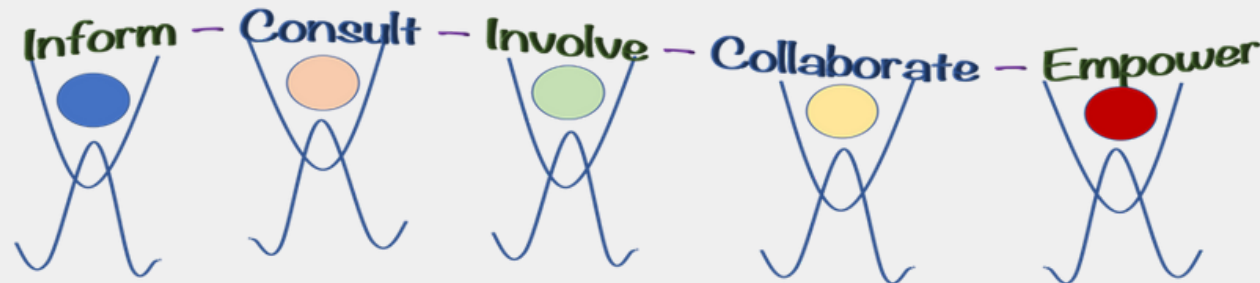
REPORT AUTHOR AND CONTACT

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Engagement Framework

Setting out how Argyll and Bute HSCP will engage with people to deliver better health and social care services



September 2023
review 2025

Argyll & Bute Health and Social Care Partnership (HSCP) is committed to working with the people of Argyll and Bute to ensure services are responsive and appropriate to the needs of our communities.

An Engagement Framework was implemented in March 2019 to provide clear and consistent approaches to engagement. This has been reviewed and now outlines approaches to be followed in line with national guidance for Scotland [Part 1 – Planning with People - Health and social care - Planning with People: community engagement and participation guidance - gov.scot \(www.gov.scot\)](#).

This HSCP wide approach provides consistency of engagement methods; clearly sets out what activities will take place; states the aims of these activities; and details who will be involved.

The Engagement Framework sets out the intentions of the HSCP to continue to work with people in Argyll & Bute who have an interest in health and social care and provides a comprehensive overview of how engagement will be conducted. It describes a number of complimentary documents and processes that support the delivery and monitoring of engagement activity that can be used by HSCP staff, partners, communities and wider stakeholders:



An HSCP Engagement Framework providing a comprehensive overview and strategic direction for engagement work.



An Annual Engagement Plan to proactively plan and record engagement activity.



A Strategic Engagement Advisory Group with key partners to advise the Integrated Joint Board on engagement policy, strategy and best practice.



Promotion of engagement methodology eg Healthcare Improvement Scotland.



An engagement pathway and tools to support managers responsible for local services to engage with people in a clear and consistent way.

The HSCP recognises effective engagement is essential to the delivery of health and social care services and fundamental in supporting the HSCP to achieve its vision, ambitions and deliver on key strategic objectives. This commitment is articulated in the Strategic Plan 2022 – 2025 [argyll-and-bute-joint-strategic-plan-15-06-2022.pdf](https://www.scot.nhs.uk/argyll-and-bute-joint-strategic-plan-15-06-2022.pdf) ([scot.nhs.uk](https://www.scot.nhs.uk))

“ We want to ensure that everyone has the opportunity to input into the future shape of health & social care services. ”

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Effective engagement ensures decisions are informed by community needs and aspirations whilst balanced against available resources. This provides the opportunity for all interested parties to have their voices heard, their views considered and acknowledged, as well as strengthening relationships and building capacity in our communities.

The people the HSCP would like to work with and engage with includes:

- People who use health and social care services;
- Health and social care staff;
- Unpaid carers
- Partners, for example third sector and independent sector; and
- The general public of Argyll and Bute

3. STANDARDS FOR ENGAGEMENT

The HSCP's engagement approach will be informed by the National Standards for Community Engagement published by the Scottish Development Centre for Community Development:

The National Standards for Community Engagement are good-practice principles, designed to support and inform the process of community engagement, and improve what happens as a result

There are 7 Standards

- Inclusion
- Support
- Working together
- Communication
- Methods
- Planning
- Impact



4. PURPOSE OF ENGAGEMENT FRAMEWORK

This Engagement Framework describes the HSCP's engagement intentions and aims to:

- Ensure a wide range of views are understood and considered when developing health and social care policy and services in Argyll and Bute;
- Strengthen the relationship between the HSCP and communities by ensuring people are informed about, get involved with, and have their say on matters which are important to them;
- Ensure the 'feedback loop' is closed by strengthening communication from the HSCP so that stakeholders know when and how their contribution has been considered and has informed decisions. We call this "You said; we will do."













5.1 Engagement Principles

The HSCP's approach to effective stakeholder engagement will meet the following principles:

Meaningful	Purpose of engagement is clear, people are informed about how their involvement will influence the decision-making process and genuine opportunities are created for people to participate.
Structured	Engagement is built into the planning stages, preferably during the scoping and identification of issues to maximise the level of influence they can have.
Fair and Equitable	Different methods of engagement are utilised to ensure feedback is representative, especially from “seldom heard voices”.
User Friendly	Information about the issue will be easily available to enable people to be fully informed when participating. Plain English will be used and jargon avoided.
Accessible	Ensure everyone can access engagement activities, for example, accommodating sensory or physical requirements.
Responsive	Feedback provided at all key stages.

5.2 Engagement Approach

The HSCP’s approach to engagement has been informed by the International Association for Public Participation’s IAP2 Spectrum for Public Participation. It has also been informed by Healthcare Improvement Scotland’s Participation Toolkit - [Participation Toolkit | HIS Engage](#) Both approaches outline different levels of engagement:

	Engagement Goal	Suggested Methods
 	<p>To involve stakeholders in shared decision making about strategic priorities and service delivery.</p>	<p>Community representatives on committees and formal decision making groups of the HSCP</p>
 	<p>To work in partnership with stakeholders, seeking their perspectives and encouraging their ideas and solutions to inform priorities and planning.</p>	<p>Reference group enabling stakeholders with particular areas of interest and expertise to be involved throughout an engagement process Locality Planning Groups (LPGs)</p>
 	<p>To involve stakeholders throughout the process, ensuring their specific concerns and aspirations are understood and considered.</p>	<p>“Pop ups” at existing events, World Cafe/Open Space workshops, focus groups etc.</p>
 	<p>To obtain stakeholder feedback, listening to and acknowledging concerns and aspirations.</p>	<p>On line/paper consultation using questionnaires to gather qualitative and quantitative data</p>
 	<p>To provide stakeholders with information to assist them in understanding the problem, alternatives, opportunities and/or solutions.</p>	<p>Press releases, newsletters, social media posts and key messages.</p>

5.3 Equality and Diversity

The guidance on engagement overlaps with the HSCP's responsibilities on Equality and Diversity. Whilst planning all engagement activities, it is important to consider how everyone's voice is heard, especially those that are seldom heard. See here for more information on how the HSCP carries out Equality Impact Assessments - [Equality Impact Assessments | NHS Highland \(scot.nhs.uk\)](https://www.scot.nhs.uk/equality-impact-assessments/).

The HSCP recognises the need to make adjustments to standard approaches to ensure as wide a range of people as possible can take part in engagement activities. This might include:

- Going to where people are rather than expect them to come to us
- Provide translations and/or large text
- Provide interpreters, induction loops etc.
- Work with community champions and representatives to plan engagement activities
- Build trust with local communities, for example, by telling them how views and feedback have been used to make a difference
- Ensure accessible buildings are used for community events



6.1 Strategic Engagement Advisory Group

The HSCP established a Strategic Engagement Advisory Group consisting of individuals from the HSCP, partners with engagement expertise and community representatives. This group is a sub-group of the Strategic Planning Group and advises the Integration Joint Board on the following:

- Governance arrangements for effective engagement
- Quality assurance of engagement activity
- Engagement plans and activity

This Group has been integral to the revision of structures, approaches and processes outlined in this Framework.



6.2 Quality Assurance

This Framework is supported by an Engagement Quality Assurance process that provides a means of benchmarking and evidencing effective approaches to engagement.

Quality assurance focuses on four key standards.

Progress against the quality standards is reported to the IJB on an annual basis. The HSCP will also utilise the national quality standards framework for Planning with People:

[Quality Framework for Community Engagement and Participation | HIS Engage](#)

6.3 Annual Engagement Plan

The HSCP produces an Annual Engagement Plan to identify planned engagement activity for the coming year. This plan describes the purpose, audience, method, timescale and owner for each engagement activity. Progress against this planned activity is reported to the IJB through the HSCP Annual Performance Report.

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

Argyll & Bute Health & Social Care Partnership
Annual Engagement Plan 2023 – 2024

AREA:

1. Title:	Audience (X)	Engagement Method	Engagement Specification completed	
Purpose	Service Users		Yes	No
	Carers			
	Partners			
	HSCP Staff			
	IJB/SPG/LPG			
			Timeframe	
			SLT Lead	
			Other Leads	
			Activity completed	Yes No

2. Title:	Audience (X)	Engagement Method	Engagement Specification completed	
Purpose	Service Users		Yes	No
	Carers/Parents			
	Partners			
	HSCP Staff			
	IJB/SPG/LPG			
			Timeframe	
			SLT Lead	
			Other Leads	
			Activity completed	Yes No

3. Title:	Audience (X)	Engagement Method	Engagement Specification completed	
Purpose	Service Users		Yes	No
	Carers			
	Partners			
	HSCP Staff			
	IJB/SPG/LPG			
			Timeframe	
			SLT Lead	
			Other Leads	
			Activity completed	Yes No

1

This tracker may not capture all engagement activity, for example dynamic feedback that can happen in the course of how we deliver our health and social care services. This is encouraged and can generate rich information for how to improve services.

6.4 Engagement Specification

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

Engagement Specification

The HSCP recognises the importance of engaging with people and communities. This Engagement Specification is for HSCP managers and teams and provides guidance on the steps to be considered when planning effective engagement with citizens, partners and staff. This approach is outlined in the HSCP Engagement Framework and provides a recommended approach to engagement which is based on recognised best practice.

Step 1 Purpose **Step 2 Audience** **Step 3 Level** **Step 4 Approach** **Step 5 Support** **Step 6 Approval** **Step 7 Prepared**

Title of Engagement Activity: _____
 Lead Officer(s): _____
 Proposed date(s) and duration: _____

Step 1. Purpose: Why do I want to engage?
 Are the aims of the engagement clearly explained?
 Prompts:
 • Improving/changing access to services
 • Understanding service experience
 • Influencing service change
 • Informing plans/strategies/policies

Step 2. Audience: Who do I want to engage with? (Stakeholders)
 Prompts:
 • The general public and people who use our services
 • People who care for others
 • Groups with special interests
 • Partner organisations
 • Elected representatives
 • Health and social care staff

Step 3. Level: What level of engagement will I use?
 Is the level of engagement appropriate and proportionate?
 Prompts:
 Provide information to assist stakeholders to understand an issue, alternatives, opportunities and/or solutions

Inform
 Obtain feedback to inform development and/or improvement

Consult
 Engage stakeholders in the process, ensuring their concerns and aspirations are listened to, understood and considered

Involve
 Work in partnership with stakeholders, seeking their perspectives and encouraging their ideas and solutions to inform priorities and planning

Collaborate
 Involve stakeholders in shared decision making about strategic priorities and service developments, delivery and monitoring progress

Empower

Step 4. Approach: What methods will I use? (See HIS website below.)
 Are the methods/approaches appropriate for the level of engagement?
 Prompts:
 Public meeting; website; newsletter; social media; press article; briefings; presentations; letters

Inform
 Surveys; online/paper questionnaires

Consult
 Conversation Café; focus groups

Involve
 VOICES (Visioning Outcomes in Community Engagement tool); Option Appraisals

Collaborate
 Community Representative/member on decision-making group

Empower

Step 5. Support: Have I utilised the expertise/support of others?
 Is there expertise and support available to prepare and deliver engagement?
 Prompts:
 • Public Health Team
 • Healthcare Improvement Scotland Engagement Team
 • Critical friend/sense checking advice

Step 6. Approval: Who has given the go ahead for this work?
 Are the governance arrangements clear?
 Prompts:
 • Senior level sign-off
 • Links to agreed Committee of Head of Service
 • How will the findings be agreed and used

Step 7. Prepared: Am I ready to engage?
 Are all the requirements in place described in an engagement plan? (Engagement Plan templates are available)
 Prompts:
 • Timeline
 • Agreed method
 • Resource/funding/support
 • Road testing/pilot approach
 • Communication plan
 • Approvals and use of the findings

Step 8. Feedback: What will I do next?
 How will I share the findings
 Prompts:
 • With the people who gave their views – YOU SAID, WE DID
 • Business papers and reports
 • Record how the engagement results informed way forward

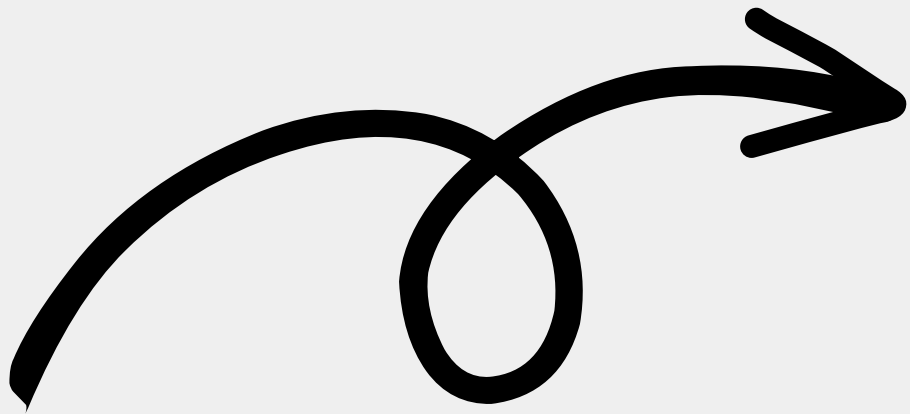
WHAT	TIMELINE		WHO
	WHEN		

This template should be used to document how engagement activities will be planned and delivered. Professional guidance and advice on engagement methods can be provided by the HSCP Public Health Team. Further information on engagement approaches and methods is available in the Healthcare Improvement Scotland's engagement toolkit here - [Participation Toolkit | HIS Engage](#)

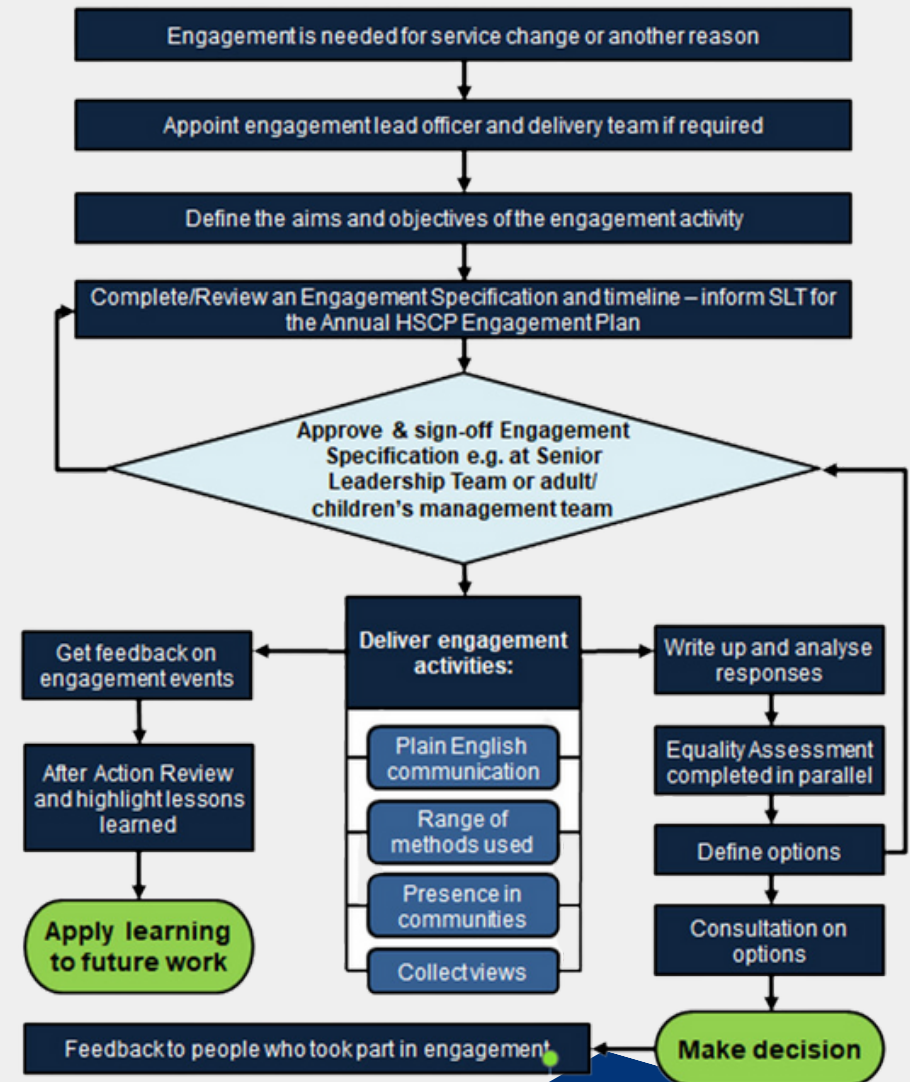
6.5 Decision Making

The HSCP recognises the importance of clear processes for how the findings from engagement activities are used to inform decision making for how health and social care services are designed and delivered. This flowchart outlines how this governance will be achieved, including:

- Engagement activity lead
- Clear plans drawn up
- Oversight and sign-off of plans in appropriate forum
- Equality Impact Assessment completed
- Feedback to people involved in engagement



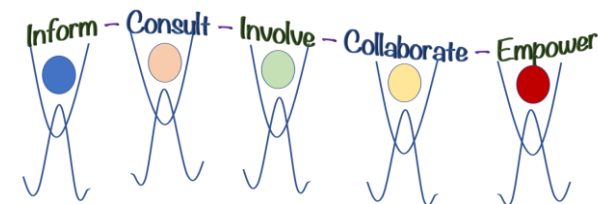
Engagement Process for Argyll & Bute HSCP



Effective engagement relies on good communication across a range of structures in Argyll and Bute. The following is a list of relevant areas and their role in health and social care engagement:

STRUCTURE/SETTING	ROLE IN ENGAGEMENT
HSCP Strategic Engagement Reference Group	Oversee and ratify engagement processes and strategy in line with best practice and national guidance.
HSCP Strategic Leadership Team (SLT) and other management structures	Develop engagement approaches for Argyll and Bute HSCP in partnership and based on best practice.
Locality Planning Groups (LPGs) x4	Oversee and sign off engagement plans and activities and inform decision making processes for how engagement feedback informs these decisions.
Living Well Networks (LWNs) x4	Commissioned by the HSCP to develop networks for health and wellbeing in local communities. These can be used to cascade engagement information widely and to gather views from members on a range of issues

Argyll & Bute Community Planning Partnership (CPP)	Statutory body to develop a community plan and focus on where partners' collective efforts and resources can add the most value to their local communities.
Area Community Planning Groups (CPGs) x4	Groups to take community planning closer to local communities. These can be used to cascade engagement information widely and to gather views from members on a range of issues
HSCP Clinical and Care Governance Group	Provides an oversight role in decision making about health and social care services, for example mitigation of risk.
HSCP Staff Partnership Forum	Provides an oversight role of issues that affect staff.
Community Councils	These can be used to cascade engagement information widely.
Argyll & Bute HSCP Public Health Team	Can provide expert guidance on engagement methods.
Community Representatives	The HSCP has a role to have community representatives on various meetings and groups, for example the IJB and SPG. Community rep's are supported in their role and give the HSCP the opportunity to ensure the views of a wide range of people are considered.
Healthcare Improvement Scotland Engagement Team	A national team that provides and guidance on meeting national engagement requirements and takes the role of "critical friend".



Argyll & Bute Health & Social Care Partnership Annual Engagement Plan 2023 - 2024

SUMMARY

Services	Project	Locality/Area
Children, Families & Justice	1. Annual review of the Children & Young People's Services Plan	HSCP wide
	2. Corporate Parenting Board	HSCP wide
	3. Development of the work in our children's houses	HSCP wide
	4. Unpaid Work Schemes	HSCP wide
	5. VAWG	HSCP wide
	6. Infant mental health service	HSCP wide
Adult Services- Health and Community Care	1. Redevelopment of Cowal Community Hospital with Primary Care	Cowal and Bute
	2. Redesign of Tigh-a-Rhuda Care Home	Oban, Lorn and Isles
	3. Website development	HSCP wide
	4. Palliative Care	HSCP wide
	5. Care Homes and Housing	HSCP wide
	6. Older Adults Strategy	HSCP wide
Primary Care Services	1. Quality Clusters Review	HSCP wide
	2. Jura GP Out of Hours Emergency Medical Care	Oban, Lorn and Isles
	3. Primary Care Mental Health Short life working Group	HSCP wide
	4. Psychological Therapy Improvement plan	HSCP wide
	5. Medication Assisted Treatment	Cowal & Bute first then HSCP

Corporate Services	1. Outreach Service, Service Level Agreement Change from NHS GGC	HSCP wide
	2. Patient Pathway Directory	HSCP wide
	3. Freedom of Information Requests	HSCP wide
	4. National Reporting to Scottish Government	HSCP wide
	5. Annual Performance Report	HSCP wide
	6. Chief Social Work Officer Report	HSCP wide
	7. Integrated Performance Management Framework- Performance Dashboard	HSCP wide
	8. Joint Strategic Plan – One Year Progress	HSCP wide
	9. Women’s Health Strategy	HSCP wide
	10. Community Transport	HSCP wide
	11. Unpaid Carers Strategy	HSCP wide
	12. Staff Communications	HSCP wide
	13. Coll Needs Assessment	Oban, Lorn and Isles
	14. Integration Joint Board and other committee structures	HSCP wide
	15. Joint Strategic Needs Assessment	HSCP wide
	16. Locality Planning Groups	HSCP wide
	17. Living Well Prevention Programme Board and Strategy	HSCP wide
Public Health	1. Health Behaviour Change	HSCP wide
	2. Alcohol and Drug Strategy	HSCP wide
	3. Living Well Networks	HSCP wide
	4. Community Link Working	HSCP wide
	5. Money Counts Training	HSCP wide
	6. Agree and publish the HSCP Equality Outcomes Statement	HSCP wide
	7. Alcohol and Drug Recovery Communities	Cowal and Bute
	8. NHS Screening Programmes	HSCP wide
	9. Welfare Advice and Health Partnerships	HSCP wide
	10. Suicide Prevention	HSCP wide
	11. Presentation of the Director of Public Health (DPH) Annual Report 2022 to Community Planning	HSCP wide
	12. Alcohol and Drug School Support Services	HSCP wide
	13. Drug Related Deaths Review Process	HSCP wide
	14. Contribute to the refresh of Argyll and Bute’s Community Plan	HSCP wide

CHILDREN & FAMILIES

1.	Annual Review of the Children and Young People's Service Plan (CYPSP)										
Purpose		Audience		Engagement Method		Engagement Specification completed					
Statutory requirement. Allows monitoring of the plans progress		Service Users	(x)	Through established subgroups of staff, children's involvement groups and advocacy organisations. This work is constant and annual report required every year		Yes		No		X	
		Carers	X			Timeframe		Ongoing			
		Partners	X			SLT Lead		David Gibson			
		HSCP Staff	X			Other Leads		Multi-agency			
		JB/SPG/LPG	X			Activity completed		Yes		No	X

2.	Corporate Parenting Board (CPB)										
Purpose		Audience		Engagement Method		Engagement Specification completed					
Statutory requirement. Allows monitoring & development of the CPB		Service Users	(x)	Care experienced young people are CPB members. (See CPB)		Yes		No		X	
		Carers/Parents	X			Timeframe		Ongoing			
		Partners	X			SLT Lead		Fiona Davies			
		HSCP Staff	X			Other Leads		David Gibson, Takki Sulaiman			
		JB/SPG/LPG	X			Activity completed		Yes		No	X

3.	Children's Houses										
Purpose		Audience		Engagement Method		Engagement Specification completed					
To progress the continued development of the service offered by the		Service Users	(x)	Regular meetings with resident children. Engagement with advocacy organisations Care Inspectorate		Yes		No		X	
		Carers	X			Timeframe		Annual			
		Partners				SLT Lead		David Gibson			
		HSCP Staff	X			Other Leads		Mark Lines, Ronnie			

houses					Crawford
	IJB/SPG/LPG				Activity completed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

4. Unpaid Work/Community Payback

Purpose	Audience	(x)	Engagement Method	Engagement Specification completed	
To continue to ensure unpaid work undertaken by Justice services is meaningful	Service Users	X	Linking with Community Councils in particular. Discussions with people on unpaid work disposals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X	
	Carers/Parents			Timeframe	Constant, as required and annual
	Partners	X		SLT Lead	David Gibson
	HSCP Staff	X		Other Leads	Shona Williams
	IJB/SPG/LPG			Activity completed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X

5. Violence Against Women and Girls

Purpose	Audience	(x)	Engagement Method	Engagement Specification completed	
To improve the safety of women and girls in our communities	Service Users	X	This is by definition a multi-agency partnership. Service users can want to remain anonymous. Engagement through third parties such as Rape Crisis or Women's Aid.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X	
	Carers			Timeframe	Constant
	Partners	X		SLT Lead	M Sheridan
	HSCP Staff	X		Other Leads	S Williams / M Holt
	IJB/SPG/LPG			Activity completed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X

6. Infant Mental Health

Purpose	Audience	(x)	Engagement Method	Engagement Specification completed	
To improve the efficacy of this developing service	Service Users		Parent Perception Questionnaire	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X	
	Carers	X		Timeframe	Regular during intervention
	Partners			SLT Lead	Beth Wiseman
	HSCP Staff			Other Leads	
	IJB/SPG/LPG			Activity completed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X

ADULT SERVICES Health and Community Care

1.	Title: Cowal Community Hospital												
Purpose		Audience	(x)	Engagement Method		Engagement Specification completed							
Inform, consult and engage on change of use of Cowal Community Hospital with staff, Primary Care and the public		Service Users	x	Co-ordinated via SIO Naomi Swann		Yes		x	No				
		Carers				Timeframe						Current	
		Partners				SLT Lead						James Gow/Keiran Ferguson	
		HSCP Staff	x			Other Leads						Caroline Cherry, Evan Beswick	
		IJB/SPG/LPG	x			Yes				No		x	

2.	Tigh-a-Rhuda Care Home												
Purpose		Audience	(x)	Engagement Method		Engagement Specification completed							
Consult and engage with the Tiree Community Development Trust, local stakeholders, staff and residents on the development of the care home and its place in the community.		Service Users	x	Engagement pre islands bid with the Development Trust. Teams meetings with key stakeholders. Face to face meeting with key stakeholders in June 2023. Written communication to staff.		Yes		x	No				
		Carers	x			Timeframe						Current until April 2024	
		Partners	x			SLT Lead						James Gow/Caroline Cherry/Keiran Ferguson	
		HSCP Staff	x			Other Leads						Belen Ramos/Simon Deveney	
		LPG (Oban and isles)				Yes				No		x	

3.	Website Service Development												
Purpose		Audience	(x)	Engagement Method		Engagement Specification completed							
Utilising the expertise of		Service Users	x	To be scoped and confirmed		Yes				No		x	

the Older Adults Reference Group to engage on the usefulness of the HSCP website to adults,	Carers	x		Timeframe				
	Partners			SLT Lead	Caroline Cherry/Linda Currie			
	HSCP Staff	x		Other Leads	Karl McLeish			
	IJB/SPG/LPG			Activity completed	Yes		No	x

4.	Palliative and end of life care							
Purpose	Audience	(x)	Engagement Method	Engagement Specification completed				
To scope a redesign of palliative and end of life care services in Argyll and Bute, fully engaging with families, carers and staff in the process	Service Users		Stakeholder workshop delivered in June 2023 with staff. Priorities to be discussed with adults and families and engagement developed.					
	Carers			Timeframe				
	Partners			SLT Lead	Caroline Cherry/Liz Higgins			
	HSCP Staff			Other Leads	Alison Ryan/Lucy Dornan			
	IJB/SPG/LPG			Activity completed	Yes		No	

5.	Care Homes and Housing/Bute Health and Social Care							
Purpose	Audience	(x)	Engagement Method	Engagement Specification completed				
Working with Hub North, the marrying together of strategic information, site visits and open discussion with key stakeholders will develop options appraisals around mainland care homes and housing (as part of the care	Service Users	x	Information on the project circulated.					
	Carers	x		Timeframe	Current			
	Partners	x		SLT Lead	Caroline Cherry			
	HSCP Staff	x		Other Leads	James Gow/Simon Deveney/Belen Ramos/Kristin Gillies/Keiran Ferguson/Hub North			
	Care Homes and Housing/SPG		Visits to mainland care homes and Bute (hospital and care homes) involve key stakeholders.	Activity completed	Yes		No	x

homes and housing programme board). Bute is included as the hospital and care home.			Visits will culminate in a stakeholder session to agree key priorities as part of the development of a strategic assessment.					
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6.	Older Adult Strategy										
Purpose		Audience	(x)	Engagement Method		Engagement Specification completed					
To engage on the key areas of vision and action planning within the Older Adult Strategy.		Service Users	x	Timelines and strategy development and engagement throughout.			Yes	(in development)	No		
		Carers	x			Timeframe					
		Partners	x			Draft by end of 2023.					
		HSCP Staff	x			SLT Lead					
		JB/SPG/LPG	x			Caroline Cherry					
						Other Leads					
						Gillian McCready/Karl McLeish/Donald Watt/Simon Deveney					
						Activity completed		Yes		No	x

PRIMARY CARE SERVICES

1.	Quality Clusters Review										
Purpose		Audience	(x)	Engagement Method		Engagement Specification completed					
In Argyll and Bute, Quality Clusters have been established since 2016 with no formal review process yet to take place. The aim of this review is to evaluate the effectiveness of the Argyll and Bute Quality		Service Users		<ul style="list-style-type: none"> This review will use a mixed-method approach to collect and analyse relevant data. The approach will involve semi-structured interviews with Cluster Quality Leads and surveys with Practice Quality Leads. Practice Quality Leads will have the option 			Yes		No	X	
		Carers				Timeframe					
		Partners				End of August					
		HSCP Staff				SLT Lead					
		JB/SPG/LPG				Evan Beswick					
						Other Leads					
						Jonny Sibbring					
						Activity completed		Yes		No	X

<p>Clusters and provide recommendations to support the achievement of their objectives. The goal is to support the functioning of clusters whilst valuing their autonomy and ability to set their own agenda.</p>			<p>to opt-in for a semi-structured interview.</p> <ul style="list-style-type: none"> The data collected will be analysed using a combination of statistical analysis and qualitative data analysis. The quantitative data will be analysed to identify trends and patterns in the data. The qualitative data will be analysed using content analysis to identify themes and patterns. The findings of the review will be presented in a written report that will provide feedback and recommendations. 					
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2.	Jura GP Out of Hours Emergency Medical Care
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Purpose	Audience	(x)	Engagement Method	Engagement Specification completed														
<p>Out-of-Hours service to the Island of Jura. This contract has come to an end and we are not seeking to renew.</p> <p>We are seeking to:-</p> <ul style="list-style-type: none"> Inform key stakeholders of the proposed new model and the rationale behind it 	<table border="1"> <tr> <td data-bbox="448 869 734 906">Service Users</td> <td data-bbox="734 869 846 906">X</td> </tr> <tr> <td data-bbox="448 906 734 1054">Carers</td> <td data-bbox="734 906 846 1054">X</td> </tr> <tr> <td data-bbox="448 1054 734 1091">Partners</td> <td data-bbox="734 1054 846 1091">X</td> </tr> <tr> <td data-bbox="448 1091 734 1128">HSCP Staff</td> <td data-bbox="734 1091 846 1128">X</td> </tr> <tr> <td data-bbox="448 1128 734 1412">JB/SPG/LPG</td> <td data-bbox="734 1128 846 1412"></td> </tr> </table>	Service Users	X	Carers	X	Partners	X	HSCP Staff	X	JB/SPG/LPG			<p>Engagement requires a targeted approach involving:</p> <ul style="list-style-type: none"> GP Practice Patients/ Local Population/ People that care for others NHS staff (including those practising on Islay) Ambulance service Coastguards Local Councillors <p>As part of this group, we intend to:</p> <ul style="list-style-type: none"> Complete an Equalities and Islands 		Yes	X	No	
Service Users	X																	
Carers	X																	
Partners	X																	
HSCP Staff	X																	
JB/SPG/LPG																		
				Timeframe	Have a proposed model to share with community in 6 months (Dec 2023)													
				SLT Lead	Evan Beswick													
				Other Leads	Jonny Sibbring													
				Activity completed	Yes		No	X										

<p>to influence change in service delivery</p> <ul style="list-style-type: none"> Develop a new model of care 			<p>Impact Assessments</p> <ul style="list-style-type: none"> Inform - relevant stakeholders of the issue. Consult – gain to views/insights of the practicalities of each option. Collaborate – Engage the expertise of stakeholders actively through involvement in working group. Empower – ensure all relevant stakeholders have been involved, listened to and acknowledged in the decision-making process. <p>This work is being overseen by a reference group.</p>					
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3. Primary Care Mental health Short life working Group

Purpose	Audience	(x)	Engagement Method	Engagement Specification completed														
<p>We intend to:</p> <ul style="list-style-type: none"> Address waiting times Improve patient journey into and through services Integrate digital therapies (Silvercloud/ IESO) Develop self-referral Assessment for every patient referred Stepped care 	<table border="1"> <tr><td>Service Users</td><td></td></tr> <tr><td>Carers</td><td></td></tr> <tr><td>Partners</td><td></td></tr> <tr><td>HSCP Staff</td><td></td></tr> <tr><td>IJB/SPG/LPG</td><td></td></tr> </table>	Service Users		Carers		Partners		HSCP Staff		IJB/SPG/LPG			<p>Short life Working Group consisting of</p> <ul style="list-style-type: none"> Senior Manager Service Managers Professional leads Service Leads GP Digital Therapy Leads <p>Remit</p> <ul style="list-style-type: none"> To assist the HSCP to meet its responsibilities in relation to helping patients access right treatment at right time Identify challenges in addressing 		Yes	No	X	
Service Users																		
Carers																		
Partners																		
HSCP Staff																		
IJB/SPG/LPG																		
Timeframe		Ongoing																
SLT Lead		Nicola Gillespie																
Other Leads		Jonny Sibbring																
Activity completed		Yes		No	X													

framework • Be forward thinking			objectives set out above, develop solutions, plan and implement delivery • Maintain an Action Tracker to provide a clear log of problem areas, responsibilities and action taken Next steps - Engage key stakeholders. Methods to be confirmed					
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4. Psychological Therapy Improvement plan

Purpose • Address waiting times • Improve patient journey into and through services • Maximise opportunities to develop and progress remote and digital solutions • Stepped care framework • Be forward thinking	Audience Service Users	(x)	Engagement Method • NHS Highland steering group • Mental health and Addictions steering group • Work to develop and Improvement plan • Work with partners to look at maximising digital options • Work with commissioning to maximise partners in delivery • Work with Scottish Government to progress standards	Engagement Specification completed				
	Carers			Yes		No	X	
	Partners	x		Timeframe				
	HSCP Staff	x		SLT Lead Jillian Torrens				
	JB/SPG/LPG	x		Other Leads Nicola Gillespie				
				Activity completed	Yes		No	

5. Medication Assisted Treatment

Purpose To ensure timely co-	Audience Service Users	(x)	Engagement Method • Engagement of those with lived	Engagement Specification completed			
				Yes		No	X

ordinated treatment options are available across A&B	Carers		experience and carers via ADP <ul style="list-style-type: none"> • Roll out of MAT standards where able • Work with partners to provide a responsive stepped care model • Continue to address Ending the Exclusion • Ensure equitable service • Explore models of shared care and support 	Timeframe				
	Partners	x		SLT Lead	Jillian Torrens			
	HSCP Staff	x		Other Leads	Nicola Gillespie			
	IJB/SPG/LPG	x		Activity completed	Yes		No	X

CORPORATE SERVICES

1.	Outreach Service/SLA Change from NHS Greater Glasgow & Clyde								
Purpose	To provide strategic oversight of recent significant changes to the visiting outreach service/SLA services provided to Argyll & Bute HSCP by NHS GGC.	Audience	(x)	Engagement Method	Engagement Specification completed				
		Service Users		Inform: A comprehensive paper will be written and taken to high level groups across the HSCP, in addition to being shared with our colleagues/partners and certain staff groups to ensure a full understanding of all relevant service change and the rationale for this. The paper will make clear the options that were available and assessed when faced with enforced service change which should limit any potentially negative feedback, however it is also important this be acknowledged and as such	Yes		No	x	
		Carers			Timeframe	August 2023			
		Partners	x		SLT Lead	Kristin Gillies			
		HSCP Staff	x		Other Leads	Fiona Coffield			
	IJB/SPG/LPG	x	Activity completed		Yes		No	x	

			feedback will be sought. The HSCP will work alongside NHS GGC to navigate through changes to the SLA and visiting services.				
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2.	Patient Pathway Directory							
Purpose		Audience	(x)	Engagement Method	Engagement Specification completed			
To provide both strategic and operational oversight of all secondary and tertiary care pathways for patients across Argyll & Bute		Service Users		Inform: A written pathway directory will be authored, confirmed for accuracy and shared mainly throughout primary care in addition to medical records, hospital leads etc. This will facilitate a thorough understanding of patient pathways across all services, as these can and do vary depending on where in A&B the patient is based. The release of this is timely to coincide with work being done alongside NHS GGC to update and clarify pathways as per the SLA and will ensure GP and wider engagement with an increased 'eyes on' approach particularly where patients have to travel out with the A&B area to be seen.	Yes <input type="checkbox"/> No <input type="checkbox"/> x <input checked="" type="checkbox"/>			
		Carers			Timeframe	August 2023		
		Partners	x		SLT Lead	Kristin Gillies		
		HSCP Staff	x		Other Leads	Fiona Coffield		
		JB/SPG/LPG			Activity completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	x <input checked="" type="checkbox"/>

3.	Freedom of Information requests							
Purpose		Audience	(x)	Engagement Method	Engagement Specification completed			
Legal requirement to respond to Freedom of Information Requests within 21 days		Service Users	X	Formal FOI response framework for both HSCP and NHS Highland	Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Carers	X		Timeframe	Ongoing		
		Partners	X		SLT Lead	Kristin Gillies		
		HSCP Staff	X		Other Leads	Douglas Hunter		
		JB/SPG/LPG	x		Activity completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

4.	National Reporting								
Purpose		Audience	(x)	Engagement Method		Engagement Specification completed			
Annual / Quarterly national reporting and benchmarking- Scottish Government & Public Health Scotland		Service Users		National reporting by Scottish Government/ Public Health Scotland		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Carers				Timeframe Annual			
		Partners	X			SLT Lead Kristin Gillies			
		HSCP Staff	X			Other Leads Douglas Hunter			
		JB/SPG/LPG	X			Activity completed Yes <input type="checkbox"/> No <input type="checkbox"/>			

5.	Title: Annual Performance Report								
Purpose		Audience	(x)	Engagement Method		Engagement Specification completed			
National performance reporting framework- Public Health Scotland		Service Users		Annual national reporting by Public Health Scotland		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Carers				Timeframe Annual			
		Partners	X			SLT Lead Kristin Gillies			
		HSCP Staff	X			Other Leads Douglas Hunter			
		JB/SPG/LPG	X			Activity completed Yes <input type="checkbox"/> No <input type="checkbox"/>			

6.	Chief Social Work Officer Report								
Purpose		Audience	(x)	Engagement Method		Engagement Specification completed			
Annual Reporting requirement- Scottish Social Services Council		Service Users		Annual national reporting by SSSC		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Carers				Timeframe Annual			
		Partners	X			SLT Lead Kristin Gillies			
		HSCP Staff	X			Other Leads Douglas Hunter			
		JB/SPG/LPG	x			Activity completed Yes <input type="checkbox"/> No <input type="checkbox"/>			

7.	Integrated Performance Management Framework- Performance								
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	Dashboard					
Purpose	Audience	(x)	Engagement Method	Engagement Specification completed		
Quarterly HSCP Performance reporting- Clinical & Care Governance Committee	Service Users		Reporting to public via Integration Joint Board	Yes	No	
	Carers			Timeframe	Annual	
	Partners	X		SLT Lead	Kristin Gillies	
	HSCP Staff	X		Other Leads	Douglas Hunter	
	IJB/SPG/LPG	X		Activity completed	Yes	No

8.	Joint Strategic Plan (JSP) – One Year Progress Report					
Purpose	Audience	(x)	Engagement Method	Engagement Specification completed		
To engage with the public on how well we are meeting the priorities and the actions within the JSP	Service Users	X	Online survey and face to face events across A&B	Yes	No	
	Carers	X		Timeframe		
	Partners	X		SLT Lead	Kristin Gillies	
	HSCP Staff	X		Other Leads	Alison Ryan	
	IJB/SPG/LPG	X		Activity completed	Yes	No

9.	Women's Health Plan					
Purpose	Audience	(x)	Engagement Method	Engagement Specification completed		
To consult with women in A&B on specific areas of women's health	Service Users	x	Online survey and survey to key operational staff	Yes	No	
	Carers			Timeframe	July 2023	
	Partners			SLT Lead	Kristin Gillies	
	HSCP Staff	x		Other Leads	Alison Ryan	
	IJB/SPG/LPG			Activity completed	Yes	No

10.	Community Patient Transport					
Purpose	Audience	(x)	Engagement Method	Engagement Specification completed		
To determine the current situation and services for community patient transport	Service Users		Scope and co-produce community patient transport solutions	Yes	No	
	Carers			Timeframe	September 2023	
	Partners	x		SLT Lead	Kristin Gillies	
	HSCP Staff	X		Other Leads	Alison Ryan	

	JB/SPG/LPG	X		Activity completed	Yes		No	X
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11.	Unpaid Carers Strategy							
Purpose		Audience	(x)	Engagement Method	Engagement Specification completed			
		Service Users			Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Carers			Timeframe Ongoing			
		Partners			SLT Lead Lind Carrie			
		HSCP Staff			Other Leads			
		JB/SPG/LPG			Activity completed Yes <input type="checkbox"/> No <input type="checkbox"/> X <input checked="" type="checkbox"/>			

12.	Staff communications, liaison and governance							
Purpose		Audience	(x)	Engagement Method	Engagement Specification completed			
To ensure staff are fully informed about key HSCP issues and maintain good governance around staff wellbeing and safety. Informing the development of the people plan for A&B HSCP		Service Users		A range of mechanisms are in place to ensure staff are fully engaged in their day-to-day work: <ul style="list-style-type: none"> • Chief Officer briefing • Internal communication briefings • Culture and Wellbeing Group • Stat/man training • Staff Liaison/Partnership Groups • Imatter survey and action plans • Listening and learning sessions 	Yes <input type="checkbox"/> No <input type="checkbox"/> X <input checked="" type="checkbox"/>			
		Carers			Timeframe Ongoing			
		Partners			SLT Lead Geraldine Collier			
		HSCP Staff	X		Other Leads All SLT			
		JB/SPG/LPG			Activity completed Yes <input type="checkbox"/> No <input type="checkbox"/> X <input checked="" type="checkbox"/>			

13.	Coll Needs Assessment next steps							
Purpose		Audience	(x)	Engagement Method	Engagement Specification completed			
To approach the sustainability of health and social care services on the island		Service Users	X	Ongoing working group with involvement from HSCP area manager and other staff.	Yes <input type="checkbox"/> No <input type="checkbox"/> X <input checked="" type="checkbox"/>			
		Carers	X		Timeframe Ongoing			
		Partners	X		SLT Lead Caroline Cherry			
		HSCP Staff	X		Other Leads Morven McPhilips			

of Coll in a sustainable way, using the findings of the comprehensive needs assessment.	IJB/SPG/LPG	X		Activity completed	Yes		No	X
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14. Integration Joint Board (IJB)

Purpose	Audience	(x)	Engagement Method	Engagement Specification completed				
				Yes		No	X	
The IJB provides governance, oversight and leadership of the delivery of health and social care services in Argyll and Bute	Service Users	X	<p>A range of partners are on the board, including:</p> <ul style="list-style-type: none"> Local authority elected members Unpaid carer reps Community reps Third sector partner <p>A range of communication materials are distributed during and after board meetings</p>	Timeframe				
	Carers	X		Ongoing				
	Partners	X		SLT Lead				
	HSCP Staff	X		Fiona Davies				
	IJB/SPG/LPG	X		Other Leads				
				SLT members, comms team				
				Activity completed	Yes		No	X

15. Joint Strategic Needs Assessment

Purpose	Audience	(x)	Engagement Method	Engagement Specification completed				
				Yes		No	X	
To develop a clear evidence base of quantitative and qualitative information to inform the development of the next iteration of the Joint Strategic Plan for the HSCP due in April 2025	Service Users	X	Gathering qualitative feedback in a range of ways to complement quantitative data gather, examples include survey, focus groups and interviews with stakeholders	Timeframe				
	Carers	X		End 2024				
	Partners	X		SLT Lead				
	HSCP Staff	X		Kristin Gillies				
	IJB/SPG/LPG	X		Other Leads				
				Alison McGrory				
				Activity completed	Yes		No	X

16. Locality Planning Groups

(LPGs)

Purpose	Audience	(x)	Engagement Method	Engagement Specification completed				
				Yes		No	X	
Statutory requirement to engage with communities about health and social care services and develop locality plans in partnership with staff, partners, communities etc.	Service Users	X	Quarterly meeting in each locality, currently held via MS Teams. Locality action plan. Sharing of appropriate information. Three key messages collated and shared after each meeting.	Timeframe				
	Carers	X		Ongoing				
	Partners	X		SLT Lead				
	HSCP Staff	X		Charlotte Craig				
	IJB/SPG/LPG	X		Other Leads				
				All				
				Activity completed	Yes		No	X

17. Living Well Prevention Programme Board & Strategy

Purpose	Audience	(x)	Engagement Method	Engagement Specification completed				
				Yes	X	No		
To develop and embed a preventative approach to service delivery in the HSCP by working collaboratively and building capacity in communities and with partners	Service Users	X	Collaborative and regular board meetings with upward and outward communication eg to Community Planning, LPGs, Living Well Networks etc. Community reps on Board Co-production skills development via training and ongoing reference group to promote best practice. Good conversation training skills development.	Timeframe				
	Carers	X		Ongoing				
	Partners	X		SLT lead				
	HSCP Staff	X		Linda Currie				
	IJB/SPG/LPG	X		Other leads				
				Alison McGrory				
				Activity completed	Yes		No	X

PUBLIC HEALTH

1.	Health Behaviour Change									
Purpose		Audience	(x)	Engagement Method		Engagement Specification completed				
To remobilise the delivery of the MAP of Health Behaviour Change training across NHS Highland health and social care staff		Service Users		<p>Building on a survey conducted last year:</p> <ul style="list-style-type: none"> - Liaised with all NHSH MAP trainers to adopt a NHSH-wide approach - Supported Highland colleagues to adopt and implement same approach (survey to gauge interest) - Supported existing NHSH MAP trainers to shadow and co-facilitate the workshops (NES) to gain confidence and consolidate delivery skills - Developed generic leaflet to promote the training across NHSH and distributed widely - Set up digital evaluation with support from PHI team - Arranged calendar of training courses for 23-24 						
		Carers				Yes X No				
		Partners				Timeframe July 2022-ongoing				
		HSCP Staff	X			SLT lead Alison McGrory				
		IJB/SPG/LPG				Other leads Jenny Dryden, Giulia Spaltro				
						Activity completed Yes X No				

2.	Alcohol and Drug strategy refresh									
Purpose		Audience	(x)	Engagement Method		Engagement Specification completed				
To review and refresh the 'Alcohol and Drug		Service Users	X	A strategy day was held in Arrochar in Feb 2023, and 40 people		Yes No In progress				

Strategy and Action Plan 2020 – 2023 for 2023 so that we can continue to build an Argyll and Bute where the harms of alcohol and drugs are reduced, and people are supported to recover. This work spanned 22/23 and will continue into 23/24 with the development of a new 3-year strategy.	Carers	X	<p>attended from a range of partner organisations including people with lived experience. The aims and objectives of the day were to review achievements and priorities, strategy progress, and identify the top priorities for the remaining year of the current strategy.</p> <p>Further engagement took place in April 2023 in the form of a survey to ADP members. The aim of this was to populate the agreed priorities with actions.</p> <p>A draft 2023 priority document was formed from the above engagement and was presented to ADP and SPG for further engagement and as part of governance structure. Presented to JB in May 2023.</p> <p>Engagement will continue throughout 23/24 as we seek views from partners on the new 3-year ADP strategy. This will involve focus groups, planning days and consultation. This will involve stakeholders and people with lived and living experience.</p>	Timeframe	Feb 2022 - ongoing			
	Partners	X		SLT lead	Alison McGrory			
	HSCP Staff	X		Other leads	Laura Stephenson, Jenny Dryden, Craig McNally			
	JB/SPG/LPG	X		Activity completed	Yes		No	X

3.	Living Well Networks (LWNs)
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Purpose	Audience	(x)	Engagement Method	Engagement Specification completed			
				Yes		No	X
To develop work conducted in 2022 to review the Living Well Networks and embed the new contract arrangements for building partnership approaches to community wellbeing in Argyll and Bute.	Service Users		<p>From 1 April 2023 a new model for four networks was implemented.</p> <p>New Model: Networking approach maintained, with more focus on supporting health, wellbeing and prevention in partnership with the HSCP. e.g. supporting with co-production of health and wellbeing within the communities, in partnership with Locality Planning Groups.</p> <p>This new model will remain in place for the 2-year SLA with ongoing feedback from the LWNs on how the new model is working.</p> <p>The new model will support the LPGs with engagement within communities, including surveys, consultations etc., as well as helping identify issues and gaps in communities. This will be a two-way process feeding in from and feeding back to communities.</p>				
	Carers			Timeframe: 1/4/22 - 31/3/25			
	Partners	x		SLT lead: Alison McGrory			
	HSCP Staff	x		Other leads: Sam Campbell, Jenny Dryden			
	IJB/SPG/LPG	X		Activity completed			
	Others:						
LWN Coordinators	X						
Public Health Team	X	Yes		No			
Prevention Programme Board	X						

4.	Community Link Working
Purpose	To gather feedback about the current community link working model, including from primary care, community link workers and clients.

Audience	(x)	Engagement Method	Engagement Specification completed			
			Yes		No	In progress
Service Users	X	Feedback gathered from service provider We Are With You on current service provision from primary care colleagues, clients and staff. This is gathered via quarterly contract monitoring meetings.				
Carers	X		Timeframe: 2023/2024			
Partners	X		SLT Lead: Alison McGrory			
HSCP Staff	X		Operational Lead: Sam Campbell, Jenny Dryden			

To scope potential future community link working models for Argyll and Bute	JJB/SPG/LPG		<p>Previous consultation has taken the form of surveys to GP practices, to identify successes and barriers.</p> <p>A range of consultation methods will be used to scope potential future CLW models for Argyll and Bute, including: scoping national direction, engagement with HSCP staff and partners, community consultation, engagement with relevant groups such as Primary Care Modernisation Board and Prevention Programme Board</p>	Activity completed	Yes		No	X
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5.	Money Counts										
Purpose		Audience	(x)	Engagement Method		Engagement Specification completed					
Regular delivery of Money Counts Level 1, a short awareness raising session for anyone who may feel less confident and experienced about discussing money worries but may be able to have brief conversations with individuals and signpost on to support.		Service Users		Information flyers sent to partners for onward sharing. Session delivered via Microsoft Teams and pre and post session evaluation carried out. Session facilitated by NHS Highland and HSCP staff and available to staff throughout NHS Highland region. Attendance figures for staff from A&B monitored.				Yes		No	x
		Carers				Timeframe		Ongoing			
		Partners	x			SLT lead		Alison McGrory			
		HSCP Staff	x			Other leads		Heather McAdam			
		JJB/SPG/LPG				Activity completed		Yes		No	x

6.	Agree and publish the HSCP Equality Outcomes Statement
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Purpose	Audience		(x)	Engagement Method	Engagement Specification completed								
	Service Users				Yes	X	No						
<p>The HSCP has a legal duty to report on progress towards mainstreaming equalities and publish high level equality outcomes every four years. An interim Equality Outcomes and Mainstreaming Report will be published by the HSCP in August 2023, this will include the Equality Outcomes drafted for the period 2021-2025 and details of progress towards these outcomes. Engagement will ensure HSCP staff and community partners are content with the current outcomes and explore any further work required to embed equalities in the functions of the HSCP.</p>	Carers			<p>Inform: The engagement sessions will begin with a short PowerPoint presentation outlining the Equality Act 2010 and the additions to the act. It will outline why Equality Outcomes are required and what the current HSCP Equality Outcomes are.</p> <p>Consult: LPGs will be consulted on whether the Equality Outcomes are still relevant, whether they were aware of the outcomes and ask to consider what further work is required to mainstream equalities.</p> <p>Involve: The report will be published and will contain recommendations based on the feedback gathered at the LPGs.</p> <p>Collaborate: The feedback will be used to inform priorities around equality-based work in the coming years. We will go back to LPGs in future to inform them on developments related to equalities and seek their views on the delivery and monitoring of said developments.</p>	May-August 2023								
	Partners	X			Alison McGrory								
	HSCP Staff	X			Rory Munro, Heather McAdam								
	JB/SPG/LPG	X			<table border="1"> <tr> <td>Activity completed</td> <td>Yes</td> <td>X</td> <td>No</td> <td></td> </tr> </table>				Activity completed	Yes	X	No	
	Activity completed	Yes	X		No								

7.	Alcohol and Drug recovery
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	communities												
Purpose		Audience	(x)	Engagement Method		Engagement Specification completed							
To help support the community in Bute to open a hub which offers help, support and advice to people with addiction issues and include the medically assisted treatment standards set by the Scottish Government.		Service Users	x	To engage the local community on the purpose of the hub and how they can get involved. Ask all partners to join the steering group and take part in setting up the hub. Attend local events with the possibility of getting people into services. Engage with national partners to ensure the correct policy and procedures are in place. Showcase the good work in the Dunoon Hub launched in April 2023.				Yes		No	X		
		Carers				Timeframe				April 2023 - ongoing			
		Partners	x			SLT lead				Alison McGrory			
		HSCP Staff	x			Other leads				Sarah Marquis, Jenny Dryden, Laura Stephenson			
		IJB/SPG/LPG				Activity completed		Yes		No			

8.	NHS Health Screening Programmes												
Purpose		Audience	(x)	Engagement Method		Engagement Specification completed							
To increase informed participation in the NHS adult health screening programmes (Abnormal Aortic Aneurysm, Breast, Bowel, Cervical and Diabetic Retinopathy) for those less likely to participate including people living in		Service Users	x	HSCP public health staff participate in Highland wide steering group to reduce inequalities in the Public Health Screening programmes. This has ongoing funding from SG since 2021 and an action plan developed in consultation with stakeholders. Screening Engagement Officer appointed to provide screening				Yes		No			
		Carers	x			Timeframe				Ongoing			
		Partners	x			SLT lead				Alison McGrory			
		HSCP Staff	x			Other leads				Heather McAdam and Lynn Garrett			
		IJB/SPG/LPG				Activity completed		Yes		No	x		

areas of highest deprivation and marginalised groups and communities. Also aiming to identifying barriers to screening within those groups.			awareness raising sessions to partners and groups working with people less likely to take part in screening. Mapping and identifying relevant groups and communities, then contacting and offering awareness raising sessions through remote or face to face delivery. Providing sessions and identifying barriers. Also providing sessions to service users and attending health awareness events with information.				
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9. Welfare Advice and Health Partnerships

Purpose	Audience	(x)	Engagement Method	Engagement Specification completed			
				Yes		No	X
To contribute to consultation about the implementation of Welfare Advice and Health Partnerships, which are being piloted in 4x GP practices within Argyll and Bute. The Improvement Service is evaluating this alongside Argyll and Bute Council.	Service Users		Public Health will support the engagement around this project. This has initially consisted of 1-1 meetings and a survey to GP practices. In 23/24, the team will support the Improvement Service evaluation, alongside Argyll and Bute Council.	Timeframe			
	Carers			2023-2025			
	Partners	X		SLT lead			
	HSCP Staff			Alison McGrory			
	IJB/SPG/LPG			Other leads			
				Sam Campbell, Jenny Dryden			
				Activity completed			
				Yes		No	X

10. Suicide Prevention

Purpose	Audience	(x)	Engagement Method	Engagement Specification completed			
				Yes		No	x
Engaging with partners to develop	Service Users		Bimonthly Strategic Suicide				

new Argyll and Bute Suicide Prevention Action Plan in line with new National Suicide Prevention Strategy Creating Hope Together	Carers		Prevention meetings with partner agencies including Public Health Scotland.	Timeframe	ongoing			
	Partners	x		Development day planned for end May to bring partners together to review progress and plan for the future.	SLT lead	Alison McGrory, Jillian Torrens		
	HSCP Staff		Ongoing plan to promote suicide prevention with local communities Living Well Networks and LPGs.		Other leads	Heather McAdam		
	IJB/SPG/LPG				Activity completed	Yes		No

11. Presentation of the Director of Public Health (DPH) Annual Report 2022 to ACPGs

Purpose	Audience	(x)	Engagement Method	Engagement Specification completed				
The DPH Annual Report 2022 focussed on Prevention. This was presented to Area Community Planning Groups to; raise the profile of prevention, provide real world examples of the impacts of prevention and share case studies	Service Users		The report was presented to all Area Community Planning Groups in the form of a ten-minute PowerPoint presentation in April 2023. Following the presentation there was an opportunity for participants to questions. Where questions referred to distinct pieces of work these were fed back to LPGs for consideration or reported to a relevant member of staff from					
	Carers			Yes		No	X	
	Partners	X		Timeframe May 2023				
	HSCP Staff	X		SLT lead				
	IJB/SPG/LPG			Other leads Rory Munro				
				Activity completed	Yes	X	No	

of prevention activity in Argyll and Bute.			the Public Health team. There will be ongoing discussion of this report throughout 2023, for example it will be used to inform the refreshed Community Plan.					
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12.	Alcohol and Drug School Support Services
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Purpose	Audience	(x)	Engagement Method	Engagement Specification completed			
The Alcohol and Drug Partnership funds third sector organisations to deliver School Support Services. As part of ensuring the services offered are relevant and reflect national strategy and local needs, engagement with key stakeholders will form part of a review of the service requirements.	Service Users	x	An options paper regarding the School Support Services was presented to the A&B ADP Steering Group in April 2023. The review includes engagement with key stakeholders using a range of methods. Engagement has taken place with Secondary School Health and Wellbeing Leads and further engagement with service providers and partners will take place through interviews and focus groups. Engagement with service users will be built into the service to ensure the service user needs are being reviewed.				
	Carers			Yes		No	X
	Partners	X		Timeframe			
	HSCP Staff	X		Sept 2023			
	IJB/SPG/LPG			SLT lead			
			Alison McGrory				
			Other leads				
			Laura Stephenson				
			Activity completed				
			Yes		No	X	

13.	Drug Related Deaths Review Process
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Purpose	Audience	(x)	Engagement Method	Engagement Specification completed			
There is an expectation	Service Users	X	Work with national partners to				
			Yes				
			No				
			X				

that local ADPs will conduct reviews of drugs related deaths in partnership with relevant stakeholders. Across Scotland differences exist in how these reviews are conducted.	Carers	X	understand best practice guidance for drug related death reviews. Work with local partners to understand the flow of information and develop appropriate and robust information sharing protocols. Conduct timely reviews with agreed governance, for example for the sharing of lessons learned.	Timeframe	December 2023			
	Partners	X		SLT lead	Alison McGrory, Fiona Davies			
	HSCP Staff	X		Other leads	Laura Stephenson			
	IJB/SPG/LPG			Activity completed	Yes		No	X

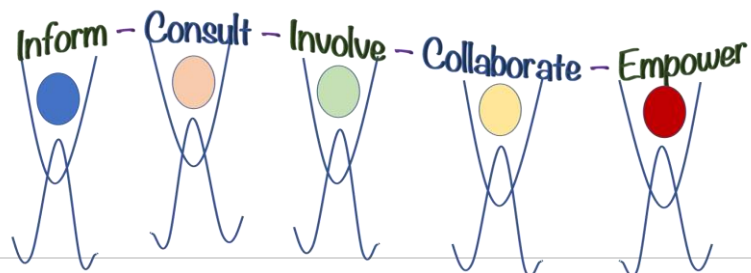
14. Refresh of Argyll and Bute's Community Plan

Purpose	Audience	(x)	Engagement Method	Engagement Specification completed				
A new community plan is being developed for 2024 – 2034. Engagement conducted by the Community Planning Partnership in 2023 concluded the importance of community wellbeing in the new priorities.	Service Users	X	The public health team will participate in community panning activity to inform the development of the new community plan. This will include wider engagement without stakeholders, for example, Living Well Networks and Locality Planning Groups					
	Carers	X		Yes		No	X	
	Partners	X		Timeframe December 2023				
	HSCP Staff	X		SLT lead Alison McGrory				
	IJB/SPG/LPG	X		Other leads Sam Campbell				
				Activity completed	Yes		No	X

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Engagement Quality Standards

September 2023



INTRODUCTION

The Engagement Framework sets out the Health & Social Care Partnership's (HSCP) approach to engagement, providing a foundation for all engagement approaches relating to service design, delivery and change. The latest iteration was updated in 2023

This document explains how the quality of engagement activity will be ensured throughout Argyll & Bute HSCP.



QUALITY ASSURANCE

The Engagement Quality Standards supports the *HSCP Engagement Framework (2023)* and provide a means of benchmarking and evidencing engagement activity in-line with best practice and national standards.

Our approach to quality assurance reflects a commitment to working in a meaningful way with a range of interested parties, including staff, local communities, people who use services, carers and partners/providers of services.

Our quality assurance focuses on the following four key standards:

- Engagement is planned, proportionate and meaningful and effective
- Representatives are supported in their role
- Engagement of people in service planning
- Positive culture where staff feel valued and engaged

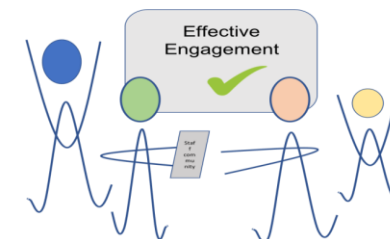
These quality standards will be assessed and presented to the IJB on a regular basis. There will also be a periodic self-assessment of engagement activity in-line with national Planning with People Guidance - [Health and social care - Planning with People: community engagement and participation guidance - gov.scot \(www.gov.scot\)](#)

STANDARD 1

Engagement is planned, proportionate, meaningful and effective

Outcomes

- The HSCP is recognised as an organisation that is committed to engaging citizens, partners and staff (stakeholders) in planning, service delivery and decision-making.
- HSCP strategies, plans and policies are informed by the views of stakeholders through effective engagement.



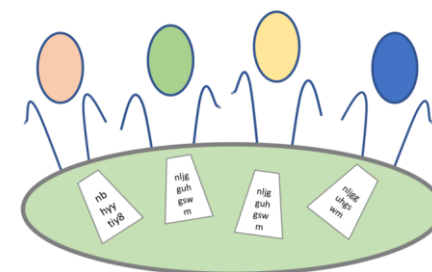
	Quality dimension	Review Date	Evidence
a.	Board members and senior managers are informed about the HSCP's approach to engagement.	Ongoing	<p>Development session for IJB – October 2022 and August 2023</p> <p>Strategic Planning Group update paper and timeline – December 2022 and May 2023</p> <p>Strategic Leadership Team – progress paper June 2023 and ongoing</p> <p>Work overseen by a short life working group set up in August 2022. The Strategic Planning Group (SPG) provided direction for this group to become a permanent sub group of the SPG in May 2023. This group is known as the Strategic Engagement Sub Group. Membership comprises HSCP officers, Healthcare Improvement Scotland (HIS) Engagement Team, IJB community representative, Third Sector Interface link, and NHS Highland communication and engagement team links.</p> <p>Joint training for HSCP managers with HIS in June 2023:</p> <ul style="list-style-type: none"> • Duties and principles for community engagement in service change • Planning effective engagement in service change • Involving people in option appraisal

b.	Clear organisational governance structures are in place to meet the statutory duties in relation to participation/engagement.	September 2025	Engagement Framework reviewed September 2023 in line with SG's Planning with People guidance.
c.	The IJB has robust mechanisms in place to provide assurance that a culture of engagement is encouraged throughout the organisation.	September 2024	Annual tabling of the following: <ul style="list-style-type: none"> - Annual Engagement Tracker - Annual Quality Standards update (this document)
d.	The HSCP reflects on where engagement approaches can be improved.	January 2024	The sub-group for engagement will conduct the Planning with People self-assessment following the ratification of the renewed approach by the IJB at the September board meeting.

STANDARD 2
Representatives are supported in their role

Outcomes

- Appropriate representatives on HSCP committees and groups, e.g. the Integration Joint Board (IJB), Strategic Planning Group (SPG), Locality Planning Groups, Alcohol and Drug Partnership etc.
- Representatives are clear about and feel confident in undertaking the responsibilities of their role.
- Representatives are selected from a range of settings e.g. services users, local communities, carers bodies, third sector partners etc.



Quality dimension		Review Date	Evidence
a.	Processes for the recruitment and induction of service user, carer and third sector representatives are clear,	Winter 2024	Review conducted in spring 2023 with IJB community reps and HIS to consider how to ensure a consistent approach to supporting all community reps. This was reported to the SPG in May 2023 and will be

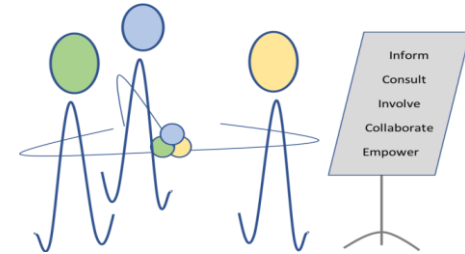
	proportionate and fair.		progressed by the Strategic Engagement Sub Group.
b.	Mechanisms in place to support community reps with their development needs.	Spring 2024	As above
c.	Representatives will have their expenses reimbursed including the costs of any care that might be required for carers.	Ongoing	Review whether further promotion is required (self-assessment under Planning with People).

STANDARD 3

Engagement of people in service planning.

Outcomes

- Engaging service users, carers and partners in the planning and delivery of health and social care improves outcomes and service experience.
- Positive experience of engagement helps to generate greater public confidence in health and social care services.
- Health and social care staff feel confident about engaging service users, carers and partners so this forms part of the day-to-day planning, delivery and monitoring of services.



Quality dimension		Review Date	Evidence
a.	Supportive policies, protocols, tools and learning opportunities are available to assist staff in undertaking effective engagement.	September 2025	The HSCP's Engagement Framework is being ratified at the September 2023 IJB. It will be reviewed every 2 years or sooner in the event of national guidance being changed.
b.	Systems are in place to routinely obtain service user feedback about their experience of services.	Spring 2024	A review has been conducted and an improvement plan will be developed by the Strategic Engagement Sub-Group.

c.	The people who are affected by proposed service change are identified and supported to be appropriately engaged in the process.	Ongoing	Existing framework set out processes for engagement, these are unchanged in the 2023 version and include: <ul style="list-style-type: none"> Engagement Specification to plan engagement activities Engagement activity has appropriate governance in place i.e. engagement plans appropriately ratified, findings feedback to participants and overarching engagement activity reported via the HSCP's Annual Performance Report
d.	Feedback provided about how people's contribution was taken into account and influenced outcomes.	Ongoing	The old and new versions of the Engagement Framework clearly explain the <i>You say; We Did</i> philosophy.

STANDARD 4

Positive culture where staff feel valued and engaged.

Outcomes

- Health and social care staff are committed to the HSCP's vision and values
- Staff are motivated to contribute to the success of the organisation.
- Staff feel their voice is heard in the organisation's decision making processes.



Quality dimension		Review Date	Evidence
a.	Staff communications channels are in place to efficiently and effectively receive and transmit information.	Ongoing	Action from listening and learning exercise last year, all services focused on communication channels and improvement has been noted. I matter score 79 for well informed.

			<p>I matter – scores indicate communication channels work well. Areas identified for improvement are incorporated into team level action plans.</p> <p>Input into decision making works better at team level than organisation wide and is an area of continuous improvement, featuring in the SLT action plan and development session.</p>
b.	Mechanisms are in place to enable staff to be involved, contribute their experience, expertise and ideas.	Ongoing	<p>1-1's and team meeting structures have been improved. Appraisals structure identified as a future area of improvement.</p> <p>I matter scores in this area – involved in decisions 75, appreciated for work they do, 78 at team level. Work required at Organisational level where this score drops to 5.</p>
c.	Staff are well-led, given feedback on their contribution and developed to meet the needs of future roles.	Ongoing	<p>Appropriately trained and developed (I matter score 78).</p> <p>Appraisals an area for improvement this year.</p> <p>Workforce planning focus including succession plans in each service will assist this.</p>

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